

# New Literature on Old Age

EDITOR

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## ABUSE, SAFEGUARDING AND PROTECTION

- 223/1 The abuse, neglect and mistreatment of older people in care homes and hospitals in England: observations on the potential for secondary data analysis; by Jill Manthorpe, Martin Stevens, Shereen Hussein, Hazel Heath, Nat Lievesley, Social Care Workforce Research Unit, King's College London. London: King's College London, Social Care Workforce Research Unit, 2011, 75 pp.
- The Department of Health (DH) and Comic Relief commissioned this study in 2009 (under the PANICOA programme, Preventing Abuse and Neglect in Institutional Care of Older Adults), to investigate potential data sources, suitable for secondary analysis, on the abuse, mistreatment and neglect of vulnerable older people in care homes and hospitals in England. The authors used a broad definition of elder abuse to cover mistreatment, neglect and abuse. Some of these subjects are criminal offences; others are contrary to professional codes, service standards or breaches of human rights. The main part of this study involved 'desk research' - an exploration of what data is collected, why, by whom and about what. In addition, a set of interviews was undertaken with people who collect and analyse information on this subject and those who make use of such information to uphold older people's rights. The authors found that data are scarce and limited, definitions and collection are unsystematised centrally and locally, and that collation from various and disparate sources is required. This report brings together this information to identify the different ways in which data on abuse of older people in hospital and care home settings are collected and collated. It highlights areas where we can have confidence in the reliability of information, and identifies gaps in the information sources. It makes recommendations to policy makers, regulators, professional bodies, local Adult Safeguarding Boards, commissioners, and the research and information communities.
- From : <https://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2011/manthorpeetal2011abuse.pdf>

## ACTIVE AGEING

(See Also 223/34, 223/57, 223/89)

- 223/2 Active ageing: voluntary work by older people in Europe; by Andrea Principi, Per H Jensen, Giovanni Lamura (eds). Bristol: Policy Press, 2014, 352 pp.
- 'Active ageing' has become a key phrase in discourses about challenges and remedies for demographic ageing;. The enrolment of older adults into voluntary work is an important dimension of active ageing. The pattern and factors conditioning volunteering among older people has hitherto been an under-researched topic in Europe.
- This book considers the opportunities and restrictions for older volunteers in eight European countries. It compares volunteering among older people at the structural, macro, meso and micro levels in Italy, Denmark, Germany, England, France, Poland, Sweden and the Netherlands. Overall, it highlights how different interactions between the levels facilitate or hinder older people's inclusion in voluntary work; and it makes policy suggestions for an integrated strategy. (RH)
- Price: £70.00
- From : Policy Press, University of Bristol, 6th Floor, Howard House, Queen's Avenue, Bristol BS8 1SD.
- <http://www.policypress.co.uk>
- 223/3 Environmental influences on health and active ageing: a systematic review; by Michael Annear, Sally Keeling, Tim Wilkinson (et al).: Cambridge University Press.
- Ageing and Society, vol 34, no 4, April 2014, pp 590-622.
- This paper explores the evidence for environmental influences on older adult health and activity participation; identifies current knowledge gaps and limitations within this literature; and offers recommendations for future research via a systematic appraisal of 83 quantitative and qualitative studies. A Cochrane type review procedure was followed, which incorporated structured database searches, inclusion and exclusion criteria, quality appraisal of included studies, and peer review. The review findings identify support for both personal and environmental influences on health and activity participation in later life. Reported personal influences include ethnicity and cultural norms, energy and motivation, sex, age, education, genetic heritage, self-efficacy, and personal financial circumstances. Reported environmental influences on activity participation include climate, level of pollution, street lighting, traffic conditions, accessibility and appropriateness of services and facilities, socio-economic conditions, aesthetics, pedestrian infrastructure, community life, exposure to antisocial behaviour, social network participation, environmental degradation, level of urbanism, exposure to natural settings, and familiarity with local environment. Recommendations for future research include: the need for innovative research methods; involvement of older adults as research collaborators; investigation of wider aspects of the active ageing concept; in-depth assessment of the environmental characteristics of areas; investigation of the pathways leading from environment to health and activity participation; and more theoretically informed research or increased contribution of research to theory development. (RH)
- ISSN: 0144686X
- From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 223/4 Exploring motivation for exercise and its relationship with health-related quality of life in adults aged 70 years and older; by Claude Ferrand, Guillaume Martinent, Marc Bonnefoy.: Cambridge University Press.  
Ageing and Society, vol 34, no 3, March 2014, pp 411-427.  
The health benefits of regular exercise participation have been widely acknowledged. The authors draw on self-determination theory to identify the motivational profiles for exercise among older adults aged 70+ who regularly participated in sporting programmes, and to relate these motivational profiles to health-related quality of life measures (HRQoL). A random sample of 100 older adults (mean age = 75.34, standard deviation = 4.89; 57 women and 43 men) belonging to French sports clubs was recruited for the study. Participants completed a survey including measures of motivation and health-related quality of life, and socio-demographic and health variables. Cluster analyses revealed two distinct motivational profiles among participants: 'highly self-determined' (high levels of self-determined motivation and introjected regulation as well as low levels of external regulation and amotivation), and 'moderately introjected' (low levels of self-determined motivation, moderate level of introjected regulation and low levels of external regulation and amotivation). Multivariate analysis of covariance (MANCOVA) results revealed that the most self-determined group reported significantly higher values in four domains of HRQoL, namely role limitations due to physical health, bodily pain, social functioning, and role limitations due to emotional health ( $p = 0.01$ ). These data suggest the importance of taking into account the motivational perspective and considering exercise maintenance among older adults as an important public health challenge. (RH)  
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From : journals.cambridge.org/aso
- 223/5 HALCyon - Healthy Ageing across the Life Course: capitalising on the value of UK life course cohorts; by Diana Kuh, Avan Athie Sayer, Yeav Ben-Shiomo (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 33).  
Objective measures of physical capability are useful markers of healthy ageing. The Healthy Ageing across the Life Course (HALCyon) was a collaborative research project, the overall objective of which was the scientific discovery of lifetime determinants of healthy ageing, through inter-cohort comparisons in nine UK life course cohort studies. These included the two oldest British birth cohort studies: the MRC National Survey of Health and Development (NSHD) and the National Child Development Study (NCDS), which have followed large nationally representative samples of the British population since their birth in March 1946 and March 1958 respectively. Five historical cohorts: the Lothian Birth Cohort 1921 (LBC1921), Aberdeen Birth Cohort 1936 (ABC1936), Hertfordshire Cohort Study (HCS), Hertfordshire Ageing Study (HAS), and Boyd Orr Cohort Study, where some data (e.g. birth and infant health records, childhood cognitive test results) had been collected in childhood; participants were then retraced and followed-up in adulthood. Lastly, two cohorts - the English Longitudinal Study of Ageing (ELSA) and the Caerphilly Prospective Study (CaPS) - started in adult life but have repeat measures of functional ageing. Other studies such as the Longitudinal Aging Study Amsterdam and Whitehall II study contributed data to specific analyses. Further information about the project is on the HALCyon website ((www.halcyon.ac.uk).  
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
- 223/6 Negotiating the demands of active ageing: longitudinal findings from Germany; by Martin J Tomasik, Rainer K Silbereisen.: Cambridge University Press.  
Ageing and Society, vol 34, no 5, May 2014, pp 790-819.  
The challenges of population ageing and globalisation have been addressed by many welfare states in terms of active ageing policies, which in turn confront individuals with new demands such as keeping up to date with technological developments. This paper analyses how individuals negotiate the demands of active ageing. The outcome variable was change in primary and secondary control strategies with regard to demands of active ageing over the course of one year. In a German sample of 602 men and women aged 55-75 years, the authors found a strong preference for engagement with these demands and a low preference for disengagement. Furthermore, a higher load of demands of active ageing was associated with an increase in engagement with these demands. However, when people perceived their everyday surroundings as unfavourable, their disengagement with demands of active ageing increased. Higher internal control beliefs concerning demands of active ageing were associated with an increase in engagement and a decrease in disengagement. The authors concludes that individuals strengthen their efforts to master demands of active ageing when they believe that they can control them. When the everyday ecology seems unfavourable, though, strategies are preferred that enable people to avoid a presumably lost cause. (RH)  
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## **ANXIETY**

(See 223/31)

## ARTS AND MUSIC

(See 223/14)

## ASSISTIVE TECHNOLOGY

223/7

Program evaluation of a telepsychiatry service for older adults connecting a university-affiliated geriatric center to a rural psychogeriatric outreach service in Northwest Ontario, Canada; by David K Conn ... (et al.): Cambridge University Press.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1795-1800.

Weekly telepsychiatry consultations have been provided since 2002 to six communities in Northwest Ontario. Staff from a single community psychogeriatric outreach service who work within these communities facilitate the referrals. This programme evaluation included (a) a chart review of the last 100 referrals, (b) analysis of patient and staff evaluations, (c) a survey mailed to all physicians in referring communities, and (d) three focus groups of staff working in local community agencies. The mean age at the time of consultation was 76.7 years. 68% percent of patients were women. The most frequent diagnoses were dementia (54%), depression (28%) and mild cognitive impairment (19%). The most frequent medication recommendations were antidepressants or cholinesterase inhibitors. 294 patient assessments and case consultations were carried out between 2002 and 2009. Post-session evaluation surveys rated the provision of information, whether objectives were met, and overall usefulness of recommendations. The mean scores for these questions on a 5-point scale were between 4.6 and 4.85. Referring physicians were confident and satisfied with the recommendations made for their patients. All planned to continue to use telepsychiatry as a care option for the future. The focus groups added useful information about challenges and potential barriers to utilising the programme. Overall the programme was rated as being highly valued across all modalities of evaluation. Members of the referring team believe that access to a geriatric psychiatrist has broadened the team's knowledge base, its use of assessment tools, and increased their ability to better construct their patients' treatment plans. (JL)

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From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

223/8

Use of personal call alarms among community-dwelling older people; by Samuel R Nyman, Christina R Victor.: Cambridge University Press.

Ageing and Society, vol 34, no 1, January 2014, pp 67-89.

Having a fall and then lying on the floor for an hour or more is known as a 'long lie', which is associated with serious injury and an elevated risk of admission to hospital, long-term care and death. Personal call alarms are designed to prevent long lies, although little is known about their use. Using cross-sectional data from the English Longitudinal Study on Ageing (ELSA), this study investigated the proportion of self-reported users of personal call alarms among 3,091 community-dwelling adults aged 65+ who reported difficulties of mobility or activities of daily living. The characteristics of users were then explored through logistic regressions comparing those living alone with those living with others. 180 people (6%) self-reported using a personal call alarm. Multivariate regression found the following to significantly predict personal call alarm use among both those living alone and with others: greater difficulty with activities of daily living (ADLs) or instrumental activities of daily living (IADLs); older age; and for those living with others only, lower score on the quality of life sub-scale for control. Personal call alarm use may be markedly lower than the 30% annual incidence of falls among community-dwelling older people. Better understanding is needed of the reasons for low usage, even amongst those at highest risk of falls for whom such alarms are most likely to be beneficial. (RH)

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## ATTITUDES TO AGEING

(See Also 223/14)

223/9

Identity in the fourth age: perseverance, adaptation and maintaining dignity; by Liz Lloyd, Michael Calnan, Ailsa Cameron (et al.): Cambridge University Press.

Ageing and Society, vol 34, no 1, January 2014, pp 1-19.

The fourth age remains a poorly understood phenomenon and there is a lack of understanding of the perceptions of those who might be considered to be living in it. This article draws on findings from a study of dignity in later life which examined the day-to-day experiences of 34 participants in Bristol and Nottingham aged 70+ (most of whom were aged 80+) who were in need of support and care because of failing health. The article discusses their accounts of the changes to their sense of self and their identity that came about as a result of their ageing and health problems and looks also at the ways in which the support and care they received helped to shape their adjustment to those changes. The accounts given by participants reveal a great deal about the physical, mental and emotional effort entailed in maintaining a sense of self, and highlight the essential role played by social relationships in the maintenance of identity. These findings are analysed by reference to emerging theories of the fourth age. (RH)

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223/10

Physical capability and the advantages and disadvantages of ageing: perceptions of older age by men and women in two British cohorts; by Samantha Parsons, Catharine R Gale, Diana Kuh (et al).: Cambridge University Press.

Ageing and Society, vol 34, no 3, March 2014, pp 452-471.

In an increasingly ageing society, its older members are receiving considerable political and policy attention. However, much remains to be learnt about public perceptions of older age, particularly the views and experiences of older individuals themselves. Drawing on qualitative interviews carried out with members of two British cohorts (N = 60) who have reached the 'third age', this paper discusses perceptions of age, focusing particularly on how perceived advantages and disadvantages differ by respondents' self-reported physical capability. The interviews were carried out in 2010 as part of the HALCYon (Healthy Ageing across the Life Course) collaborative research programme. Findings suggest there is some difference in the way older people view aspects of ageing by capability; and that although advantages are widely perceived, physical decline and associated health concerns were the overwhelming theme across the conversations. The article concludes by making tentative suggestions to inform the positive ageing agenda and its related policies. (RH)

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### **BEREAVEMENT**

(See 223/15)

### **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 223/24)

223/11

Home-making of older Antillean migrants in the Netherlands; by Louise Meijering, Debbie Lager.: Cambridge University Press.

Ageing and Society, vol 34, no 5, May 2014, pp 859-875.

A group of 141,345 immigrants from the Netherlands Antilles, a former Dutch colony in the Caribbean, live in the Netherlands. An increasing number of these migrants are at or above retirement age; and for them, the question of where they want to grow old becomes relevant. It is important for people to age in a place where they feel at home, as attachment to place increases well-being in old age. In this article, the authors discuss how older Antillean migrants in the Netherlands make their house and immediate living environment into a home. The article focuses on home-making practices in a broader cultural context, and in relation to well-being. These topics are examined by drawing on qualitative life-history interviews with Antillean older people who live in a co-housing community for older adults. It turns out that objects which remind the participants of their home country play an important role in making a home. Also, the community, with people from similar backgrounds, contributes to a sense of home. Finally, the presence of children and other family members is a key motivation for a participant's decision to age in the Netherlands. (RH)

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### **CARERS AND CARING**

(See Also 223/40)

223/12

Structural marginalisation among the long-term care workforce in England: evidence from mixed effect models of national pay data; by Shereen Hussein, Jill Manthorpe.: Cambridge University Press.

Ageing and Society, vol 34, no 1, January 2014, pp 21-41.

The long-term care sector is generally characterised by low pay and difficult working conditions. Understanding pay structures and differentials within this sector is important in enhancing recruitment, retention, quality of care and productivity. This article uses new national data on the long-term care workforce in England to investigate employer and individual effects on pay levels and differentials, using mixed-effects modelling controlling for region, sector and employer hierarchical factors. We further examine whether gender and ethnic pay gaps exist among different groups of workers. The results indicate a significant relationship between sector and pay across different job roles. The analysis further identifies ethnic and gender pay differences even after controlling for the effects of sector and individual employers. The implications of this are discussed in relation to sustaining the care workforce in the context of an ageing society and the potential for structural employment marginalisation to reflect the marginalisation of older people receiving care. (RH)

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223/13

Who cares?: a comparison of informal and formal care provision in Spain, England and the USA; by Aída Sole-Auro, Eileen M Crimmins.: Cambridge University Press.

Ageing and Society, vol 34, no 3, March 2014, pp 495-517.

This paper investigates the prevalence of incapacity in performing daily activities and the associations between household composition and availability of family members and receipt of care among older adults with functioning problems in Spain, England and the United States of America (USA). We examine how living arrangements, marital status, child availability, limitations in functioning ability, age and gender affect the probability of receiving formal care and informal care from household members and from others in three countries with different family structures, living arrangements and policies supporting care of the incapacitated. Data sources include the 2006 Survey of Health, Ageing and Retirement in Europe for Spain, the third wave of the English Longitudinal Study of Ageing (2006), and the eighth wave of the USA Health and Retirement Study (2006). Logistic and multinomial logistic regressions are used to estimate the probability of receiving care and the sources of care among persons age 50 and older. The percentage of people with functional limitations receiving care is higher in Spain. More care comes from outside the household in the USA and England than in Spain. The use of formal care among the incapacitated is lowest in the USA and highest in Spain.

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### **CULTURAL ISSUES**

223/14

Fiction and the cultural mediation of ageing: the importance of reshaping the narrative of ageing; by Philip Tew, Nick Hubble, Jago Morrison, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield; Brunel Centre for Contemporary Writing (BCCW), Division of English, Brunel University. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 28).

From May 2009 until January 2012, the Fiction and the Cultural Mediation of Ageing Project (FCMAP) team from the Brunel Centre for Contemporary Writing (BCCW) at Brunel University worked collaboratively with researchers at the think-tank Demos, the Mass Observation Archive (MO) at Sussex University, and some London districts of the University of Third Age (U3A). Among the initial research questions were, first, what is the relationship between changing social attitudes towards ageing in post-war Britain and the circulation of cultural representations of ageing? Second, how do cultural representations reflect and shape social and personal attitudes towards ageing amongst older people? Third, how do authors, including key older practitioners, approach ageing as a theme in their work and as part of the life experiences that inform their practice? How do they understand the role of their fiction in terms of broader cultural debates in this area? These findings attempt to explain the methodologies used, and consider the research results in relation to government approaches to different areas of ageing policy. (RH)

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

### **DEATH AND DYING**

223/15

'I was there when she passed': older widowers' narratives of the death of their wife; by Deborah K van den Hoonaard, Kate Mary Bennett, Elizabeth Evans.: Cambridge University Press.

Ageing and Society, vol 34, no 6, July 2014, pp 974-991.

There is evidence that older widowed women provide narrative accounts of the events that led up to the deaths of their husbands. These accounts are qualitatively different from other parts of their interviews. This study examines interviews from older widowers and asks what features characterise their narrative accounts of their wife's death. The data show that men do speak of the death of their wife in a qualitatively different way than they do of other matters: women speak emotionally whilst men speak of their behaviour. This study uses Kirsi, Hervonen and Jylhä's typology of male care-givers (as described in 'A man's gotta do what a man's gotta do: husbands as caregivers to their demented wives'; Journal of Aging Studies, 2000). It finds that their interviews are characterised by four types of speech: factual, agentic, familistic and destiny speech. It also finds two additional speech types related to blame - one related to medical negligence (a subset of destiny speech), and one to self-blame (a subset of familistic speech). The authors argue that use of these patterns of speech allows men to preserve their masculine identities at a time when bereavement puts them under intense strain. (RH)

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### **DEMENTIA**

(See Also 223/41, 223/80, 223/88)

223/16

Bodywork in dementia care: recognising the commonalities of selfhood to facilitate respectful care in institutional settings; by Fiona Kelly.: Cambridge University Press.

Ageing and Society, vol 34, no 6, July 2014, pp 1073-1090.

This paper draws on two data sources (Kelly's ethnographic study, and a British Broadcasting Corporation television programme) to explore the practice of bodywork in the care of frail people with dementia in institutional settings. It explores the complexity of engaging in bodywork, particularly work that is distasteful to the care-worker. It shows how non-recognition of the selfhood of the person with dementia can result in practices that are demeaning and potentially abusive to those in receipt of such work. In contrast to a person-centred approach that urges practitioners to acknowledge people with dementia as unique individuals, with unique needs, wishes, abilities and desires, this paper argues for the use of Sabat's Selves 1-3 construct to look for commonalities of selfhood. This would enable care workers to recognise aspects of themselves in their patients as they carry out care, thereby facilitating care that empathically respects their patients' dignity and potential for vulnerability. Thus, this paper aims to advance theory and improve practice by arguing for the necessity of putting selfhood at the forefront of bodywork in order to facilitate respectful care that dignifies rather than objectifies the person. (RH)

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223/17

The development and evaluation of the DK-20: a knowledge of dementia measure; by Niamh Shanahan ... (et al): Cambridge University Press.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1899-1907.

Raising understanding of dementia has become a key focus of international health and social care. An up-to-date, psychometrically sound measure of dementia knowledge that embraces a biopsychosocial perspective is lacking. The aim of this study was to develop and evaluate the psychometric properties of the DK-20, a dementia knowledge questionnaire aimed at unqualified care staff. Domain and item generation followed recommended measure development procedures. A pilot and large-scale study evaluated the psychometric properties of the measure on a sample of 211 care staff and other dementia professionals. The final 20-item measure encompassed items based on biopsychosocial dementia knowledge and care-specific knowledge. Acceptable test-retest reliability, marginal levels of internal consistency, and evidence for face, content, and construct validity were demonstrated. The DK-20 is the first knowledge of dementia measure to be developed specifically for unqualified care staff and has reasonable psychometric properties. It may be used to identify gaps in knowledge, highlighting areas for inclusion in educational interventions. (JL)

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223/18

The emergent modes of dementia activism; by Ruth Bartlett.: Cambridge University Press.

Ageing and Society, vol 34, no 4, April 2014, pp 623-644.

After decades of silencing and discrimination, people with dementia are beginning to join forces, take action and campaign for social change. This paper draws on data obtained from 'activists' with dementia using diary interview method and participant observation. It considers the emergent modes of dementia activism in the context of the social movement literature, and in particular, work emphasising the role of networks in health social movements. The study identified three emergent modes of dementia activism. These were the 'protecting-self against decline' mode, the '(re) gaining respect' mode, and the 'creating connections with other people with dementia' mode. Taken together, these modes show how a sense of elapsing time pervades this form of activism. The investigation reinforces the contention that time is a dominated force that structures human motivation and goals. Furthermore, it raises the possibility that activism can protect against decline amongst people with dementia given the appropriate temporal space. (RH)

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223/19

European studies on the prevalence of dementia in the elderly: time for a step towards a methodological consensus; by Blazej Misiak, Magdalena Cialkowska-Kuzminska, Dorota Frydecka ... (et al): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1211-1221.

The aim of this study was to discuss methodological limitations in studies on the prevalence of dementia across European countries with particular attention to post-EURODEM studies. Two people independently focused on an iterative literature search for studies published between 2000 and 2012 using the following keywords: 'dementia?', 'Alzheimer?', 'incidence?', 'prevalence?' that were cross-linked with names of European countries. After that the results obtained were compared and publications in English were included in a subsequent analysis. 26 studies published in the years 2000-2012 were included. The majority of epidemiological studies came from Spain and Italy. The past decade has not provided prevalence rates from a considerable number of countries. There is also a lack of nationwide surveys on the prevalence of dementia. Predominantly epidemiological studies on the prevalence of dementia follow a two-stage approach that consists of a screening phase and a subsequent confirmation of dementia. However several differences, particularly with regard to the neuropsychological instruments used, still exist and contribute to inconsistent prevalence rates. Although the EURODEM study was a milestone in the epidemiology of dementia in Europe and provided several future directions for research, methodological limitations are apparent in a number of European studies on the prevalence of dementia and require particular attention. In particular, a variety of diagnostic instruments requires

unification for future studies. On the other hand, given the lack of epidemiological studies from a number of countries and the increasing prevalence of dementia, the need for population-based surveys should be emphasised. (JL)  
ISSN: 08856230 [From : www.orangejournal.org](http://www.orangejournal.org)

223/20

A follow-up intervention in severely demented patients after discharge from a special Alzheimer acute care unit: impact on early emergency room re-hospitalization rate; by Helene Villars, Charlotte Dupuy, Pauline Soler ... (et al): Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1131-1140.  
Emergency room (ER) re-hospitalisations are prevalent in older patients who have severe Alzheimer's disease. Participants in the present study were 390 patients who had recently been discharged from a Special Alzheimer Acute Care Unit. The patients, all hospitalised between 2007 and 2009, had at least one of the following characteristics: severe disruptive behavioural and psychological symptoms of dementia (BPSD) (agitation, aggressiveness, and psychotic symptoms), change of living arrangement related to BPSD, exhaustion of the principal caregiver and discharge of a subject with anosognosia living alone in the community. The intervention consisted of an individualised care plan, targeting the problems observed during the hospital stay, implemented by the means of regular telephone contacts (in the first week after discharge, before the end of the first month, and then at three and six months) between a geriatric team and the patient's caregiver. Information was gathered on functional decline, BPSD, change of living arrangement and treatment. The calls were followed by a telephone intervention providing advice, support and information to the caregiver. When required these calls were followed by a consultation with a physician or psychologist or by a consultation in the patient's home. The primary outcome measure was the ER re-hospitalisation rate, defined as occurring within 31 days of discharge. Results of the study showed that the early ER re-hospitalisation rate was 8.39% in 2007 versus 8.02% in 2008 and 7.47% in 2009. Vocal disruptive behaviours were found to be more prevalent in re-hospitalised patients than in non re-hospitalised patients. There was a nonsignificant decrease of early ER re-hospitalisation rate at one month after discharge. Interventions addressing severe dementia affected patients with BPSD are needed as this is a major issue in the organisation of health care systems. (JL)  
ISSN: 98856230  
[From : www.orangejournal.org](http://www.orangejournal.org)

223/21

How to construct a case of Alzheimer's disease in three languages: case-based reasoning in narrative gerontology; by Robert W Schrauf, Medyn Iris, Eleen Navarro (et al): Cambridge University Press.  
Ageing and Society, vol 34, no 2, February 2014, pp 280-309.  
This paper explores how people reason about Alzheimer's disease (AD) by telling stories about others who have the disease. More specifically, the paper is a cross-linguistic investigation of the narrative and linguistic devices used by African Americans in English, Mexican Americans in Spanish, and refugees/immigrants from the former Soviet Union (to the United States of America) in Russian in their oral productions of such stories. The authors examine the narratives as instances of case-based reasoning in which lay people (non-medical professionals) distinguish, represent and 'perform' symptomatic behaviours and construct a 'case' of the disease as a way of probing the difference between the normal and the pathological in conversational contexts. In particular, the authors examine situations in which stories are accepted and confirmed and situations in which stories are contested and negotiated. Common narrative and discursive devices across the three languages include concatenation, intertextuality, conjunction and conjunctive adverbs, lexical opposition, past progressive tenses, temporal adverbials, reported speech and prosodic cues. The fine-grained analysis of these narrative and discursive devices lays bare the inner-workings of case-based reasoning as a conversational task and suggests specific linguistic tools for intervening in lay narrative reasoning in clinical settings and in public health messaging about Alzheimer's disease. (RH)  
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223/22

How we think about dementia: personhood, rights, ethics, the arts and what they mean for care; by Julian C Hughes. London: Jessica Kingsley, 2014, 248 pp.  
Exploring concepts of ageing, personhood, capacity, liberty, best interests and the nature and ethics of palliative care, this book aims to help those in the caring professions to understand and engage with the thoughts and arguments underpinning the experience of dementia and dementia care. The author investigates the association between dementia and ageing; the significance of personhood within a person-centred perspective and how it can be maintained; and the meaning of capacity and how it is linked with the way a person with dementia is cared for as a human being. He also looks at capacity legislation in practice, and considers whether palliative care is the right approach to dementia. Finally, he explores the role the arts can play in ensuring quality of life for people with dementia. In addressing these issues, the author brings our attention back to the philosophical and ethical underpinnings of dementia care and how affects those in the caring professions, academics and researchers, and those living with dementia and their families. (RH)  
Price: £19.99  
[From : Jessica Kingsley, 73 Collier Street, London N1 9BE. www.jkp.com](http://www.jkp.com)

- 223/23 A literature review of spaced-retrieval interventions: a direct memory intervention for people with dementia; by Alexandra S Creighton, Eva S van der Ploeg, Daniel W O'Connor.: Cambridge University Press.  
International Psychogeriatrics, vol 25, no 11, November 2013, pp 1743-1763.  
With the increasing prevalence of dementia, there is a pressing need to identify effective interventions that prolong independent functioning. As pharmacological interventions aimed at slowing cognitive decline have been found to have a number of limitations, research has now moved toward studying complementary non-pharmacological cognitive training interventions. This review describes the use of spaced-retrieval as a method to teach new information and reduce behavioural problems in people with dementia. As a result of a literature search of relevant databases, 34 studies were identified, three of which were randomised controlled trials. Across studies, there was wide variability with regard to design, methodology and outcome measures used. Nonetheless the existing research demonstrates that spaced-retrieval training can be successfully used to teach people with dementia new and previously known face- and object-name associations, as well as cue-behaviour associations aimed at alleviating problem behaviours and improving functional skills. The method can also assist with the recollection of past events. Current evidence indicates that spaced-retrieval training is effective in enabling people with dementia to learn new information and behavioural strategies. Future research should attempt to address the limitations outlined in this review and focus on utilising this technique to achieve more functional and clinically relevant outcomes. Recommendations are also made with regard to investigating potential secondary benefits of spaced-retrieval and strengthening study design. (JL)  
ISSN: 10416102  
From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)
- 223/24 Re-examining ethnic differences in concerns, knowledge, and beliefs about Alzheimer's disease: results from a national sample; by Liat Ayalon.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1288-1295.  
This study aimed to evaluate ethnic group differences in concerns, knowledge and beliefs about Alzheimer's disease (AD) in three ethnic groups of older adults - i.e. white, latino and black. The study was part of the Health and Retirement Study, a US national representative study of older adults over the age of 50 years and their spouse of any age. The study was based on the 2010 wave. Analysis was based on data from 939 white, 120 latino and 171 black respondents who completed a special module about AD concerns, knowledge and beliefs. There were significant ethnic differences on seven of 13 items. However after adjustment for education, gender, age, having a family member with AD, depressive symptoms and medical comorbidity, only four items showed significant ethnic group differences. Relative to white respondents, black respondents were less likely to report that having a parent or a sibling with AD increased the chance of developing AD and that genetics was an important risk for AD. In addition, relative to white respondents, both black and latino respondents were more likely to perceive stress as a potential risk for AD. Latino respondents were less likely to perceive mental activity as a protective factor. The study found limited ethnic group differences, with most items showing a similar pattern across groups. Nevertheless the nature of the ethnic group differences found might be associated with a differential pattern of health service use. (JL)  
ISSN: 08856230  
From : [www.orangejournal.org](http://www.orangejournal.org)
- 223/25 Rural dementia carers: formal and informal sources of support; by Peter Orpin, Christine Stirling, Sharon Heterington (et al).: Cambridge University Press.  
Ageing and Society, vol 34, no 2, February 2014, pp 185-208.  
Primary carers provide much of the day-to-day care for community-dwelling people living with dementia (PWD). Maintaining that contribution will require a more in-depth understanding of the primary carer role and the support needs that flow from that role. This study explored patterns of formal and informal support utilisation by people caring for a PWD in a rural-regional context in Tasmania. In-depth semi-structured interviews were conducted with 18 rural primary carers of a PWD and were thematically analysed. Participant primary carers' almost total commitment to, and absorption in their role and their assumption of ultimate responsibility for the PWD's well-being meant that external social context, such as rurality, became less relevant. Overall, this study produced little evidence that the rural context was a major factor in shaping these patterns. Rather, the findings suggest participants' support usage was shaped less by external contexts than by the fundamental nature of the primary caring experience, in particular the emotionally intense, clearly bounded and inwardly focused nature of the caring relationship and the manner in which carers perceived and sought to fulfil their assumed role as the person primarily and ultimately responsible for the care and wellbeing of the PWD. While in research and practice primary carers are generally categorised along with other family, friends and community as 'informal' care, the findings suggest that the role assumed and care delivered by study participants had very little in common with the roles played by other nonprofessionals involved with the carer-PWD dyad. In terms of the level of involvement, commitment, assumption of responsibility and even expertise - in the sense of a specialised knowledge and understanding of the care and management needs of the individual PWD - the care provided by these primary carers was fundamentally different from, and went well beyond, that provided by anyone else in the care team, formal or informal.

A failure to acknowledge and recognise the true nature of the primary caring role and contribution can, and most likely has, led to primary carers being seen as mere adjuncts to professional care and/or as another client in need of care rather than as essential care partners. As such, they were not so much in need of release or relief from their role as the support to allow them to manage the task they have undertaken through the building of appropriate knowledge, skills, capacity and support structures. (RH)

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223/26

Survival in dementia and predictors of mortality: a review; by Stephen Todd, Stephen Barr, Mark Roberts, A Peter Passmore.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1109-1124.

Dementia is an important cause of mortality and, with the ageing population and increasing prevalence of dementia, reliable data on prognosis and survival will be of interest to patients and caregivers as well as providers and commissioners of health and social care. A review of the literature was undertaken to determine the rates of survival in dementia and Alzheimer's disease (AD) and to identify factors that are or are not predictive of mortality in dementia and AD. Relevant articles on mortality in dementia were identified following a search of several electronic databases from 1990 to 2012. Inclusion criteria were reports on prospective community or clinic based cohorts published in English since 1990, to reflect more recent recognition of possible predictors. Median survival time from age of onset of dementia ranged from 3.3 to 11.7 years, with most studies in the seven to 10-year period. Median survival time from age of disease diagnosis ranged from 3.2 to 6.6 years for dementia or AD cohorts as a whole. Age was consistently reported as a predictor of mortality, with male gender a less consistent predictor. Increased disease severity and functional impairment were often associated with mortality. Substantial heterogeneity in the design of included studies limits the ability to prognosticate for individual patients. However it is clear that dementia and AD are associated with significant mortality. Reasons for the increased mortality are not established. (JL)

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## DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

223/27

Mapping demographic change: a factpack of statistics from the International Longevity Centre UK; by Ben Franklin, David Sinclair, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, July 2014, 26 pp (Population patterns seminar series).

The ILC-UK Population patterns seminar series considers the evidence base of our changing demography and explores how policy-makers need to respond to demographic change. This second annual factpack explores the impact of demographic change at a micro level (i.e. to individuals) and at a macro level (i.e. to government finances and the wider economy). It sets out the latest evidence on how long we will live and how healthy we will be. It also highlights who will need care and what it will cost; employment prospects; and whether housing will meet our needs. It also consider the economic impact on ageing and how much government might need to spend on an ageing population. There is a particular focus on pensioner poverty and the current and likely sources of pensioner income. The publication provides links to other ILC-UK research published in the previous 12 months. (RH)

[From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available: http://www.ilcuk.org.uk/index.php/publications/publication\\_details/mapping\\_demographic\\_change\\_a\\_factpack\\_of\\_statistics\\_from\\_the\\_international\\_1](http://www.ilcuk.org.uk/index.php/publications/publication_details/mapping_demographic_change_a_factpack_of_statistics_from_the_international_1)

## DEPRESSION

223/28

Age and sex differences in prevalence and clinical correlates of depression: first results from the Irish Longitudinal Study on Ageing; by Claire O Regan, Patricia M Kearney, George M Savva ... (et al.): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1280-1287.

The risk of depression is increased by physical illness, however the nature of this relationship is complex and unclear. The present study aimed to explore the prevalence and clinical correlates of depression, with particular emphasis on factors representing consequences or physical manifestations of disease. The study also aimed to identify age and gender differences in their effects. A population-representative sample of 8,175 community-dwelling adults aged 50 years and over participated in the first wave of the Irish Longitudinal Study on Ageing. The primary outcome measure was clinically significant depressive symptoms defined by a score of 16 or greater on the 20-item Centre for Epidemiologic Studies Depression scale. Overall, 10% of adults reported clinically significant depressive symptoms. Physical illness was found to be associated with depressive symptoms only in adults aged 65 years and older. In adults aged 50-64 years, the association was mediated by medication use, and this age difference was statistically significant. Irrespective of age, chronic pain and incontinence were stronger predictors of depression in men. These findings identify age-specific and gender-specific clinical markers for depression risk among the older population, which may identify those more likely to present with depression in community settings. (JL)

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223/29

Beside the Geriatric Depression Scale: the WHO-Five Well-being Index as a valid screening tool for depression in nursing homes; by Antje-Kathrin Allgaier, Dietmar Kramer, Barbara Saravo ... (et al.): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1197-1204.

The aim of the present study was to compare criterion validities of the WHO-Five Well-being Index (WHO-5) and the Geriatric Depression Scale 15-item version (GDS-15) and 4-item version (GDS-4) as screening instruments for depression in nursing home residents. Data from 92 residents aged 65-97 years without severe cognitive impairment were analysed. Criterion validities of the WHO-5, the GDS-15 and the GDS-4 were assessed against diagnoses of major and minor depression provided by the Structured Clinical Interview for DSM-IV. Subanalyses were performed for major and minor depression. Areas under the receiver operating curve (AUCs) as well as sensitivities and specificities at optimal cut-off points were computed. Prevalence of depressive disorder was found to be 28.3%. The AUC value of the WHO-5 (0.90) was similar to that of the GDS-15 (0.82). Sensitivity of the WHO-5 (0.92) at its optimal cut-off of 12 or less was significantly higher than that of the GDS-15 (0.69) at its optimal cut-off of 7 or more. The WHO-5 was equally sensitive for the subgroups of major and minor depression (0.92), whereas the GDS-15 was sensitive only for major depression (0.85), but not for minor depression (0.54). For specificity, there was no significant difference between WHO-5 (0.79) and GDS-15 (0.88), but both instruments outperformed the GDS-4 (0.53). In conclusion, the WHO-5 demonstrated high sensitivity for major and minor depression. Being shorter than the GDS-15 and superior to the GDS-4, the WHO-5 is a promising screening tool that could help physicians improve low recognition rates of depression in nursing home residents. (JL)

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223/30

Birth cohort changes in the depressive symptoms of Chinese older adults: a cross-temporal meta-analysis; by Jingjin Shao, Dan Li, Dajun Zhang ... (et al.): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1101-1108.

With the dramatic changes in Chinese society and economy, the average depressive symptoms of Chinese older adults may have changed across their birth cohort. This study aimed to examine changes in the depressive symptoms of Chinese older adults by analysing data from 1987 to 2010. The study examined changes in the Center for Epidemiologic Studies Depression Scale scores of older adults for the past 24 years (1987 to 2010) by using cross-temporal meta-analysis. A total of 35,299 older adults were included in the data.

The results showed the following: (i) Correlations between the mean scores and data collection year were significantly positive. The mean scores in the depressive symptoms of Chinese older adults showed an increase of at least 0.53 standard deviations from 1987 to 2010. (ii) The means of the scores in the depressive symptoms of both male and female older adults exhibited a significant increase in the past 24 years, with the rising tendency of women being considerably higher than that of men. (iii) Depressive symptoms showed a significant increase for different age groups in the past 24 years, whereas scores for depressive symptoms had no significant difference in terms of age group. These findings demonstrate that social changes play an important role in predicting changes in the depressive symptoms of older adults. (JL)

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223/31

Computerised cognitive behavioural therapy for depression and anxiety with older people: a pilot study to examine patient acceptability and treatment outcome; by William McMurchie, Fiona Macleod, Kevin Power ... (et al.): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1147-1156.

The objective of the present study was to determine the acceptability and treatment outcome of using 'Beating the Blues' (BTB), a computerised cognitive behaviour therapy package, with older people aged 65 or over. Specific aims included identifying the treatment uptake and drop-out rate, and describing the role of basic demographics in therapy uptake. 58 participants experiencing symptoms of depression were given a free choice of receiving treatment as usual (TAU) plus BTB (TAU + BTB) or TAU alone. All participants completed demographic questionnaires and a range of outcome measures at baseline, two months after baseline (end of treatment) and three months after baseline (follow-up). 33 participants (56.9%) opted to receive BTB and reported having more experience and confidence using a computer than those who declined BTB. 24 participants (72.7%) went on to complete all eight BTB sessions. Statistical analysis found significant differences between the two treatment groups, with the TAU + BTB group showing greater improvements in their symptoms of depression and anxiety than the TAU group by the end of treatment and at follow-up. Furthermore, the TAU + BTB group had a significantly higher percentage of participants who met criteria for clinically significant improvement in their symptoms of depression by the end of treatment and at follow-up. Although further research is required, including a randomised controlled trial, the results of this initial pilot study provide evidence that BTB may offer an acceptable and effective treatment option for older people. (JL)

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- 223/32 Depression, disability and functional status among community-dwelling older adults in South Africa: evidence from the first South African National Income Dynamics Study; by Andrew Tomita, Jonathan K Burns.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1270-1279.  
This study examined the relationship between depression and functional status among a community-dwelling population of 65 years and older in South Africa. Data from the first wave of the South African National Income Dynamics Study were used, this being the first longitudinal panel survey of a nationally representative sample of households. The study focused on the data for resident adults aged 65 years and older. Depression was assessed using the 10-item version of the Center for Epidemiologic Studies Depression Scale. Functional status, pertaining to both difficulty and dependence in activities of daily living (ADL), instrumental activities of daily living (IADL), and physical functioning and mobility (PFM), were assessed using 11 items. Functional challenges were generally higher in the older age group. There was a significant association between depression and functional dependence in ADL, IADL and PFM, but the relationship between depression and functional status, particularly PFM, appeared weaker in older age. These findings demonstrate that the relationship between depression symptoms and function is complex. Functional characteristics between older and younger old populations are diverse, and caution is indicated against overgeneralising the challenges related to depression and function among this target population. (JL)  
ISSN: 08856230 From : [www.orangejournal.org](http://www.orangejournal.org)
- 223/33 Is depression really different in older people?: by Alan Thomas.: Cambridge University Press.  
International Psychogeriatrics, vol 25, no 11, November 2013, pp 1739-1742.  
This guest editorial focuses on characteristics of depression in older people versus younger adults with particular reference to unipolar major depressive disorder (MDD). Three key areas of evidence are examined, namely clinical features of late life depression; neurobiology of late life depression; and treatment response in late life depression. (JL)  
ISSN: 10416102 From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)
- 223/34 Participation in productive activities and depression among older Europeans: Survey of Health, Ageing and Retirement in Europe (SHARE); by Kyeong-Sook Choi, Robert Stewart, Michael Dewey.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 11, November 2013, pp 1157-1165.  
Although engagement in productive activities is associated with favourable outcomes with respect to the health and well-being of older individuals, the association between such activities and depression in older populations remains relatively unexplored. The purpose of this study was to evaluate the association among five productive activities (paid work, formal volunteering, caregiving, informal helping and caring for grandchildren) with depression in older adults in 14 European countries. This cross-sectional study used the first two waves of data collected by the Survey of Health, Ageing and Retirement in Europe and analysed a total sample of 7,238 relatively healthy community residents aged 60 years and older from 14 European countries. The Survey of Health, Ageing and Retirement in Europe excluded potential participants with a past history of depression, cognitive impairment and physical limitations. Depression was categorised using the EURO-D instrument, and associations with participating in productive activities were investigated. Depression was found to be less prevalent among those individuals who were employed or self-employed and those who participated in formal volunteering or informal helping, whereas caregiving was associated with a higher risk of depression. Caring for grandchildren was not associated positively or negatively with depression. Formal volunteering and caregiving remained associated with depression after adjustment for age, sex, marital status, education, economic status, country and presence of long-term illness. These findings demonstrate that formal volunteering may be important in reducing depression risk, whereas caregiving is associated with a higher risk of depression in older European adults. (JL)  
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#### **DIET AND NUTRITION**

- 223/35 Mappmal: a multidisciplinary approach to developing a prototype for food provision and nutritional management of older hospital patients; by Paula Moynihan, Alastair Macdonald, Lisa Methven (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 29).  
Forty per cent of patients aged 65 and over are at risk of developing malnutrition or their situation worsening whilst in hospital, predisposing to disease, delaying recovery and increasing the likelihood of discharge into care. The 3-year 'mappmal' project aimed to find a solution to this problem of hospital malnutrition in older people using a holistic multidisciplinary approach. The overall research question was 'Can new products, partnerships, service models and enhanced eating experiences and environments from food production to patient consumption prevent malnutrition in older patients?' The research was undertaken at five hospitals and involved developing new foods for older hospital patients: "mini-meals" and drinks for patients with

dysphagia and swallowing problems. The findings also report on a prototype "hospitalfoodie" food monitoring application that tailors menus and monitors nutrient intake. The research found that the physical properties, perceived mouth feel and ease of swallowing of commercial texture modified 'puree category'; foods for patients with dysphagia varied in physical properties and in perceived mouth-feel and ease of swallow. Further research is needed to determine both optimum physical characteristics of pureed meals as well as optimum portion size with associated nutritional composition. The 'mappmal' project was conducted by Newcastle University, University of Reading and Glasgow School of Art in collaboration with the University of Loughborough.

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

223/36

NANA: Novel Assessment of Nutrition and Ageing; by Arlene Astell, Liz Williams, Faustina Hwang (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 4 pp (NDA Findings 34).

NANA (Novel Assessment of Nutrition and Ageing) is a touch screen application developed to collect information about what people eat and drink, their mood, cognitive function and physical activity. It was created and tested 516 older adults (+ database of 217) who took part in a total of 42 separate focus or test studies, along with nutritionists and health and social care staff across the UK. NANA was developed over a 4-year multidisciplinary programme of work that produced large amounts of data which have implications and relevance for research, care and policy but primarily to support people to live and age well.

The project has five key findings. First, older adults are happy to use new technology in their own homes. Second, older adults are comfortable recording what they eat and drink on a daily basis. Third, older adults are prepared to record their mood on a daily basis. Fourth, older adults will complete cognitive measures on a daily basis. Lastly, older adults will record their physical activity and function using new technology.

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

223/37

Older women's reduced contact with food in the Changes Around Food Experience (CAFE) study: choices, adaptations and dynamism; by Kathleen Lane, Fiona Poland, Sheila Fleming (et al): Cambridge University Press.

Ageing and Society, vol 34, no 4, April 2014, pp 645-669.

Many older women reduce the amount of cooking and food preparation they do in later life. While cooking may be seen as traditionally associated with women's family roles, little is known about the impact of such reduced engagement with food on their lives. This paper presents the findings from a one-year qualitative study (Changes Around Food Experience, CAFE) of the impact of reduced contact with preparing and cooking meals from scratch for 40 women, aged 65-95 years, living in Norfolk. Data were collected through semi-structured interviews, focus groups and observations. Women's reasons for reducing food-related activities included changes in health, loss of a partner or a caring role, and new patterns of socialising. Disengagement from cooking and shopping was not found to entail predominantly negative feelings, passive acceptance or searching for forms of support to re-enable more cooking from scratch. Accounts evidenced the dynamic adaptability of older women in actively managing changed relationships with food. In exploring new meal options, older women were not simply disengaging from their environments. CAFE findings linked women's engagement with their environments to how they were using formal services and, even more, to the value they placed on social engagement and being out and about. Through the connections they fostered with friends, family and community, older women actively enabled their continued involvement in their social, public and family spheres. Reduced contact with preparing and cooking meals from scratch, therefore, did not induce or imply passivity or debility in the CAFE cohort. By contrast, it involved their exploring new means of retaining what was important to them about food in the context of their lived situation and social connections with friends, family, the community and public spheres. (RH)

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## **DISABILITY**

(See 223/32)

## **EMPLOYMENT**

223/38

Age-training gaps in the European Union; by Fiona Carmichael, Marco G Ercolani.: Cambridge University Press.

Ageing and Society, vol 34, no 1, January 2014, pp 129-156.

An ageing European population coupled with the recent financial crisis has increased the urgency with which governments are implementing reforms such as raising statutory pensionable ages (SPA) and retrenching early retirement benefits. These policies are aimed at raising the European



Union's average age of permanent labour market exit which is currently 61.4. These reforms are more likely to raise the low employment rates of older people if they are accompanied by measures that enhance employability by raising productivity. One such measure is to invest in the training of older people which will help their job prospects. In this context, it is useful to consider the training participation rates of older people and the extent to which these vary across different national settings. This paper examines the relationship between age and training in the 15 European Union countries (EU-15) that were member states prior to the 2004 enlargement. The authors have used European Union Labour Force Survey data for the analysis. They report cross-country comparisons for the training undertaken by older people (aged 50-64) and younger people (age 20-49). They extend previous research by adding an analysis of the training undertaken by non-workers as well as that of workers. They also consider whether training is work-related, whether it is undertaken during normal work hours, and the time spent in training. The results indicate that across the EU-15, not only are older people less likely to be involved in any kind of training, they are also less likely to participate in training that is work-related or undertaken during work-hours. The duration of training they do is also likely to be shorter. These age-based training gaps are found to be larger among non-workers; and this is likely to be particularly problematic for older workers who lose their jobs. (RH)

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223/39

In the name of meritocracy: managers' perceptions of policies and practices for training older workers; by Gregory Martin, Darryl Dymock, Stephen Billett (et al.): Cambridge University Press. *Ageing and Society*, vol 34, no 6, July 2014, pp 992-1018.

Managers and employers who are seeking to maintain the standing, capacities and productivity of their workplaces are now facing two crucial facts: an ageing workforce; and all workers need to adapt to the changing requirements for workplace performance, regardless of age. These facts mean that managers and supervisors need to confront issues found in the changing demographics of their own workforce. That is, as the portion of workforces aged over 45 (i.e. older workers) increases, it is these workers who are available to be employed, and to be supported in sustaining their ongoing employability. To address these issues requires understanding of particular workers' capacities and aspirations, and then acting to develop further their capacities based on new understanding, and rebutting social sentiments about these workers that are often value-laden, contradictory and biased. Drawing on literature and analyses of interview data of Australian managers of older workers, the authors suggest that the current logic of management relies upon deeply held and widely shared beliefs of age-blind meritocracy and equal opportunity rather than informed views.

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223/40

Work restrictions experienced by midlife family care-givers of older people: evidence from six European countries; by Andrea Principi, Giovanni Lamura, Christina Sirolla (et al.): Cambridge University Press.

*Ageing and Society*, vol 34, no 2, February 2014, pp 209-231.

The phase between the mid-forties to retirement is a complex stage of life: responsibilities at work tend to become higher; changes in health may increase the physical burden of work; and the provision of informal care to ageing parents often overlaps with other family obligations, such as the support provided to children and/or grandchildren. This paper examines differences in work restrictions of midlife family carers of older people in terms of prevalence, gender and explanatory variables, in six European countries: Germany, Greece, Italy, Poland, Sweden and the United Kingdom. A sample of 2,897 carers aged 45-64 was extracted from the EUROFAMCARE (Services for Supporting Family Carers of Older People in Europe: Characteristics, Coverage and Usage) European project database, in order to analyse four possible work restrictions experienced in connection with the activity of care-giving: the reduction of working hours; giving up working; difficulties in career development; and forced occasional work. The results show that work restrictions are experienced differently between countries especially by women: they are reported to a higher degree in the United Kingdom, Germany and Greece, less so in Italy, and seldom in Poland and Sweden. Gender differences within countries are not so marked. Country differences are explained in the light of the different welfare regimes characterising the countries under investigation, in order to elucidate how policy makers may act to improve working carers' conditions through appropriate policies.

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#### **END-OF-LIFE CARE**

223/41

Improving the end-of-life for people with dementia living in a care home: an intervention study; by Gill Livingston ... (et al.): Cambridge University Press.

*International Psychogeriatrics*, vol 25, no 11, November 2013, pp 1849-1858.

One in three adults, most of whom are living in a care home at the time, dies with dementia. Their end-of-life is often in hospital, where they may experience uncomfortable interventions without

known benefit and die rapidly with uncontrolled pain and comfort needs. This study aimed to improve end-of-life care for people with dementia in a care home by increasing the number and implementation of advanced care wishes. The study recruited staff, residents with dementia, and their relatives from a 120-bed nursing home in London. The intervention was a ten-session manualised, interactive staff training programme. The study compared advance care wishes documentation and implementation, place of death for residents who died, and themes from staff and family carers' after-death interviews pre- and post-intervention. Post-intervention there were significant increases in documented advance care wishes arising from residents' and relatives' discussions with staff about end-of-life. These included do not resuscitate orders and dying in the care homes as opposed to hospital. Bereaved relatives' overall satisfaction increased from 7.5 pre-intervention to 9.1 post-intervention. Relatives reported increased consultation and satisfaction about decisions. Staff members were more confident about end-of-life planning and implementing advanced wishes. This small non-randomised study is the first end-of-life care in dementia intervention to report an increase in family satisfaction with a reduction in hospital deaths. This is promising but requires further evaluation in diverse care homes. (JL)

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From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

## **EPIDEMIOLOGY**

(See 223/19, 223/26, 223/28, 223/30)

## **FALLS**

223/42

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

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

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

## **FAMILY AND INFORMAL CARE**

(See 223/55, 223/56, 223/58, 223/59)

## **GRANDPARENTS**

223/43

Grandparenting in Europe: summary; by Karen Glaser, Eloi Ribé Montserrat, Ulrike Waginger (et al), Grandparents Plus; Institute of Gerontology, King's College London; Beth Johnson Foundation - BJJF. London: Grandparents Plus, June 2010, 11 pp.

Despite the growing importance of grandparenting, relatively little is known about its demography, or about how policies in different European countries support different types of grandparental roles. Although grandparents play a pivotal role in family life, legislation and social policies often disregard their contribution as major supporters or caregivers. This is a summary of the scoping study (same title) funded by the Calouste Gulbenkian Foundation, on which Grandparents Plus worked in partnership with the Institute of Gerontology at King's College London and the Beth Johnson Foundation (BJF). It outlines the findings of a systematic literature review; and identifies key policies in European countries which are likely to be important in shaping the role of grandparents in family life. It concludes that as our populations age and the number of children per family falls, the role of grandparents in family life is becoming increasingly significant and is an international phenomenon not confined to the UK alone. (RH)

From : Grandparents Plus, 18 Victoria Park Square, Bethnal Green, London E2 9PF. Website: [www.grandparentsplus.org.uk](http://www.grandparentsplus.org.uk)

## **HEALTH CARE**

(See 223/45)

## **HEALTH EXPECTANCY**

223/44

Socio-economic inequalities in mortality persist into old age in New Zealand: study of all 65 years plus, 2001-04; by Santosh Jatrana, Tony Blakely.: Cambridge University Press.

Ageing and Society, vol 34, no 6, July 2014, pp 911-929.

A number of studies have explored the relationship between socio-economic status (SES) and mortality, although these have mostly been based on the working-age population, despite the fact

that the burden of mortality is highest in older people. This study linked New Zealand census and mortality data (2001-04, 1.3 million person years) with a comprehensive set of socio-economic indicators (education, income, car access, housing tenure, neighbourhood deprivation). The authors used Poisson regression to examine the association of socio-economic characteristics and older adult mortality (65+ years) in New Zealand. They found that socio-economic mortality gradients persist into old age. Substantial relative risks of mortality were observed for all socio-economic factors, except housing tenure. Most relative risk associations decreased in strength with ageing; for example, most deprived compared to least deprived rate ratio for males reducing from 1.40 (95% confidence interval (CI) 1.28-1.53) for 65-74-year-olds to 1.13 (CI 1.00-1.28) for those aged 85+, except for income and education among women where the rate ratios changed little with increasing age. This suggests individual-level measures of SES are more closely related to mortality in older women than older men. Comparing across genders, the only statistically significantly different association between men and women was for a weaker association for women for car access. The merit of using alternative measures of SES such as neighbourhood deprivation is noted. (RH)

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From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

### **HEALTH SERVICES**

223/45

Health innovations: more for less in healthcare; by Neil Churchill (ed), Smith Institute. London: The Smith Institute, 2014, 118 pp.

Named after the late John Smith, Labour Party leader 1992-94, the Smith Institute is an independent think tank that looks at issues arising from the changing relationship between social values and economic imperatives. The ten essays in this book are by people eminent in healthcare, and explore innovations and new approaches that can help meet the productivity and health challenge in a fairer way. The authors identify some significant opportunities for ensuring that recent progress can be carried forward. Although many of these solutions seem feasible, in the current climate of fiscal austerity the biggest challenge may well be gaining the support of health professionals, patients and citizens. Healthcare is a top priority for government and opposition alike; and the pressures of growing demand, rising costs and minimal investment mean that radical reform is no longer a choice but a necessity. (RH)

From : The Smith Institute, 4th Floor, 30-32 Southampton Street, London WC2E 7RA. Website: [www.smith-institute.org.uk](http://www.smith-institute.org.uk)

### **HOME CARE**

223/46

Older people's experiences of home care in England; by Wendy Sykes, Carola Groom, Equality and Human Rights Commission - EHRC.: Equality and Human Rights Commission - EHRC, 2011, 92 pp.

A growing number of people aged 65+ in England need paid help and support with their everyday life. Home care is currently the main way in which such help and support is supplied by public authorities. Little attention has been given, so far, to examining the relationship between home care and the human rights of older people as service users. The Equality and Human Rights Commission (EHRC) commissioned this research as part its formal inquiry into older people and human rights in home care in England (called Close to Home), and whether the current legislative, regulatory and quality control systems offer sufficient human rights protection to this group. This report is based on findings from in-depth interviews with a cross-section of 40 older people (aged 65+) receiving home care arranged mostly through their local authority, but also privately (in a small number of cases). As well as exploring potential risks to human rights or failure to address them, the research was also concerned with good practice and the positive impact that home care can have on older people's human rights and their dignity, choice and privacy. Seven case studies selected from the sample of ordinary people receiving home care illustrate both a personal context and examples of good practice. (RH)

From: [http://www.equalityhumanrights.com/uploaded\\_files/research/79\\_older\\_peoples\\_experiences.pdf](http://www.equalityhumanrights.com/uploaded_files/research/79_older_peoples_experiences.pdf)

### **INCOME AND PERSONAL FINANCE**

(See 223/85)

### **INEQUALITY AND HUMAN RIGHTS**

(See 223/44)

## INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 223/31)

- 223/47 All digital adoption is personal; by David Wilcox.: Age UK London. London Age, Winter 2014, pp 8-10.  
The editor of [www.socialreporter.com](http://www.socialreporter.com), a website about how social media might be used for social benefit, ran a workshop for older people before the launch event of the Age UK London report, 'Wealth of the web: broadening horizons online'. He describes the use of cartoon character vignettes whereby participants could identify how these "characters" (and by association, the participants) might change their lives if they had access to appropriate technology. (RH)  
ISSN: 13571109  
From : [www.ageuk.org/london](http://www.ageuk.org/london)
- 223/48 Delivering digital enlightenment to Lewisham's older residents; by Jane Hopkins.: Age UK London. London Age, Winter 2014, pp 11-13.  
An estimated 7.36 million adults (15% of the UK population) have never used the internet. The over 60s form the largest proportion; the over 70s are identified as the least frequent users of digital technology. The Secretary to the Lewisham Pensioners Forum (LPF) writes about work by the LPF to tackle digital inclusion among older people in the borough. (RH)  
ISSN: 13571109  
From : [www.ageuk.org/london](http://www.ageuk.org/london)
- 223/49 Portal or pot hole?: exploring how older people use the 'information superhighway' for advice relating to problems with a legal dimension; by Catrina Denvir, Nigel J Balmer, Pascoe Pleasance.: Cambridge University Press. Ageing and Society, vol 34, no 4, April 2014, pp 670-699.  
As an increasing number of Government services have moved away from traditional modes of provision to online formats, there has been a corresponding need to ensure greater access to the internet. Although older people (those over 60) are least likely of all age groups to have access to the internet in their homes, the internet holds much potential as an information and advice resource for those who may find it difficult to access advice over the telephone or in person. Realising this potential extends beyond issues of physical access; consideration must necessarily be given to issues of internet literacy and the inclination of this cohort to utilise what may be new and unfamiliar technology. This paper examines these matters in the context of resolving everyday problems that have a legal dimension. The authors look at the use of the internet for information and advice seeking related to such problems. They find that those aged over 60 demonstrate the least use of the internet for problems with a legal dimension. Simultaneously, those aged over 60 are also the group with the lowest level of home access - a particular issue given that for over 60-year-olds, home access is a far stronger determinant of internet use for problems than it is for other age groups. Examining use of the internet for advice-seeking over the last decade, findings demonstrate the existence of a general increase in use amongst all age groups over time, albeit with a lower rate of growth amongst those currently over 60. As an indication of future growth, this will have implications for the provision of services. Whilst the 'young old' will utilise the internet to a greater degree and will require websites which are tailored to their needs, those at the older end of the age spectrum may best be served by continued access to face-to-face or outreach advice. The implications these findings pose for policy makers in setting priorities in the remit of online service provision are discussed, with results having particular relevance in England and Wales, given planned changes to civil legal aid. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)
- 223/50 Socio-economic status over the lifecourse and internet use in older adulthood; by Michelle Pannor Silver.: Cambridge University Press. Ageing and Society, vol 34, no 6, July 2014, pp 1019-1034.  
This study explored associations between socio-economic status (SES) at different phases in the lifecourse and regular internet use among older adults. A sample (N = 11,035) from the 2010 wave of the United States Health and Retirement Study (HRS) was used. Odds ratios were estimated to explore the relationship between regular internet use in older adulthood and measures of SES in childhood and in adulthood, and cumulative SES. Findings provided support for the lifecourse perspective, suggesting that variations observed among older adults are reflective of cumulative experiences. Three main themes emerged. First, higher SES in childhood increased the odds of being an internet user in older adulthood. Second, SES advantages tended to accumulate, so that having at least one period of high SES in the lifecourse increased the odds of being an internet user in older adulthood. Lastly, age did not appear to modify the positive relationship between cumulative SES and internet use. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 223/51 Sustaining IT use by older people to promote autonomy and independence (Sus-IT); by Leela Damodaran, Wendy Olphert, Matthew Atkinson (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield; Department of Information Science, Loughborough University. Sheffield: New Dynamics of Ageing - NDA, 2013, 6 pp (NDA Findings 27).  
For older people, digital technology (such as computers and the internet) has the potential to support independent living, promote social inclusion, and improve access to commercial and government services. However evidence suggests that some older people do not, or cannot, sustain their use information and communication technology (ICT). Sus-IT, a collaborative research project at Loughborough University, explored and examined the relationship between the dynamics of ageing and the dynamics of digital ICTs, in order to better understand how ICT can support or enrich quality of life and autonomy of older people as they age.  
However, as people age, they often experience decline in their physical or cognitive abilities, making it difficult to continue or keep up with digital tools and services. The resulting disengagement from the digital world can constitute a significant reduction in quality of life for some older people. These findings indicate how the Sus-IT project has identified and developed an innovative range of human, social and technical solutions to sustain digital engagement as people age. The website <http://sus-it.lboro.ac.uk/> has more information on the Sus-IT project. (RH)  
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. [www.newdynamics.group.shef.ac.uk](http://www.newdynamics.group.shef.ac.uk)
- 223/52 Wealth of the web: broadening horizons online.: Age UK London. London Age, Winter 2014, pp 4-7.  
The Government's drive to going 'digital by default' follows the technological trend towards online-based forms of interactions with service users. However, there is still a large population of people who are not online. 551,000 people over 55 in London have never used the internet - that is 41% of over 55s in the capital. This article outlines the contents and recommendations of a report by Age UK London, 'Wealth of the web: broadening horizons online' on the issue of digital inclusion. (RH)  
ISSN: 13571109 From : [www.ageuk.org/london](http://www.ageuk.org/london)
- 223/53 Wealth of the web: broadening horizons online: scoping report; by Age UK London. London: Age UK London; Age Action Alliance, 2013, 36 pp.  
The Government's drive to going 'digital by default' follows the technological trend towards online-based forms of interactions with service users. However, there is still a large population of people who are not online. This paper scopes the existing literature, to develop an understanding and to provide recommendations for how older Londoners wish to go online to be supported to do so, whilst those who do not are not adversely affected by this decision. It summarises the extent of impact in terms of older Londoners' computer use; and reviews the literature to tentatively propose a theoretical model that aids our understanding of what encourages or discourages getting online. Different people have different needs, and it proposes a model and transitions for digital inclusion. It proposes recommendations for regional and local government, Age UK London (AUKL), voluntary sector organisations, and older people themselves. The literature review used sources including academic publications, official statistics, voluntary sector, government publications and AUKL's own research. (RH)  
From : Age UK London, 1st Floor, 21 St Georges Road, London SE1 6ES.  
[www.ageuk.org/london](http://www.ageuk.org/london)

## INTERGENERATIONAL ISSUES

- 223/54 Intergenerational ambivalence: new perspectives on intergenerational relationships in the German welfare state; by Katrin Prinzen.: Cambridge University Press. Ageing and Society, vol 34, no 3, March 2014, pp 428-451.  
This paper deals with ambivalence in the working generation's attitudes towards the older generation in the German welfare state. Whereas most researchers focus on either norms or self-interest in intergenerational relationships, ambivalence is widely neglected. Ambivalence denotes a simultaneous positive and negative evaluation of the older generation. The theoretical framework is developed by combining two common perspectives on intergenerational relationships in the welfare state. The first is age-based self-interest that is often discussed in the context of ageing societies with scarce welfare state resources. The second perspective concerns the norms that individuals internalise when growing up both in society and in the family. Drawing on survey data from the Population Policy Acceptance Study in Germany, the empirical analysis first presents evidence of intergenerational ambivalence; and second, investigates whether the structural contradictions that confront individuals in certain situations cause ambivalent attitudes towards the elder generation. The findings show that the higher the structural contradictions of being young and holding strong societal norms towards the older generation, the higher the ambivalent attitude towards this group in the context of the welfare state. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## INTERNATIONAL AND COMPARATIVE

(See Also 223/6, 223/11, 223/13, 223/30, 223/32, 223/44, 223/54, 223/60, 223/65, 223/68, 223/79)

- 223/55 Care dependence in old age: preferences, practices and implications in two Indonesian communities; by Elisabeth Schröder-Butterfill, Tengku Syawila-Fithry.: Cambridge University Press.  
Ageing and Society, vol 34, no 3, March 2014, pp 361-387.  
The provision of physical care is a sensitive matter in all cultures and is circumscribed by moral injunctions and personal preferences. Research on Western cultures has shown care networks to be narrow subsets of people's wider networks and revealed dependence to be deeply undermining of full personhood. In non-Western societies these issues have received little attention, although it is sometimes assumed that care provision and dependence are much less problematic. This paper uses longitudinal ethnographic data from two ethnic groups in rural Indonesia to compare care preferences and practices in old age and to examine the implications of care dependence. The groups manifest varying degrees of daughter preference in care and differ in the extent to which notions of shame and avoidance prohibit cross-gender intimate care and care by 'non-blood' relatives. Demographic and social constraints often necessitate compromises in actual care arrangements (e.g. dependence on in-laws, neighbours or paid carers), not all of which are compatible with quality care and a valued identity. The authors argue that by probing the norms and practices surrounding care provision in different socio-cultural settings, it becomes possible to arrive at a deeper understanding of kinship, personhood and sociality. These insights are not only of sociological interest but have implications for people's vulnerability to poor quality care in old age. (RH)  
ISSN: 0144686X  
From : journals.cambridge.org/aso
- 223/56 Care-giving expectations and challenges among elders and their adult children in Southern Sri Lanka; by Melissa H Watt, Bilesha Perera, Truls Ostbye (et al.): Cambridge University Press.  
Ageing and Society, vol 34, no 5, May 2014, pp 838-858.  
The population aged 60-85 in Sri Lanka is growing rapidly. Older people are traditionally cared for in the homes of their adult children, but the shifting socio-economic environment in Sri Lanka challenges this arrangement. This paper describes the dynamics of older person-care-giver relationships in Southern Sri Lanka. Data included four focus group discussions and five in-depth interviews with older people, and ten in-depth interviews with adult children. Discussion guide topics included care-giving arrangements, and roles/responsibilities of elders and care-givers. Using a grounded theory approach, a comprehensive analytic memo was developed and discussed to explore emerging themes on the care-giver dynamic. Both older people and care-givers felt that older people should be taken care of in the home by their children. They pointed to a sense of duty and role modelling of parental care-giving that is passed down through generations. Even as ageing parents desired support from their children, they feared losing their independence, and saw financial autonomy as important for maintaining relationship balance. Care-giving challenges included: households where both the adult child and his/her spouse worked outside the home; households where elders had a disproportionate amount of household work; economically stressed households; and lack of direct communication between older people and care-givers regarding conflicts. Results point to strong values around caring for older people in the home, but identify challenges to this arrangement in the future. (RH)  
ISSN: 0144686X  
From : journals.cambridge.org/aso
- 223/57 The influence of high-rise residence on physical activity and quality of life among older people with leprosy in a retirement community; by Shun Ping Cheng, Tze Fang Wang, Fu In Tang (et al.): Cambridge University Press.  
Ageing and Society, vol 34, no 1, January 2014, pp 90-105.  
The significant time older people typically spend at home affects both their level of physical activity and quality of life. This prospective cohort study was designed to identify the effects that living in a high-rise residence retirement community has on physical activity and quality of life in older people in Taiwan with leprosy. The relocation group comprised of study participants who had relocated voluntarily to a high-rise apartment building. The comparison group comprised of study participants who had chosen not to relocate to that building. Data were collected using a personal information survey, Modified Baecke's Questionnaire, and the brief version of the World Health Organization Quality of Life assessment (WHOQOL-BREF). The groups were significantly similar in terms of household activities, leisure time activities, total physical activity score, and quality of life physical and social aspects. The groups were significantly different in terms of quality of life overall (F=7.864, p=0.006), psychological (F=5.403, p=0.021) and environmental (F=23.099, p=0.000) aspects. This study indicates that living in a high-rise apartment environment does not decrease physical activity and may promote overall quality of life, and psychological and environmental aspects for retirement community residents. The findings

enhance understanding of the effect of different living environments on physical activity and quality of life. Greater health professional participation in retirement community design to ensure such designs facilitate residents' health and quality of life is recommended. (RH)  
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 223/58 Non-family experience and receipt of personal care in Nepal; by Jennifer Yarger, Sarah R Brauner-Otto.: Cambridge University Press.  
Ageing and Society, vol 34, no 1, January 2014, pp 106-128.  
Scholars and policy makers have expressed concern that social and economic changes occurring throughout Asia are threatening the well-being of older adults by undercutting their systems of family support. Using a sample of 1,654 men and women aged 45 and above from the Chinwan Valley Family Study in Nepal, the authors evaluated the relationship between individuals' non-family experiences, such as education, travel and non-family living, and their likelihood of receiving personal care in older adulthood. Overall, it was found that among individuals in poor health, those who had received more education, travelled to the capital city, or lived away from their families were less likely to have received personal care in the previous two weeks than adults who had not had these experiences. The findings provide evidence that although familial connections remain strong in Nepal, experiences in new non-family social contexts are tied to lower levels of care receipt. (RH)  
ISSN: 0144686X  
[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 223/59 Parents' preferred care-givers in rural China: migration and intergenerational exchanges; by Zhen Cong, Merril Silverstein.: Cambridge University Press.  
Ageing and Society, vol 34, no 5, May 2014, pp 727-752.  
This study examines how intergenerational exchanges affect elders' choice of preferred care-givers in the case of sickness among adult children in rural China. The sample derived from a four-wave longitudinal study in Anhui Province, China, based on which the authors constructed three time intervals (i.e. 2001-2003, 2003-2006 and 2006-2009) and stacked them. Their working sample included 10,181 observations from these three stacked intervals, representing 4,927 children with 1,170 ageing parents. They used fixed-effects logistic regression to predict the parents' favouritism among their children. Results show that those children who received more help with grandchild care from parents, who provided instrumental support to parents and whose spouses provided instrumental support to parents were more likely to be named the preferred care-givers. On average, parents favoured sons. For mothers, this favouritism was completely explained by proximity and intergenerational exchanges, and even reversed under certain circumstances. For fathers, this favouritism of sons was partially explained by proximity and intergenerational exchanges. Migrant children were less likely to be preferred care-givers. This effect was moderated by parents' help with caring for grandchildren. Particularly, mothers favoured daughters over sons if the above moderation effect was considered. The authors discuss these findings in the context of social changes, including increased importance of daughters in parents' support networks and the large-scale rural to urban migration. (RH)  
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## LEARNING DIFFICULTIES

(See 223/66)

## LEGAL ISSUES

- 223/60 Social values and the role of law: the use of legal planning tools for old age by privatised and non-privatised Kibbutz members; by Hamatol Miloe, Israel Doron.: Cambridge University Press.  
Ageing and Society, vol 34, no 5, May 2014, pp 820-837.  
Historically, the Kibbutzim in Israel were established as collective, socialist communities. However, since the 1980s, the Kibbutz movement has undergone profound social processes. One of the outcomes of these processes was the privatisation of the Kibbutz. This study examined the relationship between the socio-legal structure of the Kibbutz (i.e. non-privatised versus privatised) and the awareness, knowledge and usage of legal planning tools for old age. Using a quantitative research method, a closed questionnaire was designed and distributed to a non-probability convenience sample of 295 respondents, of whom 137 (46%) were from traditional Kibbutzim and 158 (54%) from privatised Kibbutzim. Five different legal tools were examined: private pension; private long-term care insurance; advance health-care directive; will; and organ donation. On average, members of privatised Kibbutzim reported higher levels of awareness, knowledge and usage regarding legal planning tools for old age. These findings support other studies that point to the relationships between societal values (collectivist versus individualistic) and social policies regarding older people in general, and legal policies in the field of law and ageing in particular. It is expected that a shift toward a more individualistic value-based society will increase the awareness and usage of individually based legal planning tools for old age. (RH)  
ISSN: 0144686X  
[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## LIFE-LONG LEARNING

- 223/61 Choice and opportunity: learning, well-being and quality of life for older people: a report for local authorities, primary care trusts and their partners; by NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2010, 30 pp.  
Learning can make a difference to older people's quality of life, both in the 'third age' of healthy active life, and the 'fourth age' of greater dependency. This report provides a framework for understanding the contribution of learning (of all kinds). It aims to help local authorities and their partners to review how well they are meeting the needs of all their older citizens, and provides a tool to consult with older people about how to improve what is available. It is based on what is known about the challenges that older people face as they age, their demands and hopes, and what promotes individual well-being. It presents the issues to consider when developing a strategy for older people's learning. (RH)  
From : NIACE, 21 De Montfort Street, Leicester LE1 7GE.  
Website: [www.niace.org.uk/publications](http://www.niace.org.uk/publications)
- 223/62 Four decades of Universities of the Third Age: past, present, future; by Marvin Formosa.: Cambridge University Press.  
Ageing and Society, vol 34, no 1, January 2014, pp 42-66.  
This paper discusses the origins and development of Universities of the Third Age (U3As) whilst also suggesting possible roles, opportunities and directions for their future. The U3A has been rightly described as both an idea and a movement, as each centre has a local foundation and relatively unique features. Whilst some U3As are attached to traditional universities and colleges, others are sturdily autonomous and wholly dependent on the efforts of volunteers. Their ethos ranges from the provision of a traditional type of liberal arts education, to the organisation of interest group activities conducted through peer learning, to showing solidarity with vulnerable sectors of the older population. Academic commentaries on the U3A movement have been both supportive and critical. Whilst U3As have been lauded for leading older learners to improved levels of physical, cognitive, social and psychological well-being, other reports emphasise how many centres incorporate strong gender, social class, ageist and ethnic biases. It is hoped that the U3A movement will continue to be relevant to future cohorts of older adults by embracing a broader vision of learning, improving the quality of learning, instruction and curricula, as well as encouraging wider participation that caters for older adults experiencing physical and cognitive challenges. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## LONELINESS AND SOCIAL ISOLATION

- 223/63 Awareness of risk factors for loneliness among third agers; by Erik C Schoenmakers, Theo G van Tilburg, Tineke Fokkema.: Cambridge University Press.  
Ageing and Society, vol 34, no 6, July 2014, pp 1035-1051.  
Awareness of risk factors for loneliness is a prerequisite for preventive action. Many risk factors for loneliness have been identified. This paper focuses on two: poor health and widowhood. Preventive action by developing a satisfying social network requires time and effort, and thus seems appropriate for people unexposed to risk factors, i.e. third agers and the non-lonely. The third age is the period in old age after retirement, before people's social relationships deteriorate. This paper addresses three questions. Are older adults aware of poor health and widowhood as risk factors for loneliness? Are there differences in awareness between third and fourth agers? Are there differences in awareness between lonely and non-lonely older adults? After being introduced to four vignette persons, 920 respondents from the Longitudinal Aging Study Amsterdam (LASA) were asked whether they expected these people to be lonely. Older adults, especially third agers, expected peers exposed to the risk factors to be lonely more often than peers who were unexposed. The results indicate that awareness of loneliness-provoking factors is high among third agers, which is a first step towards taking actions to avoid loneliness. Compared to lonely older adults, non-lonely ones expected peers to be lonely less often, suggesting the latter's lower awareness of the risk factors. The results provide evidence for policy makers and practitioners that combating loneliness might require early action. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)
- 223/64 Loneliness and the exchange of social support among older adults in Spain and the Netherlands; by Marta M Sanchez Rodriguez, Jenny de Jong Gierveld, Jose Buz.: Cambridge University Press.  
Ageing and Society, vol 34, no 2, February 2014, pp 330-354.  
Previous research has shown that exchanges of support within social networks reduce the loneliness of older adults. However, there is no consistent evidence on how types of support (instrumental and emotional) and the direction of that support (giving and receiving) are related to loneliness, and whether the effects are culture-specific. The aim of this study was to investigate support exchanges and their effects on loneliness in Spain and the Netherlands. We suggest that



cultural differences, such as more interdependent cultural values in Southern Europe and more independence-related values in Northern Europe, influence social realities such as the social support exchanged. In Spain relationships with family members are determined by mutual obligations; older people expect to receive instrumental support from them. However, in Northern Europe independence is highly valued and intimacy and closeness are shown primarily by confiding about personal matters. This paper examined data from two comparable surveys, one in Spain (N=646) and one in the Netherlands (N=656). Older adults in Spain provide for, and receive, high amounts of instrumental support and this proved to be a protective factor against loneliness. An alternative pattern was found in the Netherlands where respondents provided more and received more emotional support than Spanish older adults; emotional support is a protective factor in the Netherlands (but only for support received).

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## **LONG TERM CARE**

223/65 Horizontal and vertical target efficiency: a comparison between users and non-users of public long-term care in Sweden; by Marten Lagergren, Britt-Marie Sjolund, Cecilia Fagerstrom (et al.): Cambridge University Press.

*Ageing and Society*, vol 34, no 4, April 2014, pp 700-719.

The extent to which a system of services is in tune with the needs of the population can be expressed in terms of target efficiency, which includes horizontal target efficiency - the extent to which those deemed to need a service receive it - and vertical target efficiency - the corresponding extent to which those who receive a service actually need it. Vertical efficiency can be measured by looking only at those receiving services. To measure horizontal target efficiency in a population, one must have access to population surveys. Data were taken from the baseline survey of the Swedish National Study on Ageing and Care (SNAC study). The results show that more than 80 per cent of those dependent in personal activities of daily living (ADLs) in the studied geographic areas were users of public long-term care (LTC). Dependency in instrumental activities of daily living (IADLs) was identified as the most important predictor of using LTC. Vertical target efficiency was 83-95 per cent dependent on age, gender and type of household, if need was defined as dependency in instrumental activities of daily living. It was considerably lower, 35-61 per cent when defined as dependency in personal daily activities. Overall, long-term target efficiency in Sweden must be regarded as high. Few people who need public LTC services fail to receive them. (RH)

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## **MENTAL HEALTH**

223/66 Decision-making deficits in normal elderly persons associated with executive personality disturbances; by Christopher M Nguyen ... (et al.): Cambridge University Press.

*International Psychogeriatrics*, vol 25, no 11, November 2013, pp 1811-1819.

The problems that some community-dwelling older persons develop in real-world decision-making may have disastrous consequences for their health and financial well-being. Investigations across the adult life span have identified personality as an important individual differences variable that is related to decision-making ability. The aim of this study was to investigate the relationship between personality characteristics, as rated by an informant, and complex decision-making performance among older persons. It was hypothesised that deficits in decision-making would be associated with personality characteristics reflecting weak executive functioning. 58 older persons participated in the study. Their health and cognitive status were deemed intact via comprehensive neuropsychological evaluation. The Iowa Scales of Personality, completed by an informant, was used to assess personality characteristics, and the Iowa Gambling Task, completed by the participant, was used to assess complex decision-making abilities. Longstanding disturbances in executive personality characteristics were found to be associated with poor decision-making, and these disturbances remained predictive of poor decision-making even after taking into consideration demographic, neuropsychological, and mood factors. Acquired personality disturbances did not add significantly to prediction after longstanding disturbances were taken into account. Disturbances in other dimensions of personality were not significantly associated with poor decision-making. Study findings suggest that attentiveness to the personality correlates of difficulties with aspects of executive functioning over the adult years could enhance the ability to identify older individuals at risk for problems with real-world decision-making. (JL)

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From : [journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

223/67 Executive functioning in older adults with hoarding disorder; by Catherine R Ayers, Julie Loebach Wetherell, Dawn Schiehser ... (et al.): Wiley Blackwell.

*International Journal of Geriatric Psychiatry*, vol 28, no 11, November 2013, pp 1175-1181.

Hoarding disorder (HD) is a chronic and debilitating psychiatric condition. Midlife HD patients have been found to have neurocognitive impairment, particularly in areas of executive functioning,

but the extent to which this is due to comorbid psychiatric disorders has not been clear. The purpose of the present investigation was to examine executive functioning in geriatric HD patients without any comorbid Axis I disorders compared with a healthy older adult comparison group. It was hypothesised that older adults with HD would perform significantly worse on measures of executive functioning in a range of intelligence tests. Study results confirmed that older adults with HD showed significant differences from healthy older controls in multiple aspects of executive functioning. Compared with healthy controls, older adults with HD committed significantly more total, non-perseverative errors and conceptual level responses on the Wisconsin Card Sort Task and had significantly worse performance on the Wechsler Adult Intelligence Scale-IV digit span and letter-number sequencing tests. Hoarding symptom severity was strongly correlated with executive dysfunction in the HD group. The study concludes that compared with demographically-matched controls, older adults with HD have dysfunction in several domains of executive functioning including mental control, working memory, inhibition and set shifting. Executive dysfunction is strongly correlated with hoarding severity and is not because of comorbid psychiatric disorders in HD patients. These results have broad clinical implications suggesting that executive functioning should be assessed and taken into consideration when developing intervention strategies for older adults with HD. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

223/68

Experiences of ageing and aged care in Australia of older survivors of genocide; by Karen Teshuva, Yvonne Wells.: Cambridge University Press.

Ageing and Society, vol 34, no 3, March 2014, pp 518-537.

This qualitative study investigated the ageing and aged care experiences in Australia of two cohorts of older survivors of genocide: Jewish Holocaust survivors and older Cambodian genocide survivors. It was carried out in response to an identified need to better train aged care workers who are in contact with these groups. In-depth interviews were conducted with 21 community-dwelling survivors aged 65 and over. Credibility was ensured by methodological triangulation and peer debriefing. The study highlighted the importance of understanding older survivors' ageing and aged care experiences in the context of their entire lifecourse and in terms of both vulnerability and resilience. It showed that trauma history can heighten older survivors' sensitivity to many aspects of the social and physical environments in residential, community and home-based aged care settings. The study also uncovered the potential for aged care services to help older survivors cope with the psycho-social and emotional effects of resurfacing post-traumatic stress symptoms. The implications of the study findings for care practice include the importance of recognising older survivors of genocide as a distinct group of clients and the need to distinguish staff training for caring for this client group from general cultural awareness training.

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From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

223/69

The significance of experiences of war and migration in older age: long-term consequences in child survivors from the Dutch East Indies; by Trudy T M Mooren, Rolf J Kleber.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1783-1794.

This study examines late consequences of war and migration in both non-clinical and clinical samples of child survivors of World War II. This is one of the very few studies on the mental health of children who were subjected to internment in camps, hiding and violence under Japanese occupation in the Far East. It provides a unique case to learn about the significance of experiences of war and migration in later life. Long-term sequelae of Japanese persecution in the Dutch East Indies (DEI, now Indonesia) in child survivors were studied by analysing sets of standardised questionnaires of 939 persons. Instruments dealt with post-traumatic responses, general health and dissociation. Participants were recruited through community services and registers of clinical services. Discriminant analyses were conducted to evaluate the significance of early experiences in determining group belonging. Compared with age-matched controls that lived through the German occupation in the Netherlands during World War II, child survivors from the DEI reported both more trauma-related experiences and mental health disturbances in later life. These results underline the long-term significance of World War II-related traumatic experiences in the population of older child survivors who spent their childhood in the former DEI. (JL)

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## MENTAL HEALTH SERVICES

(See 223/7)

## NEIGHBOURHOODS AND COMMUNITIES

223/70

Older adults' perceptions of age-friendly communities in Canada: a photovoice study; by Sheila Novek, Verena H Menec.: Cambridge University Press.

Ageing and Society, vol 34, no 6, July 2014, pp 1052-1072.

The concept of age-friendly communities has garnered international attention among researchers, policy makers and community organisations since the World Health Organization (WHO) launched its Global Age-friendly Cities Project in 2006. Despite the growth of the age-friendly communities movement, few studies have examined age-friendly characteristics within different community contexts. The present study used a participatory methodology to explore older adults' perceptions of age-friendliness. The study employed the photovoice technique with 30 community-based older adults in one urban community and three rural communities in the province of Manitoba, Canada. Participants were provided with cameras and took photographs to illustrate the relative age-friendliness of their communities, and to generate discussion in interviews and focus groups. Themes from photographs, interviews and focus groups were organised into three broad categories: age-friendly features, contextual factors and cross-cutting themes. The age-friendly features identified in this study generally correspond to the World Health Organization domains of age-friendliness. In addition, three contextual factors that impact the experiences of older adults within their community environment were identified: community history and identity; ageing in urban, rural and remote communities; and environmental conditions. Finally, independence, affordability and accessibility were identified as cross-cutting themes that intersect with various community features and contextual factors. (RH)

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## **PARTICIPATION**

(See 223/75)

## **PENSIONS AND BENEFITS**

223/71

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

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

The UK Attendance Allowance (AA) and Disability Living Allowance (DLA) are non-means-tested benefits paid to many disabled people aged 65+. They may also increase entitlements to means-tested benefits through the Severe Disability Premium (SDP). The authors investigate proposed reforms involving withdrawal of AA/DLA.

The authors demonstrate that despite the present non-means-tested nature of AA/DLA, withdrawal would affect mainly low-income people, whose losses could be mitigated if SDP were retained at its current or a higher level. The authors also show the importance of the method of describing distributional impacts, and that use of inappropriate income definitions in official reports has overstated recipients' capacity to absorb the loss of these benefits. (RH)

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223/72

Beveridge rebooted: social security for a networked age; by Ian Mulheirn, Jeff Masters, Social Market Foundation - SMF. London: Social Market Foundation, 2013, 104 pp.

Seventy years ago, the report of the Inter-Departmental Committee on Social Insurance and Allied Services chaired by Sir William Beveridge (Cmd. 6404; HMSO, 1942) was launched to popular acclaim. Yet over the intervening 70 years, the descent from Beveridge has been total. Public attitudes have hardened towards unemployed people, and the political parties now compete to sound tough on 'scroungers'. These four essays explore this crisis of legitimacy in working age welfare. The policy options for what to do about financial support for the unemployed are examined. Should financial support be more generous or less generous? Or should we somehow revive the central plank of Beveridge's 1942 proposals, that is, benefits claimed as a right based on past contribution? The essays conclude with radical proposals for an entirely new direction of reform, putting social networks at the heart of the welfare system. (RH)

Price: £10.00

From : SMF, 11 Tufton Street, London SW1P 3QB. Website: [www.smf.co.uk](http://www.smf.co.uk)

Also available as download: <http://www.smf.co.uk/wp-content/uploads/2013/08/Publication-Beveridge-Rebooted-Social-security-for-a-networked-age.pdf>

## **PERSONALISATION**

223/73

Can individual budgets have an impact on carers and the caring role?; by K Jones, A Netten, P Rabiee (et al.): Cambridge University Press.

*Ageing and Society*, vol 34, no 1, January 2014, pp 157-175.

The introduction of cash-for-care schemes such as individual or personal budgets in England has been seen as central to the personalisation agenda for reforming the delivery of adult social care. However, despite there being 5.2 million carers in England and Wales, the initiative concentrates predominantly on the needs of the service user. The implementation of individual budgets (IBs) was piloted within 13 local authorities during 2005-2007 and the Department of Health (DH) commissioned an independent evaluation of this pilot (IBSEN). The focus was only on the service

user in the evaluation. Therefore, a separate but linked study was set up to evaluate the impact and outcomes of IBs on carers. Carers of service users who had consented to take part in the main IBSEN study were identified and invited to participate in a follow-up study aimed at exploring how IBs impacted on carers and the caring role. The study found that the receipt of the budget was significantly associated with positive impacts on carers' reported quality of life and, when other factors were taken into account, with social care outcomes. These outcome gains were achieved despite no higher costs being incurred to the public purse, thus suggesting that IBs for service users are cost-effective for carers. (RH)

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## PHYSICAL ACTIVITY

(See 223/57)

## POLITICS AND CAMPAIGNING

(See 223/18)

## POVERTY

223/74

Poverty in perspective: "the first step towards tackling poverty is to understand it better ..."; by Claudia Wood, Jo Salter, Gareth Morrell (et al), Demos. London: Demos, 2012, 316 pp.

Poverty is not just about income. As a lived experience, it is a complex, multi-dimensional phenomenon spanning one's social and economic life; but until now, we have never really understood how these different dimensions interact at household level. The way poverty is currently measured - by looking purely at income - is both too abstract to relate to people's everyday lives, and not informative enough to help practitioners tackle entrenched poverty. This report challenges established preconceptions about life in poverty. It develops a pioneering new model to fill a gap in policy makers' understanding, revealing how poverty manifests itself in different ways in different households. It dispels the assumption that those in poverty are a homogeneous group that can all be helped in the same way. The analysis applies 20 indicators - spanning health, housing, education, material deprivation and social networks - to the low income population, to develop different 'types' of poverty. Each type must be addressed by a different combination of services and interventions. Demos has also developed a website (<http://www.demos.co.uk/poverty/index>) to present its findings. (RH)

Price: £10.00

From : Demos, Magdalen House, 136 Tooley Street, London SE1 2TU. E-mail: [hello@demos.co.uk](mailto:hello@demos.co.uk) Website: [www.demos.co.uk](http://www.demos.co.uk)

## PREVENTION

(See 223/4, 223/89)

## RESEARCH

(See Also 223/1)

223/75

Older people as co-researchers: a collaborative journey; by Jill Binells, Vivianne Baur, Karen Cox (et al): Cambridge University Press.

Ageing and Society, vol 34, no 6, July 2014, pp 951-973.

In recent years, there has been a distinguishable trend towards user involvement in ageing research. Researchers and policy makers are increasingly convinced that user involvement is necessary to adapt research questions and methods to meet the needs of older people. Little is known, however, about the quality of collaborations between older people and researchers. This study systematically evaluates a collaboration undertaken between two academic researchers and three older people acting as co-researchers. To evaluate the collaboration, the co-researchers and academic researchers took part in individual in-depth interviews (after six months) and two reflection meetings (after six and 12 months). Field notes were taken by both academic researchers and co-researchers throughout the collaboration. This article provides a detailed description of the collaboration, for which the metaphor of a journey is used to illustrate the dynamics and the learning process of the participants. Interim reflection meetings - at which mutual expectations were expressed along with a frank discussion of prejudices, tasks and role divisions, and the sharing of personal and project-related needs and information - were found to be fruitful in achieving a positive working relationship and in fostering an effective collaboration. The article concludes that a learning perspective on participation can be a resource for learning and adaptive change. (RH)

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223/76

Substitute consent practices in the face of uncertainty: a survey of Canadian researchers in aging; by Gina Bravo ... (et al.): Cambridge University Press.

International Psychogeriatrics, vol 25, no 11, November 2013, pp 1821-1830.

In Canada and elsewhere, research policies require researchers to secure consent from a legally authorized representative (LAR) for prospective participants unable to consent. Few jurisdictions, however, offer a clear legislative basis for LAR identification. The present study investigated Canadian researchers' practices regarding the involvement of decisionally incapacitated participants and tested whether reported practices were associated with (1) researchers' understanding of the law on third party authorisation of research and (2) their comfort with allowing a family member to consent on behalf of an incapacitated relative. The study surveyed researchers in ageing from four Canadian provinces about their practices with prospective participants deemed incapable of consent, their understanding of relevant law, and comfort with family consent for research purposes. Understanding and comfort were measured with research vignettes that briefly described hypothetical studies in which an adult who lacked the capacity to consent was invited to participate. Many respondents reported soliciting consent from a family member (45.7% for low-risk studies and 10.7% for serious risks studies), even in jurisdictions where such authority was uncertain at law. Researchers' tendency to solicit family consent was associated with their comfort in doing so, but not with their understanding of the law on substitute consent for research. These findings underscore the need to clarify who may authorise an incapacitated adult's participation in research. Meanwhile, people should inform their relatives of their desire to participate or not in research in the event of incapacity, given researchers' tendency to turn to family for consent, even where not supported by law. (JL)

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## RESIDENTIAL AND NURSING HOME CARE

(See Also 223/41)

223/77

The Commission on Residential Care: "a vision for care fit for the twenty-first century"; by Paul Burstow (chair), Commission on Residential Care; Demos. London: Demos, 2014, 271 pp.

The Commission on Residential Care was set up in July 2013 to explore the future of residential care in its broadest sense, from care homes to extra care villages and supported living, for older and disabled people. The Commission sets out a vision for housing with care in the twenty-first-century, and outlines how existing housing with care should change to deliver this vision. This final report from the Commission draws on a range of evidence: surveys, interviews and focus groups with experts, care staff, disabled and older people and members of the public; site visits; and two calls for evidence. Chapter 2 details individual stories to show how providing the right housing with care option can improve people's lives. Drawing on the findings from an extensive literature review and focus groups, Chapter 3 looks at what disabled and older people want from housing with care now, and how this might change in the future. Chapter 4 identifies key challenges to housing with care, which include: business models; staff recruitment, retention, training and wages; negative public perceptions of housing with care; confusion over terminology; pressures of demographic change; and increased expectations of the sector. Chapter 5 describes examples of housing with care that work to ensure people gain and maintain independence and autonomy. The last two chapters set out how the Commissioners believe the existing housing with care offer could change to deliver this vision across financial, operational, governance and cultural aspects of care. The Commission recommends a number of measures to embed good practice and challenge public perceptions. These include more accurate definition of 'housing with care' throughout government policy; greater co-location of care settings with other community services such as colleges; the expansion of the Care Quality Commission's (CQC) role in inspecting commissioning practices; and promoting excellence in the profession through the introduction of a license to practice and a living wage.

Price: £10.00

From : Demos, Magdalen House, 136 Tooley Street, London SE1 2TU. E-mail: hello@demos.co.uk Website: www.demos.co.uk

223/78

Memories, identity and homeliness: the social construction of mealtimes in residential care homes in South Wales; by Susan Philpin, Joy Merrell, Joanne Warring (et al.): Cambridge University Press.

Ageing and Society, vol 34, no 5, May 2014, pp 753-789.

Mealtimes in residential care homes are fundamentally social occasions, providing temporal structure to the day and opportunities for conversation and companionship. There is a dearth of research exploring care home residents' mealtime experiences in the United Kingdom. This paper reports on particular findings from a qualitative study which investigated factors influencing nutritional care provided to residents in two different types of residential care settings in South Wales. Data on observation of food preparation and mealtimes throughout the day was gathered from focus group interviews with relevant staff members (N = 15), individual interviews with managers (N = 4) and residents (N = 16) of the care homes and their informal carers (N = 10). Data and other relevant documents were analysed using thematic analysis. This paper's focus is on the ways in which care home residents' experiences and understandings of mealtimes were

influenced by environmental factors, such as the home's geographical location, physical lay-out and ambience. The shared meaning of mealtimes for residents, informal carers and staff was constructed from each group's socio-cultural background, family experiences and memories, and was integral to residents' sense of normality, community and identity. (RH)  
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

223/79

Preconceptions about institutionalisation at public nursing homes in Spain: views of residents and family members; by Beatriz Rodríguez-Martin, Maria Martínez-Andrés, Beatriz Cervera-Monteaguido (et al.): Cambridge University Press.  
Ageing and Society, vol 34, no 4, April 2014, pp 547-568.  
The aim of this article was to ascertain nursing home residents' preconceptions about institutionalisation, and to analyse the causes and circumstances of and the justification for their admission. Grounded theory was used to design and analyse a qualitative study based on in-depth interviews in a theoretical sampling of 20 people aged over 65 with no cognitive impairment, and eight proxy informants of residents with cognitive impairment, institutionalised at a public nursing home in Spain. Analysis revealed that preconceptions about nursing homes differ between residents and relatives, and are strongly influenced by the views held by society about such centres and by previous experiences. Regarding the causes and circumstances underlying nursing home placement, while the principal cause of institutionalisation among residents with cognitive impairment was the ineffectiveness of informal care systems, in the case of residents without cognitive impairment reasons tended to revolve around two main themes: social causes (loneliness, not be a burden to the others, household-related, comfort and absence of relatives in the vicinity); and limitations in physical functioning, with the former predominating. This study shows society's perception of such centres and the circumstances surrounding admission. These points of view are useful for analysing why informal care systems prove inadequate, and are crucial for designing programmes targeted at acceptance and successful adaptation to institutionalisation when this becomes necessary. (RH)  
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

223/80

Providing activity for people with dementia in care homes: a cluster randomised controlled trial; by Jennifer Wenborn, David Challis, Jenny Head ... (et al.): Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1296-1304.  
Activity levels remain low in care homes, but activity engagement can enhance residents' quality of life. This study aimed to assess an occupational therapy programme designed to enable care home staff to increase activity provision. A cluster randomised controlled trial with blinded assessment of outcome was conducted. A total of 210 residents with dementia in 16 care homes were recruited. Intervention homes received the programme, and control homes were provided usual care. Primary outcome was quality of life; secondary measures were dependency, challenging behaviour, depression, anxiety, severity of dementia and number and type of medication. Quality of life decreased overall with statistically significant change in staff ratings. At follow-up, staff-rated quality of life was slightly lower in the intervention group. There were no significant differences between the two groups for self-rated quality of life or secondary outcomes. These results may be related to the following: wide variability in how the intervention was implemented, such as low staff attendance at the education and coaching sessions, and patchy provision of additional activities to residents; or the residents' severity of dementia or the choice of outcome measures. Future studies need to pay more attention to process measures such as implementation and fidelity strategies, and outcome measures that better capture the focus of the intervention such as level of engagement and activity. (JL)  
ISSN: 08856230  
[From : www.orangejournal.org](http://www.orangejournal.org)

## RETIREMENT

223/81

Notions of fantasy and reality in the adjustment to retirement; by John Goodwin, Henrietta O'Connor.: Cambridge University Press.  
Ageing and Society, vol 34, no 4, April 2014, pp 569-589.  
During the early 1960s, Norbert Elias led a research project called 'Adjustment of young workers to work situations and adult roles'. The data from this project, which consisted of 851 interviews with young people, were recently rediscovered; and the participants, now approaching retirement, were re-interviewed as part of a re-study. In this paper, the authors argue, that, in the context of the dramatic changes to the transition to retirement that have taken place in the United Kingdom, it is possible to use Elias's unpublished work on the transition to work as a theoretical framework for our understanding of the transition from work and to retirement. The authors focus on these themes: fantasy and reality in the perception of retirement; changing interdependencies in the transition to retirement; and the extent and impact of retirement preparation on the perception of the change in status from full-time worker to retiree. They conclude by suggesting that the implied advantages of being the 'baby-boomer' generation are far from the reality, with the experiences of this group being similar to those who have gone before and face an adjustment to retirement marked by uncertainty and anxiety. (RH)  
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## SEXUALITY

- 223/82 Only connect?: lesbian, gay and bisexual (LGB) adults and social capital; by Ann Cronin, Andrew King.: Cambridge University Press.  
Ageing and Society, vol 34, no 2, February 2014, pp 258-279.  
The concept of social capital is widely used in the social sciences, to explore the nature, role and values of social networks and community activities. To an extent, it has been applied to the lives and social networks of older lesbian, gay and bisexual (hereafter LGB) adults. This paper develops existing research and argues that while not without its problems, the concept of social capital enriches our understanding of these networks, whilst simultaneously deconstructing the negative stereotypes surrounding homosexuality in later life. However, little attention has been paid to the social factors that mediate access and participation in lesbian and gay communities and the implications of this on the quality and experience of later life. Drawing on qualitative research conducted in the United Kingdom, this paper illustrates how biography, gender and socio-economic status are significant mediators in the development and maintenance of social capital by older LGB adults. It concludes with a set of recommendations aimed at improving the social capital of older LGB adults, together with the importance of 'queering' the concept itself. (RH)  
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## SOCIAL CARE

(See Also 223/72)

- 223/83 'Turning the welfare state upside down?': developing a new adult social care offer; by Jon Glasby, Robin Miller, Jennifer Lynch, Health Services Management Centre, University of Birmingham. Birmingham: University of Birmingham, 2013, 34 pp (HSMC policy paper 15).  
The Adults and Communities Directorate of Birmingham City Council commissioned this discussion paper, to help inform future debate about service provision. The authors call for a new approach to adult social care. From a search of local authority websites, they found that many Councils seem to be describing what they do to the public and to potential service users in fairly traditional ways. From interviews with leading national stakeholders and local good practice examples, four main themes have emerged about the potential for a new approach to adult social care. These are: building on social capital and community resources; social care as a form of social and economic investment; a closer relationship with the NHS; and a closer relationship between the local and the national. Examples of local approaches to social capital in Sutton, Surrey, Shropshire, and Windsor and Maidenhead are described. (RH)  
From : The University of Birmingham, Edgbaston, Birmingham B15 2TT.  
<http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/PolicyPapers/policy-paper-fifteen.pdf>
- 223/84 Commissioning social care for older people: influencing the quality of direct care; by Helen Chester, Jane Hughes, David Challis.: Cambridge University Press.  
Ageing and Society, vol 34, no 6, July 2014, pp 930-950.  
The delivery of personalised support to vulnerable older people is largely contingent on those staff who provide direct care. These care workers play an invaluable role in supporting vulnerable older people that may have increasingly complex needs either at home or in care homes. Internationally, concern has been raised both about the recruitment and retention of care workers, also their skills and competencies because of their importance in the delivery of quality care services. Using both primary and secondary data, this paper explores commissioning and contracting arrangements for domiciliary care and care home provision in England and their influence on the recruitment and retention of staff in these services. The implications of the findings are discussed in the context of two factors which influence continuity of care, a proxy for quality services for older people: training opportunities for staff, and factors affecting the supply of labour from which direct carers are traditionally recruited. It is suggested that some of the drivers of quality in the provision of care may not be susceptible to the influence of commissioners and providers. Nevertheless, training may aid the recruitment and retention of care workers and provide one way in which they can promote a higher standard of care for older people. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)
- 223/85 Financial planning for social care in later life: the 'shadow' of fourth age dependency; by Debora Price, Dinah Bisdee, Tom Daly (et al.): Cambridge University Press.  
Ageing and Society, vol 34, no 3, March 2014, pp 388-410.  
As policy makers in the United Kingdom and many other countries grapple with financing the needs of an ageing population, financial planning for social care in later life is high on political agendas. The authors draw on qualitative research with older couples in the United Kingdom about their intimate money practices to analyse the day-to-day meanings attributed to money,

saving and consumption in the context of financial planning for later life and death. The authors find that expenditure on funerals and home adaptations is discussed, negotiated and planned, as is 'downsizing' to release capital from the home for financing day-to-day expenses and leisure expenses. These outcomes are within easy contemplation and are indeed money practice of older couples. In contrast, end-of-life planning for domiciliary or residential care was virtually non-existent across all socio-economic groups; and couples employed a range of techniques to avoid making these discussions 'real'. Costs (while well known) are seen as astronomical, details are scarce, intensive domiciliary care is never discussed, and death is seen as preferable to residential care. The authors theorise antipathy to care planning as a product of social and psychological construction of the 'fourth age' as a period of abjection, and therefore 'wasted' expenditure. Exhortations by policy makers for individuals to consider care costs will be ineffective without recognition of the cultural transformation of later life. (RH)

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From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

223/86

Is use of formal community services by older women related to changes in their informal care arrangements?; by Samantha J Mackenzie, Jayne C Lucke, Richard L Hockey (et al): Cambridge University Press.

*Ageing and Society*, vol 34, no 2, February 2014, pp 310-329.

This paper examines how the relationships between the factors (predisposing, enabling and illness) of the 1973 Andersen framework and service use are influenced by changes in the caring role in older women of the 1921-26 cohort of the Australian Longitudinal Study on Women's Health. Outcome variables were the use of three formal community support services: (a) nursing or community health services, (b) home-making services and (c) home maintenance services. Predictor variables were survey wave and the following carer characteristics: level of education, country of birth, age, area of residence, ability to manage on income, need for care, sleep difficulty and changes in caring role. Carer changes were a significant predictor of formal service use. Their inclusion did not attenuate the relationship between the Andersen framework factors and service use, but instead provided a more complete representation of carers' situations. Women were more likely to have used support services if they had changed into or out of co-resident caring or continued to provide co-resident care for a frail, ill or disabled person, needed care themselves, and reported sleep difficulties compared with women who did not provide care. These findings are important because they indicate that support services are particularly relevant to women who are changing their caring role and who are themselves in need of care.

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## SUICIDE

223/87

Determinants of thoughts of death or suicide in depressed older persons; by Ista C H M Bogers ... (et al): Cambridge University Press.

*International Psychogeriatrics*, vol 25, no 11, November 2013, pp 1775-1782.

In depressed persons, thoughts of death and suicide are assumed to represent different degrees of a construct: suicidality. However this can be questioned in older persons facing physical and social losses. Thoughts of death in depressed older persons are hardly examined in the absence of suicidal ideation. Furthermore most depression instruments do not discriminate suicidal ideation from thoughts of death only. This study examined whether determinants of thoughts of death differ from determinants of suicidal ideation in late life depression. Past month's thoughts of death and suicidal ideation were assessed with the Composite International Diagnostic Interview in 378 depressed older persons aged 60 or above. Multinomial logistic regression analyses adjusted for age and depression severity were used to identify socio-demographic, lifestyle, clinical and somatic determinants of past month's thoughts of death and suicidal ideation. Compared with patients without thoughts of death or suicide, patients reporting thoughts of death but no suicidal ideation were older and more severely depressed, whereas patients with suicidal ideation were also more severely depressed but not older. This latter group was further characterised by more psychiatric comorbidity, panic disorder, at-risk alcohol use, lifetime suicide attempts, loneliness and recent life events. In depressed older persons thoughts of death and suicide differ in relevant demographic, social, and clinical characteristics, suggesting that the risks and consequences of the two conditions differ. (JL)

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223/88

Suicidal ideation in family carers of people with dementia: a pilot study; by Siobhan T O'Dwyer, Wendy Moyle, Melanie Zimmer-Gembeck, Diego De Leo.: Wiley Blackwell.

*International Journal of Geriatric Psychiatry*, vol 28, no 11, November 2013, pp 1182-1188.

The objective of this pilot study was to gather preliminary evidence on suicidal ideation in family carers of people with dementia. An online cross-sectional survey was conducted with 120 family carers, the majority of whom were located in Australia and the USA. The survey included measures of suicidality, self-efficacy, physical health, depression, hopelessness, anxiety, optimism, caregiver burden, coping strategies and social support. 26% of carers were found to have



contemplated suicide more than once in the previous year. Only half of these had ever told someone they might commit suicide and almost 30% said they were likely to attempt suicide in the future. Carers who had contemplated suicide had poorer mental health, lower self-efficacy for community support service use and greater use of dysfunctional coping strategies than those who had not. In a logistic regression, only depression predicted the presence of suicidal thoughts. These findings demonstrate that a significant number of people might contemplate suicide while caring for a family member with dementia. Although more research is required to confirm this, there are clear implications for policy and clinical practice in terms of identifying and supporting carers who are already contemplating suicide. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

## **TRANSPORT**

223/89

More than A to B: the role of free bus travel for the mobility and wellbeing of older citizens in London; by Judith Green, Alasdair Jones, Helen Roberts.: Cambridge University Press.

Ageing and Society, vol 34, no 3, March 2014, pp 472-494.

There is a consensus that mobility is important to older citizens' well-being. This study contributes to the literature on mobility and well-being at older ages through an empirical exploration of the meanings of free bus travel for older citizens, and what these meanings hold for older people in urban settings. London is used as a case study: older citizens have free access to a relatively extensive public transport network through a Freedom Pass. The authors use a public health perspective to explore the mechanisms that link this travel benefit to determinants of well-being. In addition to the ways in which the Freedom Pass has enabled access to health-related goods and services, it has provided less tangible benefits. Travelling by bus provides opportunities for meaningful social interaction; travelling as part of the 'general public' provides a sense of belonging and visibility in the public arena - a socially acceptable way of tackling chronic loneliness. The Freedom Pass has been described not only as providing access to essential goods and services, but also as a widely prized mechanism for participation in life in the city. The authors argue that the mechanisms linking mobility and well-being are culturally, materially and politically specific. Their data suggest that in contexts where good public transport is available as a right, and bus travel is not stigmatised, it is experienced as a major contributor to well-being, rather than a transport choice of last resort. This has implications for other jurisdictions working on accessible transport for older citizens and, more broadly, improving the sustainability of cities. (RH)

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From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## **VOLUNTEERING**

223/90

The impact of volunteering on well-being in later life: a report to WRVS; by James Nazroo, Katey Matthews, Royal Voluntary Service (formerly WRVS). Cardiff: Royal Voluntary Service, May 2012, 33 pp.

This report describes the rationale and methods for, and findings and conclusions from, a study examining the relationship between volunteering and well-being in later life. The overall aim of this study was to examine whether volunteering improves well-being in later life. It uses data from the English Longitudinal Study of Ageing (ELSA) to examine: the characteristics of volunteers; the relationship between volunteering and changes in well-being over time and identify the extent to which any relationship could be causal; and the associations between type and frequency of volunteering and well-being, and quantity of volunteering activity and well-being. (RH)

From : <http://www.royalvoluntaryservice.org.uk/our-impact/reports-and-reviews/the-impact-of-volunteering-on-well-being-in-later-life>



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