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New Literature on Old Age

EDITOR
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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 225/88, 225/135)

225/1 Adult safeguarding policy and law: a thematic chronology relevant to care homes and hospitals; by Jill Manthorpe, Martin Stevens.: Cambridge University Press.
Social Policy and Society, vol 14, no 2, April 2015, pp 203-216.
Elder abuse is a 'social problem', as illustrated by the production of policy documents and legislation that define and revise the scope and nature of the problem. This article synthesises and discusses the policy documents and legal changes that have taken place in England since 2000, when the first policy guidance to address adult safeguarding as a whole was produced. The focus of this article is on particular locations, namely care home and hospital settings, and the applicable policy and legislation. The policy documents and legal changes identified are analysed using Blumer's five phases of policy implementation and Matland's ambiguity-conflict matrix, to explore their implications for policy implementation and coherence. The analysis suggests that responses to elder abuse have created different kinds of ambiguity and conflict, requiring both top-down and bottom-up policy interventions. (RH)
ISSN: 14747464
From : www.journals.cambridge.org

225/2 Care professionals' understanding of the new criminal offences created by the Mental Capacity Act 2005; by Jill Manthorpe, Kritika Samsi.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 4, April 2015, pp 384-392.
Implemented in 2007, the Mental Capacity Act (MCA) 2005 codified decision-making for adults unable to make decisions for themselves in England and Wales. Among other changes, two new offences of wilful neglect and ill-treatment were created under Section 44. The present study explored how the MCA was being implemented in community-based dementia care, focusing on frontline practice. Using qualitative longitudinal methodology, the authors interviewed 279 practitioners in London and South East England two or three times over three years. Framework analysis was applied in order to identify and delineate recurrent themes. Views of the new offences were positive overall, but understanding ranged from partial to non-existent among some participants. Clinicians may be increasingly called upon to provide advice on whether an alleged victim or perpetrator lacks decision-making capacity in cases of suspected elder abuse. They need to be aware of the new criminal offences to ensure that people with dementia, among others, are not abused and that abusers are brought to account. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/3 Domestic violence and multi-agency risk assessment conferences (MARACs): a scoping review; by Rachel Robbins, Hugh McLaughlin, Concetta Banks (et al).: Emerald.
Journal of Adult Protection, vol 16, no 6, 2014, pp 389-398.
This paper draws attention to the potential and limits of the Multi-Agency Risk Assessment Conferences (MARACs) in supporting adults with social care needs who also experience domestic violence. The paper reports on a scoping review as part of a wider research project; and it identifies and assesses the effectiveness of social care's contribution to the development of MARAC and the protection of adults facing domestic violence. An understanding of the workings of MARAC could support social care practice with high-risk victims of domestic violence, such as people with mental health, physical or learning disabilities issues or older people. However, the conception of risk assessment and management central to the process also poses ethical dilemmas for practitioners. Social care is ideally placed to support, in an holistic manner, a group of vulnerable service-users with complex needs. However, the current climate of austerity could jeopardise this work. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

225/4 Factors associated with elder mistreatment in rural Tamil Nadu, India: a cross-sectional survey; by Srinivasan Chokkanathan.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 863-869.
There is limited evidence for the multifactorial etiology of elder mistreatment. The goal of this study was to investigate factors associated with the mistreatment of older adults living in rural Tamil Nadu, India. A cross-sectional household survey was conducted in a sub-district of rural Tamil Nadu by using a standard questionnaire. Face to face interviews were conducted with 902 older adults aged 61 years and older. The relation between the characteristics of older adults, family members and family environments with reported mistreatment was examined by univariate and multivariate logistic regression analyses. The multivariate results revealed that elder mistreatment was related to several factors associated with the perpetrator and the family environment. Perpetrator factors included middle age, a tertiary education (protective), alcohol consumption and the mistreatment of other family members. Family environment factors included family stress and low cohesion. Among the factors related to older adults, only physical abuse of family members was associated with exposure to mistreatment. The characteristics of older adults, family members and family environment were potent predictors of elder mistreatment.

Multi-dynamic interventions should target dysfunctional families displaying alcohol use, relationship conflicts, low cohesion and the presence of some form of family violence. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/5 Investigating models of adult safeguarding in England: a mixed-methods approach; by Caroline Norrie, Martin Stevens, Katherine Graham, Jill Manthorpe (et al).: Emerald.
Journal of Adult Protection, vol 16, no 6, 2014, pp 377-388.
In England, adult safeguarding has received increased attention in recent years and is a government priority. This paper describes the methodology being used in a study exploring the organisation of adult safeguarding. A mixed-methods study is presented which describes how the research team is seeking to identify models of adult safeguarding and then to compare them using a quasi-experimental study design. Close examination of this study's methodology highlights the potential value of mixed-method research approaches. Anticipated study challenges include difficulties with gaining agreement from study sites, and recruitment of people who have been the subject of a safeguarding referral. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

225/6 Learning lessons about self neglect?: An analysis of serious case reviews; by Suzy Braye, David Orr, Michael Preston-Shoot.: Emerald.
Journal of Adult Protection, vol 17, no 1, 2015, pp 3-18.
This paper reports the findings from research into 40 serious case reviews (SCRs) involving adults who self-neglect. The reviews were found through detailed searching of Local Safeguarding Adult Board (LSAB) web sites, and through contacts with Board managers and independent chairs. A four layer analysis is presented of the characteristics of each case and SCR, of the recommendations and of the emerging themes. Learning for service improvement is presented thematically, focusing on the adult and the immediate context, the team around the adult, the organisations around the team, and the Local Safeguarding Board around the organisations. There is no one typical presentation of self-neglect. Cases vary in terms of age, household composition, lack of self-care, lack of care of one's environment and/or refusal to engage. Recommendations foreground LSABs, adult social care and unspecified agencies, and focus on staff support, procedures and the components of best practice and effective SCRs. Reports emphasise the importance of a person-centred approach, within the context of ongoing assessment of mental capacity and risk, with agencies sharing information and working closely together, supported by management and supervision, and practising within detailed procedural guidance. There is no national database of SCRs commissioned by LSABs, and currently there is no requirement to publish the outcomes of such inquiries. It may be that there are further SCRs or other forms of inquiry that have been commissioned by Boards but not publicised. This limits the learning that has been available for service improvement. The paper identifies practice, management and organisational issues that should be considered when working with adults who self-neglect. These cases are often complex and stressful for those involved. The thematic analysis adds to the evidence base of how best to approach engagement with adults who self-neglect and to engage the multi-agency network in assessing and managing risk and mental capacity. The paper offers the first formal evaluation of SCRs that focus on adults who self-neglect. The analysis of the findings and the recommendations from the investigations into the 40 cases adds to the evidence base for effective practice with adults who self-neglect. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

225/7 Reading between the lines: the role discourse in shaping responses to safeguarding older people; by Diane Galpin.: Emerald.
Journal of Adult Protection, vol 16, no 6, 2014, pp 399-410.
This paper reports on findings from research into the role of language and discourse in shaping responses to older people at risk of abuse in England. The study comprises a critical discourse analysis (CDA) of the consultation paper 'A vision for adult social care: capable communities and active citizens' (Department of Health, 2010), which includes an outline of the Coalition government's approach to safeguarding adults. The aim of using CDA is to deconstruct policy to identify hidden meaning. The results suggest ideological, philosophical and economic discourses underpinning policy may promote 'Big Society' rather than address the abuse of older people, and that this might leave some older people vulnerable and at risk. It is acknowledged that the qualitative approach of CDA has its limitations as issues of subjectivity and interpretation exist. Drawing on this analysis may provide a heightened awareness of the use of discourse to expose potentially hidden motivations in others, and ourselves, by seeking out the ideological, philosophical and theoretical hiding places which enable specific discourses to become taken for granted. This paper thus explores practice in safeguarding adults from an ideological, economic and philosophical perspective. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

225/8 A review of factors which potentially influence decisions in adult safeguarding investigations; by Patricia Trainor.: Emerald.
Journal of Adult Protection, vol 17, no 1, 2015, pp 51-61.
This paper looks at safeguarding documentation in relation to 50 adult safeguarding files for the period April 2010 to March 2011. This was followed up with semi-structured interviews with a small number of Designated Officers whose role it is to screen referrals and coordinate investigations. Findings from the research were used to redesign regional adult safeguarding documentation, to ensure Designated Officers have access to the information necessary to assist them in reaching decisions. Designated and Investigating Officer training was also updated to reflect learning from the research, thereby reducing the potential for variation in practice. A file tool was developed which examined the recorded information in safeguarding documentation contained within 50 service user files. The review tool looked at the personal characteristics of the vulnerable adult, the nature of the alleged abuse, and the decisions/outcomes reached by staff acting as safeguarding Designated Officers. A semi-structured interview schedule asked Designated Offices to comment on the training and understanding of the process as well as the factors they believed were central to the decision-making process. Their responses were compared to data obtained from the file review. A key finding in the research was that while factors such as type of abuse, the vulnerable adults' consent to cooperate with proceedings, identity of the referrer, etc. did influence decisions taken, there was a lack of clarity on the part of Designated Officers in relation to their roles and responsibilities and of the process to be followed. The research was limited to one Health & Social Care Trust area and had a small sample size (n=50). The findings of the research led to a revamping of existing safeguarding documentation which had failed to keep pace with developments and was no longer fit for purpose. Adult safeguarding training courses within the Trust were redesigned to bring greater focus to the role and responsibilities of designated and Investigating Officers and the stages in the safeguarding process. Adult Safeguarding leads were established within programmes of care and professional support mechanisms put in place for staff engaged in this area of work. Better trained and supported staff alongside more efficient safeguarding systems should lead to better outcomes in the protection of vulnerable people from abuse and harm. (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

225/9 Wilful neglect and health care; by Michael Mandelstam.: Emerald.
Journal of Adult Protection, vol 16, no 6, 2014, pp 342-354.
This paper considers the criminal offence of wilful neglect in the context of hospital health care in England. It summarises the evidence of neglectful care in hospitals and analyses the ingredients and application of the offence of wilful neglect. It finds that neglect is ongoing and systemic in the hospitals, and that the offence of wilful neglect seems to be ineffective as either a punitive or deterrent measure. There is a mismatch between the extent of systemic, reckless neglect in the hospitals and the application of the criminal offence of wilful neglect. The answer, if any, might be: widening of the offence to anybody who is wilfully neglected (not just those mentally disordered or mentally incapacitated people); a new offence of corporate neglect; the holding of reckless leaders to account; and a reinvigorated Care Quality Commission (CQC) and Health and Safety Executive (HSE). (RH)
ISSN: 14668203
From : www.emeraldinsight.com/jap.htm

ACTIVE AGEING

225/10 Making the right moves: promoting smart growth and active aging in communities; by Kathleen E Sykes, Kristen N Robinson.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 166-180.
This article describes an award programme sponsored by the US Environmental Protection Agency for excellence in smart growth and active ageing. Having examined qualitative and quantitative data, the authors suggest that any community can foster changes to improve the health and well-being of its ageing population. Diverse winners took unique paths to change their built environments and encourage physical activity. The policy changes undertaken by the award winners have both short- and long-term benefits that are important for people of all ages, but especially for an ageing society. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

AGEING (GENERAL)

(See 225/23)

ANXIETY

(See 225/49, 225/50)

ARTS AND MUSIC

(See Also 225/34)

225/11 Ages and Stages: the place of theatre in the lives of older people; by Miriam Bernard, Michelle Rickett, David Amigoni (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 6, July 2015, pp 1119-1145.
Despite the growing interest amongst gerontologists and literary and cultural scholars alike in arts participation and the artistic outputs of older people, comparatively little attention has yet been paid to theatre and drama. Likewise, community or participatory theatre has long been used to address issues affecting marginalised or excluded groups, but it is a presently under-utilised medium for exploring ageing or for conveying positive messages about growing older. This paper uses a detailed case study of the place of one particular theatre - the Victoria/New Victoria Theatre in North Staffordshire - in the lives of older people. It provides an overview of the interdisciplinary Ages and Stages project which brought together social gerontologists, humanities scholars, psychologists, anthropologists and theatre practitioners. It presents findings from: the archival and empirical work exploring the Theatre's pioneering social documentaries and its archive; individual, couple and group interviews with older people involved with the Theatre (as audience members, volunteers, employees and sources); and ethnographic data gathered throughout the study. The findings reaffirm the continuing need to challenge stereotypes that the capacity for creativity and participation in later life unavoidably and inevitably declines. The finding also show how participation in creative and voluntary activities shapes meanings associated with key life transitions such as bereavement and retirement. The study emphasises the positive role that theatre and drama can play as a medium for the inclusion of both older and younger people.
ISSN: 0144686X
From : journals.cambridge.org/aso

225/12 Body of knowledge: a practice as research case study on the capacity for dance-theatre to promote wellbeing; by Jemma Bicknell.: Emerald.
Working with Older People, vol 18, no 1, 2014, pp 18-23.
The wellbeing benefits and challenges that arise in dance-theatre performance making with older people are explained. This study also considers the notion of taking artistic risks when making community art. It draws on current research into older people's participatory performance and the impact it has on wellbeing, in relation to a practice as research dance-theatre project called Body of Knowledge, carried out in 2012. The analysis draws on primary experiential and secondary data to describe the possible physical, mental, social and emotional benefits of taking part in performance projects, as well as identifying the challenges and criticisms related to this kind of work. The physical and mental impacts of participating in dance activity are well documented, but there are also valuable social and emotional effects which are hard to quantify, yet just as valuable. Evidence collected from other projects along with the author's own research, suggests that along with health benefits, the shared endeavour of taking part in a performance project can help an older person to build confidence, social networks, a sense of purpose and refresh or learn new skills. By encouraging older performance groups to show their work to audiences of mixed ages, it is also possible to challenge ageist perceptions. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/13 Bring on the health economists: time for a rigorous evaluation of senior participative arts; by Clair Chapwell.: Emerald.
Working with Older People, vol 18, no 1, 2014, pp 4-9.
As our older population increases, scheduled to rise by 61 per cent in the next 20 years, a national panic has set in about what to do. This paper makes a radical plea to change our thinking about how the lives of our senior citizens are lived: bring on the health economists, and let us put some serious funding into studying the effects of participative arts on the lives of older people. In 2014, the author was awarded a Winston Churchill Fellowship to study participative arts for older people in the USA. The author interviewed Professor Julene Johnson of University of California San Francisco about "Community of Voices", an ambitious, well-funded five year programme which is launching 12 one-year choirs with low income, non-singers, after which findings will be rigorously tested. In the USA, proper evaluation of participative arts is being taken seriously as a means of whittling down massive Medicare costs. In the UK, evaluations are governed by what things will cost, and generally consist of questionnaires filled in by participants. Findings centre around the psychological arena, rather than physical aspects (balance, hospital visits). It is imperative that we start to think about participative arts for older people in a scientific and serious way, if we are not to end up with roomfuls of older people on antidepressants. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/14 Creative approaches to working with older people in the public realm; by Daniel Baker.: Emerald.
Working with Older People, vol 18, no 1, 2014, pp 10-17.
Older people can be "invisible" and feel threatened in public life and the public realm.

This paper illustrates practical examples of arts projects that have successfully engaged older people in the public realm. It also aims to stimulate debate and to provide practical insights for the arts, planning and social care sectors. The paper presents research gathered during an international fellowship supported by the Winston Churchill Memorial Trust to the USA, New Zealand and Australia. Selected projects illustrate three key approaches to working creatively with older people in the public realm: engaging older people in creative retelling of public histories; enabling older people to become individual artists in the public eye; and creating performances by and with older people in the public realm. The paper finds that the arts can offer a range of practical methods for engaging older people in the public realm and with the following potential outcomes: increasing their visibility in public life; increasing their active role in communities; and exploring important questions about the public realm and ageing. Arts projects can thus offer a number of ways to increase their visibility and agency in public spaces and services, particularly through enabling and supporting their creative expression, and by bringing communication and collaboration to the fore. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/15 Stories of creative ageing; by Jackie Reynolds.: Emerald.
Working with Older People, vol 19, no 1, 2015, pp 33-40.
Some of the benefits and issues relating to arts participation in later life are highlighted. This paper draws on literature relating to older people's arts participation, and also includes discussion of the author's doctoral research into arts and ageing. The research was a qualitative study, influenced by narrative approaches and life-course perspectives. It involved interviews with 24 participants who have connections with a case-study town in the English Midlands. The paper focuses on the findings from six participants belonging to a male voice choir. The themes that are discussed include the importance of continuity; issues of identity; mutual support; impact of ill health and the sustainability of group activities. As this is a small-scale study, based in one case study town, care should therefore be taken in generalising to different populations and areas. There is potential for future research in other geographical locations, including larger urban areas; specific focus on choir participation, or other art forms; or involving people from a wider range of ethnic backgrounds. This study adds to a growing body of evidence about the value of arts and culture to society, as well as its adoption of life-course perspectives to understand later life arts participation. It also offers original insights into the nature of arts-generated social capital and how this may be viewed within a wider context of resourceful ageing. This is a revised version of a paper first presented at the 'Portraying Ageing: Cultural Assumptions and Practical Implications' one-day conference held at the British Library on 28 April 2014, which was co-organised with the Centre for Policy on Ageing (CPA) and the School of Languages, Linguistics and Film, Queen Mary University of London (QMUL). (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

ASSESSMENT

(See 225/27)

ASSISTED DYING

225/16 Assisted dying in dementia: a systematic review of the international literature on the attitudes of health professionals, patients, carers and the public, and the factors associated with these; by Emily Tomlinson, Joshua Stott.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 10-20.
Assisted death and dementia is a controversial topic that, in recent years, has been subject to considerable clinical, ethical and political debate. This paper reviews international literature on attitudes towards assisted dying in dementia and considers factors associated with these. Following a systematic literature search 118 potential relevant studies were identified, 18 of which met the full inclusion criteria. These were screened using a quality assessment tool. Findings of the study showed that health professionals hold more restrictive views towards assisted dying, which appear less affected by their cultural background, than the public, patients and carers. However opinions within each population vary according to dementia severity and issues of capacity, as well as differing according to factors such as age, ethnicity, gender and religion of those surveyed. There also appears to be a trend towards more accepting attitudes over time. Sociodemographic factors can influence attitudes towards assisted dying. The impact of these, however, may also differ according to the population surveyed. The findings from this review can contribute to current debates and inform clinical practice and future research in this area. (JL)
ISSN: 08856230
From : www.orangejournal.org

ATTITUDES TO AGEING

225/17 How similar, how different?: On Dutch media depictions of older and younger people; by Dorota Lepianka.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 1095-1113.
By providing information on society at large, the media help to establish and maintain relations between various social groups, such as between younger and older people. They may also disturb the formation or maintenance of such relations, e.g. by stimulating the 'othering' of the out-group members. The present study aimed to trace how the different strategies of 'othering' are applied by Dutch news media in their portrayal of older and younger citizens. The analysis showed that the most notable discrepancies in the media coverage of the two age groups appear in (the nature of) their evaluation. While the negative descriptors of older characters relate more frequently to their (alleged) incompetence, the negative depictions of younger actors refer predominantly to their lack of benevolence. In the case of positive evaluations the reverse is true: older characters are more often presented as warm and younger people as competent. Results are interpreted in the light of literature on social distance and (social) practices of 'othering'.
ISSN: 0144686X
From : journals.cambridge.org/aso

225/18 Portraying ageing: its contradictions and paradoxes; by Lynne Segal.: Emerald.
Working with Older People, vol 19, no 1, 2015, pp 3-11.
This paper explores the radical ambiguities in the representation and discussions surrounding old age in these times. It highlights the stigma surrounding old age, which in many ways has increased rather than decreased with the ageing of the population. Its aim is to introduce the reader to recent writing and research surrounding talk of a "demographic time bomb", with the ageing of populations worldwide. It also looks back on the work on "ageing studies" over the last two decades, revealing the prevailing disavowals of old age among the old themselves, as well as the contrasting gendered dynamics of the ways in which we are, as Margaret Gullette writes, "aged by culture". The author introduces the conceptual notion of "temporal vertigo" to the complicated effects of the multiplicity of continuities and discontinuities older people experience when reflecting upon who they are over a lifetime. Ageing is of interest for those who have always been sceptical about any notion of the "true self", allowing us to puzzle over how the account the old give of themselves will rely upon their ability to incorporate differing versions of the self, woven into the volatilities of memory and fantasy. This is a revised version of a paper first presented at the 'Portraying Ageing: Cultural Assumptions and Practical Implications' one-day conference held at the British Library on 28 April 2014, which was co-organised with the Centre for Policy on Ageing (CPA) and the School of Languages, Linguistics and Film, Queen Mary University of London (QMUL). (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

BEREAVEMENT

225/19 'But I do believe you've got to accept that that's what life's about': older adults living in New Zealand talk about their experiences of loss and bereavement support; by Gary Bellamy, Merryn Gott, Susan Waterworth (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 1, January 2014, pp 96-103.
Older people's views, experiences and sources of bereavement support were explored following the death of a spouse, family member or other significant individual. Telephone interviews were conducted with 28 bereaved older adults recruited from the Brief Risk Identification Geriatric Health Tool trial participants in three geographically diverse District Health Boards in New Zealand. Analysis adhered to the principles of grounded theory and followed the National Centre for Social Research 'Framework' approach. Findings indicate that family and friends play a fundamental role supporting older bereaved adults, both emotionally and practically. Existing community-based organisations were identified as an important source of support following bereavement. Despite the emotional, financial and practical challenges associated with bereavement, the majority of participants questioned the role of, need for and value of formal bereavement support services. Instead, study participants cited a combination of being older and previous life experiences as factors that had enabled them to cope with these largely 'expected' events. Moreover, they demonstrated considerable resilience in managing the emotional and practical changes associated with loss and bereavement. The paper highlights the value of adopting a public health-based approach as a way of optimising bereavement support via the use of existing community organisations previously known to older people. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

BLACK AND MINORITY ETHNIC GROUPS

(See Also 225/57, 225/89, 225/98, 225/133, 225/134)

225/20 'Health is their heart, their legs, their back': understanding ageing well in ethnically diverse older men in rural Australia; by Harriet Radermacher, Susan Feldman.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 1011-1031.
Older men from ethnic minority communities living in a regional town in Australia were identified by a government-funded peak advocacy body as failing to access local health and support services and, more broadly, being at risk of not ageing well. A qualitative study was undertaken to explore the health and well-being of ethnic minority men growing older in a rural community, and to identify the barriers they faced in accessing appropriate services from a range of different perspectives. Individual interviews were conducted with key informants (service providers and community leaders), followed by focus groups with older men from four ethnic minority communities. The men in this study showed signs that they were at risk of poor mental and physical health, and experienced significant barriers to accessing health and support services. Furthermore, environmental, technological, social and economic changes have brought challenges for the older men as they age. Despite these challenges, this study demonstrated how work, family and ethnic identity was integral to the lives of these older men, and was, in many ways, a resource. Key informants' perspectives mostly confirmed the experiences of the older men in this study. The discrepancies in their views about the extent of health-promoting behaviour indicate some key areas for future health intervention, services and research.
ISSN: 0144686X
From : journals.cambridge.org/aso

225/21 Expanding the gerontological imagination on ethnicity: conceptual and theoretical perspectives; by Sandra Torres.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 935-960.
The globalisation of international migration has increased the ethnic diversity of most ageing populations across the Western world. This has implications for gerontological research, policy and practice, and puts our understandings of ethnicity to the test. This paper presents the different perspectives that inform ethnicity scholarship (the essentialist/primordial perspective, the structuralist/circumstantialist perspective and social constructionism). It suggests that the way in which we regard ethnicity has implications for how gerontological research is designed, how policies for old age are formulated, and how gerontological practice is shaped. Through a review of contemporary gerontological research on ethnicity published in some of gerontology's main journals, the paper discusses some of the trends observed, and concludes that most research seems to be informed by essentialism and structuralism. This suggests that the gerontological imagination on ethnicity has yet to be informed by the latest developments in ethnicity scholarship. The author urges gerontologists to broaden their understanding of ethnicity, and suggests that much could be gained if we were to let the social constructionist perspective on ethnicity and the notion of intersectionality be sources of inspiration for the gerontological imagination on ethnicity.
ISSN: 0144686X
From : journals.cambridge.org/aso

225/22 Exploring gender, age, time and space in research with older Pakistani Muslims in the United Kingdom: formalised research 'ethics' and performances on the public/private divide in 'the field'; by Maria Zubair, Christina Victor.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 961-985.
Reflecting on the authors' experiences of undertaking fieldwork for the Economic and Social Research Council (ESRC) New Dynamics of Ageing study of 'Families and Caring in South Asian Communities', this paper maps out the key methodological and ethical challenges for researching ageing ethnic minority populations. The paper highlights the importance of developing socially appropriate research methodologies and ethical frameworks for carrying out research. Using a reflexive approach, the paper explores the significance of gender, age, time and space to the fieldwork processes and 'the field' relationships formed at various stages of the research process. In particular, it focuses on three key emergent issues which presented particular challenges for the authors and their older Pakistani Muslim participants: (a) structuring of time in daily life; (b) gendered use of public and private spaces; and (c) orality of informal social contexts and relationships. Using illustrations from fieldwork and performativities of public/private identities, the authors highlight important tensions between formalised ethical and methodological dimensions of conducting funded research and the realities of being in 'the field'. The paper concludes by emphasising the need to explore further not only the ways in which researchers can adopt more socially and culturally sensitive data collection processes and methodologies at the micro level of their interactions with research participants, but also contextualising the particular challenges experienced by researchers and their participants in terms of the wider research frameworks and agendas as well as the broader social contexts within which they live and work.
ISSN: 0144686X
From : journals.cambridge.org/aso

225/23 Perspectives on ageing, later life and ethnicity: ageing research in ethnic minority contexts; by Maria Zubair, Meriel Norris.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 897-916.
This special issue of Ageing and Society focuses broadly upon questions and themes relating to the current conceptualisations, representations and use of 'ethnicity' (and ethnic minority experiences) within the field of social gerontology. An important aim of this special issue is to explore and address the issue of 'otherness' within the predominant existing frameworks for researching those who are ageing or considered aged, compounded by the particular constructions of their ethnicity and ethnic 'difference'. The range of theoretical, methodological and empirical papers included in this collection provides some critical insights into particular facets of the current research agendas, cultural understandings and empirical focus of ethnic minority ageing research. The main emphasis is on highlighting the ways in which ethnic cultural homogeneity and 'otherness' is often assumed in research involving older people from ethnic minority backgrounds, and how wider societal inequalities are concomitantly (re)produced, within (and through) research itself - for example, based on narrowly defined research agendas and questions; the assumed age and/or ethnic differences of researchers vis-à-vis their older research participants; the workings of the formalised ethical procedures and frameworks; and the conceptual and theoretical frameworks employed in the formulation of research questions and interpretation of data. Examined and challenged here are the simplistic categorisations and distinctions often made in gerontological research based around research participants' ethnicity, age and ageing and assumed cultural differences. The papers presented in this collection reveal instead the actual complexity and fluidity of these concepts, as well as the cultural dynamism and diversity of experiences within ethnic groups.
ISSN: 0144686X
From : journals.cambridge.org/aso

225/24 Placing ethnicity at the centre of studies of later life: theoretical perspectives and empirical challenges; by Chris Phillipson.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 917-934.
Research on minority ethnic ageing remains a neglected area within mainstream race and ethnicity studies as well as that of social gerontology. This paper examines the background and reasons for this, arguing that a focus on minority ethnic issues provides a reminder of the complexity of the lifecourse, and of the diversity of ageing as a cultural, economic and social construction. The discussion reviews definitions of ethnicity and their relevance to work in social gerontology. The paper provides an account of early studies of minority ethnic ageing, identifying the strengths and limitations of this research. Later work is then considered, notably that which focuses on issues connected with the rise of transnational communities and the changing character of neighbourhoods in urban environments. The paper argues that developing research on minority ethnic ageing has become especially important for understanding the impact of globalisation on re-defining communities, relationships and identities, within and beyond nation states. It is suggested that globalisation can be seen as a product of the movement of ethnic groups; equally, ethnic groups are themselves transformed by the possibilities created by global change. The paper concludes with suggestions for embedding work on ethnicity within research in social gerontology.
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CARERS AND CARING

(See Also 225/46, 225/65, 225/118, 225/130)

225/25 Ambiguity in practice?: Carers' roles in personalised social care in England; by Caroline Glendinning, Wendy Mitchell, Jenni Brooks.: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 23-32.
Carers play an ambiguous role within the personalisation paradigm currently shaping adult social care practice in England. Although carers have rights to assessments and support in their own right, these rights sit uneasily alongside the practices of assessment, support planning and personal budget (PB) allocation for older and disabled people. This paper reports how 14 dyads of older and learning disabled people with cognitive and/or communication impairments and their carers viewed the roles - desired and actual - played by carers in PBs. Interviews with carers and with older and disabled people were conducted during 2012 as part of a wider study into carers' roles in assessment, support planning and managing PBs. The interviews complemented a survey of reported practice in two English regions - interviews with adult social care services senior managers and focus groups with front-line care managers. Talking Mats were used to support interviews with some service users. Interviews were transcribed and data analysed using the Framework approach. The interviews indicated that carers played important roles in service users' assessments and support planning, but were less likely to report receiving assessments or support of their own. While carers had the potential to benefit from PBs and support arrangements for service users, this did not reflect practice that aimed to enhance choice and control for carers. The paper draws on Twigg's typology of service conceptualisations of family carers (1989) and concludes that, despite the important social rights won by carers in England, current practice continues to regard carers primarily as a resource or a co-worker, rather than a co-client. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

225/26 Care-giving as a Canadian-Vietnamese tradition: it's like eating, you just do it; by Rhonda Donovan, Allison M Williams.: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 79-87.
This study examineD how Vietnamese family caregivers (FCGs) perceive, manage and experience end-of-life care-giving for seriously ill family members. Using an instrumental case study design, this longitudinal qualitative research employed the use of cultural brokers/language interpreters to help ensure that the research was conducted in a culturally appropriate manner. Participants (n = 18) discussed their experiences of care-giving within the context of a traditional cultural framework, which was found to influence their motivations and approaches to care-giving, as well as their propensities towards the use of various supports and services. The study was carried out in southern Ontario, Canada, and participants were providing home-based care-giving in the community. Data were collected throughout 2010 and 2011. The ways in which care-giving was perceived and expressed are reflected in three themes: Natural: identity and care work; Intentional: whole-person care; and Intensive: standards, struggle and the context of care. This research confirms the need for culturally appropriate services and supports while illustrating that Vietnamese FCGs not only value, but are also likely to use healthcare and social services if they are language-accessible, built on trust and demonstrate respect for their values as individuals, regardless of culture. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/27 Carer assessment: continuing tensions and dilemmas for social care practice; by Diane Seddon, Catherine Robinson.: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 14-22.
Since the early 1990s, UK social care policy has committed to supporting carers. Legislation (England and Wales) over this time period has recognised the importance of separate carer assessments that take into account an individual's ability and willingness to care. This paper considers carer assessment from the perspective of social care practitioners. It reports on qualitative data from a carer research programme that spans over 20 years (1993 to present) and includes 383 in-depth interviews with social care practitioners across England and Wales. Offering unique longitudinal insights, the authors identify some persistent tensions associated with the translation of UK carer assessment policy into social care practice. The authors explore practitioners' long-standing ambivalence towards carer assessment and their reluctance to evidence carer need via a separate assessment; and they identify deficits relating to the conduct of carer assessment, for example, the reliance on structured, problem-focused assessment protocols that restrict discussions to the personal care aspects of caring and fail to capture the complex, diverse lives that carers lead. Carer assessments do not reflect the reciprocal nature of many caring relationships, as a one-way direction of care is assumed. They do not take into account the broader support network of individuals who may be involved in helping someone with complex care needs. Carer willingness to care continues to be taken for granted, and planning for the future is a significant gap in carer assessment practice. The proposed changes to the social care systems across England and Wales provide a timely opportunity to review the process and conduct of carer assessment. Policy guidance needs to clarify the links between service user and carer assessments and the way these align within broader assessment and care management frameworks. Assessment tools that encourage a narrative approach to carer assessment and capture the affective aspects of care-giving could benefit future practice. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/28 Entry and re-entry into informal care-giving over a 3-year prospective study among older people in Nairobi slums, Kenya; by Gloria Chepngeno-Langat.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 5, September 2014, pp 533-544.
Informal care-givers are almost invisible within the health and social services of most developing countries. This paper analyses data from a 3-year prospective study to understand the factors associated with becoming a caregiver to a person with a chronic illness and examines the dynamics among caregivers over time. 1485 participants were drawn from a study conducted in the slums of Nairobi, Kenya. Two waves of data collected in 2006 for the baseline and a follow-up in 2009 were used. Information on the demographic, self-reported health and socioeconomic characteristics such as education, sources of livelihood and employment status was used. Age was a significant factor in becoming a caregiver, but there were no significant differences by gender or marital status. New caregivers and those with more than one care-giving episode had a higher socioeconomic position than non-caregivers. Caregivers also had poorer health compared with non-caregivers, highlighting the association between being a caregiver and negative health outcomes. Additionally, having cared for someone with a HIV-related illness compared with other chronic conditions increased the likelihood of subsequently caring for another person in need of long-term care. This may be due to the heterosexual mode of HIV transmission in sub-Saharan Africa, hence clustering of infection within family or married couples. This finding draws attention to the need to provide timely interventions to caregivers for people with HIV-related illness who are likely to end up providing care to multiple care recipients. Furthermore, there is a need to enhance the indispensable contribution of informal caregivers through incorporating their role

within the continuum of care for effective HIV and AIDS management. Overall, informal caregivers to those with chronic illnesses perform the tasks of care-giving without any formal support from health or social services. Therefore, it is crucial to initiate policies and programmes to ease the burden of care that is borne by informal caregivers.
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/29 Individual determinants of task division in older adults' mixed care networks; by Marianne Jacobs, Marjolein I Broese van Groenou, Alice H de Boer (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 1, January 2014, pp 57-66.
Older adults in need of long-term care often receive help from both informal and formal caregivers. The division of tasks between these different types of caregivers may vary within such mixed care networks. Traditional models of task division suggest that formal and informal caregivers may either supplement each other or specialise in the care activities performed. This study explores division of Activities of Daily Living (ADLs) andI Instrumental ADL (IADLs) between informal and formal caregivers of older people in the Netherlands, using data collected in 2007 on 458 mixed care situations. Four types of task divisions of informal and formal care are distinguished: the complementation model (neither ADL nor IADL tasks shared, 14%); the supplementation model (both ADL and IADL tasks shared, 39%); and informal and formal specialisation (one type of task shared, one type of task not shared, 27% and 20% respectively). Analyses show that the intensity of care provision, the informal caregivers' motives and the presence of privately paid help _ more than care receiver's health _ are related to type of task division with formal care. For example, when the informal caregiver provides more hours of help and out of a strong personal bond, the likelihood of informal specialisation increases, whereas the likelihood of formal specialisation decreases. When privately paid help is present, the complementation model is more likely, whereas the supplementation model is less likely to be found. Results are discussed regarding the differential consequences for co-ordination and co-operation in mixed care networks. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/30 Knowledge generation about care-giving in the UK: a critical review of research paradigms; by Alisoun Milne, Mary Larkin.: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 4-13.
While discourse about care and caring is well-developed in the UK, the nature of knowledge generation about care and the research paradigms that underpin it have been subjected to limited critical reflection and analysis. An overarching synthesis of evidence - intended to promote debate and facilitate new understandings - identifies two largely separate bodies of carer-related research. The first body of work - referred to as Gathering and Evaluating - provides evidence of the extent of care-giving, who provides care to whom and with what impact; it also focuses on evaluating policy and service efficacy. This type of research tends to dominate public perception about caring, influences the type and extent of policy and support for carers, and attracts funding from policy and health-related sources. However, it also tends to be conceptually and theoretically narrow, has limited engagement with carers' perspectives, and adopts an atomistic purview on the care-giving landscape. The second body of work - Conceptualising and Theorising - explores the conceptual and experiential nature of care and aims to extend thinking and theory about caring. It is concerned with promoting understanding of care as an integral part of human relationships, embedded in the life course, and a product of interdependence and reciprocity. This work conceptualises care as both an activity and a disposition and foregrounds the development of an 'ethic of care', thereby providing a perspective within which to recognise both the challenges care-giving may present and the significance of care as a normative activity. It tends to be funded from social science sources and, while strong in capturing carers' experiences, has limited policy and service-related purchase. Much could be gained for citizens, carers and families, and the generation of knowledge advanced, if the two bodies of research were integrated to a greater degree. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/31 Parent? Carer? Mid-lifer? Older person?: Similarities and diversities across different experiences of caring and their implications for practice; by Jill Manthorpe, Jo Moriarty, Michelle Cornes.: Emerald.
Working with Older People, vol 19, no 2, 2015, pp 94-103.
This paper highlights ways in which support for carers could be improved in the context of the introduction of the Care Act 2014 in England. It considers the experiences of carers caring for an adult child, particularly as they affect the transition from midlife into older age. It explores aspects affecting the vast majority of carers, such as accessing information and services, but focuses on the specific concerns of those caring for a child with a life-long disability or a child who acquires a long-term health problem in adolescence or adulthood. The paper draws on interview data which consisted of 86 face-to-face interviews with purposefully selected participants, most of whom were white British and female, based in four local authorities. At the end of the study in 2014, the authors held a series of five focus groups for practitioners and carers to explore how the emerging

findings chimed with their experiences, and to refine the study's messages for practice. The data from interviews are set in the context of policy and practice developments in social care in England. The paper draws attention to the need for practitioners to find ways of involving carers in decision making without compromising the rights to autonomy and choice on the part of the person cared for. Commissioning services and practitioners both need to acknowledge that parent carers need assurances about the long-term viability and quality of the plans that are developed for the person they support. The implications of planning research and conducting research with family carers are explored, and their similarities with practice encounters identified. The paper highlights the necessity of talking about the future with parent carers, making plans for possible and highly likely events, addressing mortality, and being aware of the potential for a deeply held sense of pessimism and unspoken distress among carers. Some participants seemed to feel that practitioners conveyed a sense that they were inadequate or unwilling to discuss these matters; and practitioners who suspect this may apply to them or their team could usefully consider seeking skills development to improve their practice. (RH)
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From : www.emeraldgrouppublishing.com/wwop.htm

225/32 Validation of the Caregiver Guilt Questionnaire (CGQ) in a sample of British dementia caregivers; by Louise Roach, Ken Laidlaw, David Gillanders, Kathryn Quinn.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 12, December 2013, pp 2001-2010.
Depression is well documented as a key outcome variable for dementia caregivers. However guilt has been under-researched, which may be in part due to the lack of an appropriate measure. The Caregiver Guilt Questionnaire (CGQ) was originally developed and piloted with a Spanish population but has not yet been tested in an English-speaking population. In the present study a cross-sectional postal survey was undertaken with a sample of 221 dementia caregivers in the UK, as part of a larger study of dementia caregiver outcome measures. The five-factor structure identified for the CGQ in the Spanish sample was replicated in this study. The five factors, `guilt about doing wrong by the care recipient,' `guilt about failing to meet the challenges of caregiving,' `guilt over experience of negative emotions in relation to caregiving,' `guilt about self-care,' and `guilt about neglecting other relatives' accounted for 60% of the variance. Internal consistencies for the whole scale and factors were acceptable, and convergent validity was established with the Sarit Burden Interview guilt factor. A higher score on the CGQ was associated with a higher score on the Centre for Epidemiological Studies Depression scale (CES-D) and a new cut-off score of 22 was established, which predicted a clinical score on the CES-D with 80.0% sensitivity and 61.5% specificity. The replication of the five-factor structure suggests that these are relevant themes within the feelings of guilt to both Hispanic and British dementia caregivers. The CGQ has been demonstrated to be a valid measure for use with British dementia caregivers and is likely to be of use in clinical and research settings. (JL)
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COMMUNITY CARE

(See 225/33, 225/66)

DAY CARE

225/33 Examining day centre provision for older people in the UK using the Equality Act 2010: findings from a scoping review; by Jill Manthorpe, Jo Moriarty.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 4, July 2014, pp 352-360.
It is widely recognised that day care services can help reduce the need for hospital or residential care for older people. This article reports the findings from a literature review of day care services undertaken during March-June 2012 and repeated in May 2013. The databases searched included AgeInfo, Embase, Medline, PsycINFO, Social Care Online, Web of Science and the publication platform Ingenta Connect, also specialist older people's sites. It discusses these findings in the context of services for older people in the UK, defined as those aged 65 years and over. The aim of the scoping review was to identify what is known about how day services (here confined to congregate day care or day centres) will meet the challenges posed by the Equality Act 2010 in supporting different user groups, such as lesbian, gay, bisexual and transgender (LGBT) older people or older people from minority ethnic groups. The review found that research on all aspects of day services was limited and that information about older people using such services was often provided context-free. It concludes that those funding or evaluating day services support to diverse groups of older people urgently need to address matters such as differential access and differential views about specific services. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

DEMENTIA

(See Also 225/16, 225/49, 225/83, 225/87, 225/119, 225/138, 225/140)

225/34 Art and the brain: a view from dementia; by Cosima Gretton, Dominic H ffytche.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 2, February 2014, pp 111-126.
Art making encompasses a range of perceptual and cognitive functions involving widely distributed brain systems. Different forms of dementia impact on these systems in different ways, raising the possibility that each form has a unique artistic signature. The present study used a review of the visual art of 14 artists with dementia (five Alzheimer's disease, seven fronto-temporal dementia and two dementia with Lewy bodies) to further our understanding of the neurobiological constituents of art production and higher artistic function. Artists with Alzheimer's disease had prominent changes in spatial aspects of their art and attributes of colour and contrast. These qualities were preserved in the art of fronto-temporal dementia, which was characterised by perseverative themes and a shift towards realistic representation. The art of dementia with Lewy Bodies was characterised by simple, bizarre content. The limitations of using visual aspects of individual artworks to infer the impact of dementia on art production are discussed with the need for a wider perspective encompassing changes in cognition, emotion, creativity and artistic personality. A novel classificatory scheme is presented to help characterise neural mechanisms of higher artistic functions in future studies. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/35 Do people with dementia die at their preferred location of death?: A systematic literature review and narrative synthesis; by Vellingiri Badrakalimuthu, Stephen Barclay.: Oxford University Press.
Age and Ageing, vol 42, no 1, January 2014, pp 13-19.
Place of death is an important component of the quality of a person's death. This study undertook a systematic review and narrative synthesis of the literature concerning place of death of people with dementia and their preferences for location of death, and of the family carers and healthcare providers preferences about location of death for patients with dementia. Studies relying on death certificate data show that patients with dementia die more commonly in care homes than other locations, contrasting with prospective studies which show that death is more common in own residence and hospital. Age (older), gender (male), availability of hospital and nursing home beds and enrolment in hospice, influence place of death. There is very limited evidence of patients, family carers and healthcare providers' views on preferred location of death for patients with dementia; and the only study included reported that family carers' views are more agreed to rather than patients' own views regarding place of death. This study on place of death raises exploratory questions on end-of-life care for patients with dementia, which has implications on health and social care policies related to dementia. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

225/36 Exploring the cost-effectiveness of a one-off screen for dementia (for people aged 75 years in England and Wales); by Josie Dixon, Monique Ferdinand, Francesco D'Amico, Martin Knapp.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 5, May 2015, pp 446-452.
This paper aimed to examine the number of people with dementia who could be diagnosed and the likely cost-effectiveness of a one-off screen for dementia for people aged 75 years in England and Wales. The study used static decision modelling to compare a one-off screen for dementia with a no-screen scenario. Estimates for the model were drawn from systematic reviews, high-quality studies and government and administrative sources. A panel of experts also advised the study. Findings showed that an estimated 3,514 people could be diagnosed as a result of screening, 2,152 of whom would otherwise never receive a diagnosis. The study identified societal economic impact of between £3,649,794 (net costs) and £4,685,768 (net savings), depending on assumptions. This analysis suggests that screening could be cost-effective, especially as treatments and social care interventions become more effective and if diagnosis by current routes remains low or occurs later than is optimal. This study was, however, limited by available evidence and a range of quality of life benefits, cost savings and potential harms could not be quantified. It was also beyond the scope of this study to consider dynamic factors such as repeat screening, mortality, disease trajectories or trends in the number of people with dementia. A larger study would be needed for this, involving more complex and innovative approaches to generating estimates for modelling. The research did not compare population screening for people aged 75 years to other methods for increasing diagnosis rates. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/37 Public health guidance to facilitate timely diagnosis of dementia: Alzheimer's COoperative Valuation in Europe recommendations; by Dawn Brooker, Jenny La Fontaine, Simon Evans ... (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 29, no 7, July 2014, pp 682-693.

ALzheimer's COoperative Valuation in Europe (ALCOVE) was a Joint Action co-financed by the European Commission to produce a set of evidence-based recommendations for policymakers on dementia. This paper reports on timely diagnosis. Evidence was reviewed from scientific, policy and qualitative research. An online questionnaire was completed by experts from 24 European Union countries detailing current practice. An iterative process with people with dementia, family carers and professionals was utilised to develop recommendations. Advances in the technical aspects of diagnosis have changed what is understood by early diagnosis. Although research into preclinical stages is crucial, diagnosing at these very earliest stages is not recommended as regular practice. On balance, it is suggested that citizens should have access to accurate diagnosis at a time in the disease process when it can be of most benefit to them. The term timely diagnosis is used to reflect this. The diagnosis can help citizens and their families make sense of what is happening and make lifestyle changes and plans for the future. The central principles identified to maximise benefit and to reduce harm associated with diagnosis at an earlier stage included reducing stigma about dementia; respecting the rights of the individual; recognising that how the diagnosis is given will impact on subsequent adjustment and that post diagnostic support are required for the person and their family. Detailed recommendations are provided for timely detection, the diagnostic process, complex diagnoses, response to early cognitive changes and workforce. The recommendations can be utilised at a local, national and European level to benchmark progress. (JL)

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From : www.orangejournal.org

225/38 The relationship between changes in quality of life outcomes and progression of Alzheimer's disease: results from the Dependence in AD in England 2 longitudinal study; by Richard Trigg, Roy W Jones, Martin Knapp ... (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 30, no 4, April 2015, pp 400-408.

The relationship between conventional indicators of Alzheimer's disease (AD) progression and quality of life (QoL) outcomes is unclear. Dependence on others has been recommended as a unifying construct in defining AD severity. This study examined the relationship between indicators of disease severity (including dependence) and changes in QoL and utility over 18 months. A multi-centre, cohort study was conducted across 18 UK sites. 145 patients with possible/probable AD and their caregivers completed assessments of disease severity (Dependence Scale, Mini-mental state examination, Neuropsychiatric Inventory, Disability Assessment for Dementia), dementia-specific QoL (DEMQOL, DEMQOL-Proxy) and generic health-related utility (EQ-5D) at both time points. There was evidence of individual change in QoL over 18 months, with over 50% of patients reporting either maintenance or improvement of life quality. The EQ-5D proxy suggested a mean decline in QoL, whereas the DEMQOL-Proxy indicated overall improvement. In the subsample of people who self-reported QoL and utility, no mean change was evident. Changes in dependence did not explain changes on any QoL or utility outcome. There was a weak association between the EQ-5D proxy and changes in cognition, whereas changes on the DEMQOL-Proxy were partly explained by changes in behavioural disturbance. Overall these findings demonstrate that the natural progression of AD over 18 months does not lead to inevitable decline in QoL or utility. There are no clear or consistent direct relationships between changes in disease severity and QoL outcomes. The impact of increasing dependence and worsening disease severity is likely buffered by a combination of psychological, social and environmental factors. (JL)

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From : www.orangejournal.org

225/39 Self and carer perspectives of quality of life in dementia using the QoL-AD; by Vasiliki Orgeta, Martin Orrell, Barry Hounsome ... (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 97-104.

Quality of life (QoL) is one of the most important outcomes in improving well-being in people with dementia (PwD). The primary aim of the present study was to compare self and carer ratings of QoL in PwD and to identify the most important factors influencing self and carer ratings. The authors conducted a cross-sectional analytic study of 488 dyads using the Quality of Life in Alzheimer's Disease scale, demographics, data on self-rated health and clinical characteristics. Higher levels of self-rated health in PwD were associated with higher self-rated QoL after controlling for depression and activities of daily living. When the carer experienced less stress related to caregiving, the PwD reported better QoL. Higher carer-rated QoL was associated with less carer stress, better health for the family carer and the PwD being of younger age. When carers lived with the PwD and reported lower levels of depression and better functional ability for their relative, carer-rated QoL was higher. In conclusion, the self-rated health of PwD and carers influences the ratings they make of the QoL of the PwD indicating that it is an important influence on QoL in this population. (JL)

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From : www.orangejournal.org

225/40 Systematic review and meta-analysis to estimate potential recruitment to dementia intervention studies; by Claudia Cooper, Daniel Ketley, Gill Livingston.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 5, May 2014, pp 515-525.
The present study investigated the proportion of people with dementia who were eligible for and willing to participate in intervention studies. The authors systematically reviewed 12 studies fitting predetermined criteria, reporting eligibility or participation rates for dementia intervention trials or intervention studies that sought to increase recruitment. They then assessed the study validity using a checklist, reported trial eligibility and participation rates and meta-analysed these where appropriate. In higher quality studies, 26% of people with Alzheimer's disease (AD) attending memory clinics or receiving anti-dementia medication were eligible for industry drug trials, and 43% of eligible people agreed to participate in one study, suggesting 11% of these populations would take part in drug trials if approached. There was replicated, higher quality evidence that younger people, men and those with more education were more likely to be eligible for AD drug trials. No randomised controlled trials have investigated how to increase recruitment to dementia intervention studies. One in 10 people with AD or taking donepezil would, according to best available evidence, take part in industry drug trials if approached. No data was found regarding non-pharmacological intervention or pragmatic drug trial recruitment, but eligibility and participation rates for these studies were probably higher. If international studies were to be extrapolated to the UK, they suggest the national target of recruiting 10% of people with dementia diagnoses to research may be achieved through a nationwide policy of asking all people with dementia and their carers for consent to be approached for research participation. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/41 Trajectories of quality of life in early-stage dementia: individual variations and predictors of change; by Linda Clare, Robert T Woods, Sharon M Nelis ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 6, June 2014, pp 616-623.
Little evidence is available about how quality of life (QoL) changes as dementia progresses. The present study aimed to explore QoL trajectories over a 20-month period and examined what predicted change in QoL. 51 individuals with a diagnosis of Alzheimer's, vascular or mixed dementia (people with dementia (PwD)) participating in the Memory Impairment and Dementia Awareness Study rated their QoL using the QoL-Alzheimer's Disease Scale at baseline and at 20-month follow-up. PwD also rated their mood and quality of relationship with the carer. In each case, the carer rated his or her level of stress and perceived quality of relationship with the PwD. There was no change in mean QoL score. Nearly one-third of PwD rated QoL more positively at 20-month follow-up and nearly one-third rated QoL more negatively. These changes could be regarded as reliable in one-quarter of the sample. Participants taking acetylcholinesterase-inhibiting medication at baseline were more likely to show a decline in QoL score. There were no other significant differences between those whose scores increased, decreased or stayed the same on any demographic or disease-related variables, or in mood or perceived quality of relationship with the carer. Whereas baseline QoL score was the strongest predictor of QoL at 20 months, the quality of relationship with the carer as perceived by the PwD was also independently a significant predictor. There is a degree of individual variation in QoL trajectories. Use of acetylcholinesterase-inhibiting medication appears linked to decline in QoL score, whereas positive relationships with carers play an important role in maintaining QoL in early-stage dementia. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/42 What do we mean when we talk about dementia?: Exploring cultural representations of "dementia"; by Hannah Zeilig.: Emerald.
Working with Older People, vol 19, no 1, 2015, pp 12-20.
This paper aims to contribute to debates about the category "dementia", which is discussed as a social, political and cultural issue, rather than a solely medical phenomenon. The methodology synthesises perspectives from humanities with the social sciences. Thus, a number of cultural texts are analysed critically and set alongside data from two original research projects exploring the use of the arts for people living with a dementia. Central to the research is a close and critical examination of news reports, films, plays and documentaries that represent "dementia". The extent to which metaphorical language frames ways of talking about dementia formed a key part of this analysis. Until recently, "dementia" has been primarily defined in biomedical terms. This paper demonstrates that understandings of dementia should be extended to encompass social and cultural contexts. The research concentrates on the UK context, but there are lessons that can be extrapolated from or to other contexts. This paper explores why it is important to understand "dementia" in terms of cultural context, the reasons we should challenge the language often used to describe people living with a dementia, and the ways in which prevailing representations of people living with a dementia can affect perceptions and contribute to stigma. This paper presents an alternative perspective that is not biomedical, and draws on original research from both the humanities and social sciences investigating the stories that we tell about this complex condition. This is a revised version of a paper first presented at the 'Portraying Ageing: Cultural Assumptions and Practical Implications' one-day conference held at the British Library on 28 April 2014, which

was co-organised with the Centre for Policy on Ageing (CPA) and the School of Languages, Linguistics and Film, Queen Mary University of London (QMUL). (RH)
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From : www.emeraldgrouppublishing.com/wwop.htm

225/43 Working together in dementia research: reflections on the EVIDEM programme; by Jill Manthorpe, Steve Iliffe, Claire Goodman (et al).: Emerald.
Working with Older People, vol 17, no 4, 2013, pp 138-145.
The five-year EVIDEM (evidence-based interventions in dementia) programme of research was specifically designed to influence services for people with dementia and their carers in England. This case study of the EVIDEM programme presents and discusses four lessons learned by the core research team: covering the implications of newly basing research inside the NHS; multi-disciplinary working across academic disciplines; communicating with diverse practitioners; and the impact of patient and public involvement on the research process. Other lessons emerged along the way that might shape broader research on ageing that includes older people and those who work with them. The paper reflects on communication between the NHS and academic communities, and the creation of new research capacity in dementia. Collaborative working between academic disciplines is possible, given willing researchers and commitment to participating in frequent opportunities for dialogue and learning. In research in dementia these foundations are probably essential, given the growing scale of the problem and the small size of the research community, if we are to have a beneficial impact on people's lives. Lay expertise is a necessary ingredient of research programmes, not just for its co-design power, but for its ability to redesign projects when major problems arise. This case study reports the subjective views of the research collaborators. While this raises the potential for bias, it offers an "insider" perspective of the research process and engagement in research leadership. As there are few reflections on research processes and management, this case study may be useful to academic researchers, to those working in the NHS with responsibility for research in different forms, and to older people's organisations who wish to hear of the value of older people's engagement in research advisory activity. (RH)
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DEMENTIA CARE

(See Also 225/32, 225/56, 225/69, 225/94, 225/114, 225/118, 225/123, 225/126, 225/128, 225/129)

225/44 Dementia care knowledge sharing within a First Nations community; by Dorothy Forbes, Catherine Blake, Emily Thiessen (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 32, no 4, December 2013, pp 360-374.
In 2008, there were 480,000 Canadians with dementia; and by 2038, the number is estimated to incrase to 1,125,000 (Alzheimer Society of Canada). This article discusses the First Nations sample of a larger study on dementia care decisions and knowledge sharing. The purpose is to enhance understanding of the process of knowledge sharing among health care practitioners (HCPs), care partners, and people with dementia (PWDs) within a rural First Nations community. A constructivist grounded theory methodology was used. Nineteen interviews were conducted at three points in time with two dementia care networks that included two people with dementia, three care partners, and two HCPs. A sharing dementia care knowledge model was conceived, with the people with dementia and their care partners at the centre. Knowledge sharing in the model was represented by three broad themes: (1) developing trusting relationships; (2) accessing and adapting the information; and (3) applying the information. Culturally sensitive approaches were essential to developing trusting relationships. Once developed, knowledge sharing through accessing, adapting, and applying the information was possible. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

225/45 Enjoying the front-line of dementia care: an integrative analysis of what care home staff report makes them happy at work; by Jill Manthorpe.: Emerald.
Working with Older People, vol 18, no 4, 2014, pp 167-175.
High turnover of staff in the long-term dementia care sector contributes to poor quality care and lack of continuity of care in the UK and many other countries. This paper explores the research evidence on what care assistants report they enjoy when working in front-line dementia care jobs in long-term care facilities. An integrative analysis was used to study research findings focusing on the front-line workforce in care homes. The literature review sought to capture key findings, including overviews of research, from studies from 1990 to mid-2014 that have considered the positive experiences of front-line care home staff working with people with dementia. There is a great deal of research investigating care home staff's job satisfaction. Much of this highlights the importance of personal, social and managerial relationships. Common themes continue to be reported. There is potential for work on improving care assistant experiences in care homes but also a need to address long-standing inequities affecting the care home sector. Some studies are not precise about which staff groups they are investigating in studies about care homes and many

concentrate on the problems staff report. Measures of job satisfaction vary. When exploring dementia-related care, not all studies are clear about whether or not care home residents have dementia. Many studies have investigated the views of care assistants working with people with dementia in care homes that address happiness in their work, often reported as job or work satisfaction, and these should be consulted when developing dementia services or managing care homes. As with other parts of the social care workforce, employers and managers need to be aware of effective and acceptable workforce reforms and ways to reduce turnover. This review suggests the value of investigating positive aspects of care work with people with dementia living in care homes. Greater attention could be paid to job satisfaction in social care more widely. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/46 Implementing person centred dementia care: a musical intervention; by Elaine Argyle, Tony Kelly.: Emerald.
Working with Older People, vol 19, no 2, 2015, pp 77-84.
Recent years have seen the advocacy of person-centred approaches to dementia care. An important component of this approach has been the use of arts in the promotion of health and well-being. However, relatively little attention has been given to the barriers and facilitators experienced in trying to implement these types of interventions in a dementia care setting. This paper aims to help redress this imbalance, by examining the process of implementing a personalised musical intervention for the clients of a specialist dementia home care service. Drawing on interviews with five project stakeholders, it examines, not only the potential benefits to be gained from the musical intervention but also identifies the barriers experienced in its implementation and ways in which they could be overcome. Although the musical intervention had a potentially positive impact, there were multi-levelled barriers to its implementation including issues of training, leadership, as well as contextual issues such as commissioning and resourcing more generally. The key role played by these issues in the process of implementation suggests that practice should transcend its focus on individual wellbeing and address the wider factors that can facilitate or prevent its fulfilment.
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

225/47 Planning for tomorrow whilst living for today: the views of people with dementia and their families on advance care planning; by Claire Dickinson, Claire Bamford, Catherine Exley ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 12, December 2013, pp 2011-2021.
Advance care planning (ACP) is increasingly prominent in many countries. However the evidence base for its acceptability and effectiveness is limited especially in conditions where cognition is impaired, as in dementia. This qualitative study used semi-structured interviews with people with mild to moderate dementia and family carers to investigate their views about planning for their future generally and ACP specifically. Study findings revealed that people with dementia and their families made a number of plans for the future. Most people undertook practical, personal, financial and legal planning. However participants did not make formal advance care plans with the exception of appointing someone to manage their financial affairs. Five barriers to undertaking ACP were identified: lack of knowledge and awareness, difficulty in finding the right time, a preference for informal plans over written documentation, constraints on choice around future care, and lack of support to make choices about future healthcare. Health and social care professionals can build on people's preferences for informal planning by exploring the assumptions underlying them, providing information about the possible illness trajectory and discussing the options of care available. Health and social care professionals also have a role to play in highlighting the aspects of ACP which seem to be most relevant to the wishes and aspirations of people with dementia. (JL)
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From : www.journals.cambridge.org

225/48 A systematic review of internet-based supportive interventions for caregivers of patients with dementia; by L M M Boots, M E de Vugt, R J M van Knippenberg ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 4, April 2014, pp 331-344.
Because of the expected increase in the number of dementia patients in the future there is an increasing need for effective caregiver interventions. Internet interventions hold considerable promise for meeting the educational and support needs of informal dementia caregivers at reduced costs. The current study aims to provide an overview of the evidence for the effectiveness, feasibility and quality of Internet interventions for informal caregivers of people with dementia. A systematic literature search of five scientific databases was performed covering literature published up to 2013. Twelve studies were identified. The quality of the included studies was assessed according to the Cochrane level of evidence and the criteria list of the Cochrane Back Review Group. The intervention types, dosage and duration differed widely, as did the methodological quality of the included studies. The overall level of evidence was low. However the results demonstrate that Internet interventions for informal dementia caregivers can improve various aspects of caregiver well-being, for example, confidence, depression and self-efficacy, provided they comprise multiple components and are tailored to the individual. Furthermore, caregivers could benefit from interaction with a coach and other caregivers. Internet interventions

for informal dementia caregivers may improve caregiver well-being. However the available supporting evidence lacks methodological quality. More randomised controlled studies assessing interventions performed according to protocol are needed to give stronger statements about the effects of supportive Internet interventions and their most promising elements. (JL)
ISSN: 08856230
From : www.orangejournal.org

DEPRESSION

225/49 Adjustment, depression, and anxiety in mild cognitive impairment and early dementia: a systematic review of psychological intervention studies; by Bridget Regan, Laura Varanelli.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 12, December 2013, pp 1963-1984.
Many people with mild cognitive impairment (MCI) or early dementia suffer from concomitant depression and anxiety disorders, which in some cases may be related difficulties adjusting to their diagnosis and associated cognitive problems. Successful adjustment and alleviation of depression and anxiety symptoms in these people is of critical importance for quality of life and may also help prevent, or delay, further cognitive decline. A variety of psychosocial intervention approaches has been trialled with this group. In the present study the literature was systematically searched for community-based intervention studies that aim to improve depression, anxiety or adjustment. Studies were included or excluded using a priori criteria. Once included, the quality of studies was evaluated using pre-set criteria. 17 of 925 studies identified through literature databases and manual searches met the inclusion criteria. Of these, 16 were considered to be of at least `adequate quality'. These included seven randomised controlled trials and eight pre-post studies. A diverse range of psychotherapeutic approaches, formats (individual or group), outcome measures, inclusion criteria, and cultural contexts were apparent, making comparisons between studies challenging. Several studies have demonstrated positive findings in the treatment of depression in older adults with early dementia using problem solving and modified cognitive behaviour therapy (CBT) approaches. Amongst the large range of approaches trialled to improve adjustment and quality of life for patients with MCI and early dementia, some approaches, such as modified CBT, have shown promise. There is a need for replication studies using more rigorous methodology before clear clinical recommendations can be made. (JL)
ISSN: 10416102
From : www.journals.cambridge.org

225/50 Depression and anxiety symptoms in male veterans and non-veterans: the Health and Retirement Study; by Christine E Gould, Tiffany Rideaux, Adam P Spira ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 6, June 2015, pp 623-630.
The present study examined whether war veteran status was associated with elevated depression and anxiety symptoms in men aged 50 and older after adjusting for sociodemographic factors. Participants were 6,577 men aged 50 years and older who completed the 2006 wave of the Health and Retirement Study (HRS). 49% of participants were veterans. A randomly selected subset of participants completed the HRS Psychosocial Questionnaire, which contained the anxiety items. Elevated depression and anxiety symptoms were determined based on brief versions of Center for Epidemiologic Studies-Depression Scale (CES-D) and Beck Anxiety Inventory (BAI). Results of the study showed that elevated depression and anxiety symptoms were found in 11.0 and 9.9% of veterans, respectively, compared with 12.8 and 12.3% of non-veterans. Veteran status was not associated with increased odds of anxiety or depression symptoms in the multivariable-adjusted logistic regression analyses. Additional analyses indicated that Vietnam War veterans were more than twice as likely as World War II or Korean War veterans to have elevated depression or anxiety symptoms. In this community-based sample of men aged 50 and older, veteran status was not associated with the presence of elevated depression and anxiety symptoms. Rather these symptoms were associated with age, ethnicity, education and medical conditions. Among veterans, cohort effects accounted for differences in psychiatric symptoms. Including younger cohorts from the Global War on Terror may yield different results in future studies. (JL)
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From : www.orangejournal.org

225/51 Psychotic major depression in older people: a systematic review; by Rossetos Gournellis, Panagiotis Oulis, Robert Howard.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 784-796.
This study aimed to systematically review available evidence relevant to the following issues: (1) whether psychotic major depression (PMD) in older people differs in overall severity from non-PMD, besides the presence of psychotic symptoms; (2) whether it constitutes a distinct clinical entity from non-PMD; and (3) whether it differs from PMD in younger adults. Following a literature search of relevant databases, 35 relevant studies were identified. PMD in older people compared with non-PMD was shown to present with overall more severe depressive symptomatology, more psychomotor disturbance, more guilt feelings, more depressive episodes with psychosis, worse prognosis, more severe executive dysfunction associated with frontal lobe atrophy, and lower serum dopamine hydroxylase activity. No differences in the efficacy of an antidepressant plus antipsychotic combination versus antidepressant monotherapy in the acute

treatment as well as in the maintenance treatment were found. PMD in older patients was characterised by more somatic complaints and delusions of hypochondriacal and impending disaster content and by a lower comorbidity with anxiety disorders compared with PMD in younger adults. The study concludes that psychotic major depression in older people is associated with higher severity in most clinically important key features than in non-PMD. However available evidence is still insufficient for the conclusive elucidation of its nosological status. Finally, the differences between PMD in older and younger patients can be attributed to biological and psychosocial changes of old age. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/52 Social relations and depression in late life: a systematic review; by Michaela Schwarzbach, Melanie Luppa, Simon Forstmeier ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 1, January 2014, pp 1-21.
Social relations have become the focus of much research attention when studying depressive symptoms in older adults. Research indicates that social support and being embedded in a network may reduce the risk for depression. The aim of this review was to analyse the association of social relations and depression in older adults. Electronic databases were searched systematically for potentially relevant articles published from 2000 to 2012, and 37 studies met the inclusion criteria. Factors of social relations were categorised into 12 domains. Factors regarding the qualitative aspects of social relations seem to be more consistent among studies and therefore provide more explicit results. Thus social support, quality of relations and presence of confidants were identified as factors of social relations significantly associated with depression. The quantitative aspects of social relations seem to be more inconsistent. Cultural differences become most obvious in terms of the quantitative aspects of social relations. Despite the inconsistent results and the methodological limitations of the studies, this review identified a number of factors of social relations that are significantly associated with depression. The review indicates that there is a need to investigate social relations in all their complexity and not reduce them to one dimension. At the same time it is important to conduct longitudinal studies because studies with cross-sectional design do not allow us to draw conclusions on causality. Beyond that, cultural differences need to be considered. (JL)
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From : www.orangejournal.org

DIET AND NUTRITION

225/53 Food provision for older people receiving home care from the perspectives of home-care workers; by Anna Watkinson-Powell, Sarah Barnes, Melanie Lovall (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 5, September 2014, pp 553-560.
Malnutrition is a significant cause of morbidity and mortality, particularly among older people. Attention has focused on the inadequacies of food provision in institutions, yet the majority suffering from malnutrition live in the community. This qualitative study explores barriers and facilitators to food provision for older people receiving home care. Semi-structured interviews were conducted with nine home-care workers employed by independent agencies in a large city in northern England in June 2013. Data were analysed thematically, based on the principles of grounded theory. Findings showed that significant time pressures limited home-care workers in their ability to socially engage with service users at mealtimes, or provide them with anything other than ready meals. Enabling choice was considered more important than providing a healthy diet, but choice was limited by food availability and reliance on families for shopping. Home-care workers received little nutritional training and were not involved by healthcare professionals in the management of malnutrition. Despite the rhetoric of individual choice and the importance of social engagement and nutrition for health and well-being, nutritional care has been significantly compromised by cuts to social care budgets. The potential role for home-care workers in promoting good nutrition in older people is undervalued and undermined by the lack of recognition, training and time dedicated to food-related care. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

DISABILITY

(See 225/132, 225/136)

ECONOMIC ISSUES

225/54 Financing later life: why financial capability agendas may be problematic; by Debora Janet Price.: Emerald.
Working with Older People, vol 19, no 1, 2015, pp 41-48.
The author examines UK government policy documents from the foundation of the Financial Services Authority (FSA) in 1997 until 2013. She analyses these documents to understand the discourses of government for the financing of later life, how powerful these discourses are, and what influence they have on policy and society. The paper shows that the government considers

the promotion of the financial capability agenda to be a solution to structural problems in the provision of old age welfare. By controlling the discourse, non-market-based discussions of welfare are closed, and any need for examination of the structural causes of inequality in old age is made invisible. The discourse prevents critique of the individualisation of risk and market provided welfare and service delivery; and failures of policy become the failures of individuals as both consumers and regulators. The financial capability agenda sounds so sensible and has enrolled so many different organisations in its delivery that it is rare to reflect on the cultural and political assumptions that lie behind these discourses. When these are analysed, the author observes that individualised discourses surrounding money and welfare in later life are so powerful that more collective solutions to issues of financial welfare are closed off from public debate and discussion. This is a revised version of a paper first presented at the 'Portraying Ageing: Cultural Assumptions and Practical Implications' one-day conference held at the British Library on 28 April 2014, which was co-organised with the Centre for Policy on Ageing (CPA) and the School of Languages, Linguistics and Film, Queen Mary University of London (QMUL). (RH)
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From : www.emeraldgrouppublishing.com/wwop.htm

END-OF-LIFE CARE

(See Also 225/35, 225/130)

225/55 Advance care planning for Maori, Pacific and Asian people: the views of New Zealand healthcare professionals; by Rosemary Frey, Deborah Raphael, Gary Bellamy, Merryn Gott.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 3, May 2014, pp 290-299.
Despite the benefits of advance care planning (ACP), international research has suggested that in pluralistic and multicultural societies such as New Zealand, significant differences exist in the uptake of ACP between European-based populations and other cultural groups (L M Crawley, 2005). This study explores the views of generalist palliative care providers in both the community and hospital settings regarding the barriers to ACP adoption as well as methods to increase knowledge about ACP among Maori, Pacific and Asian cultural groups within New Zealand society. Eleven individual interviews, two joint interviews, and three focus groups were conducted with health and social care professionals with a wide range of knowledge and experience in palliative care. Challenges were related to a number of issues based on culture, including family decision-making style, a need to 'do everything', and a reluctance to discuss issues surrounding dying and death. Suggestions to increase the knowledge of ACP included techniques to improve information access and the utilisation of shared norms and values to assist with discussions between Maori, Pacific and Asian health professionals and their patients and families or whanau. Findings indicate a need for more family- or whanau-centred models of ACP to be considered much earlier in the healthcare process and within the community setting.
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/56 Exploring resource use and associated costs in end-of-life care for older people with dementia in residential care homes; by Sarah Amador, Claire Goodman, Derek King ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 7, July 2014, pp 758-766.
The goals of this study were to describe end-of-life care costs of older people with dementia (OPWD) residents in care homes (CHs) with no on-site nursing and evaluate the economic case for an intervention designed to improve end-of-life care for OPWD in CHs. Phase 1 tracked for a year, from March 2009, health services received by 133 OPWD in six residential CHs in the East of England. CH and resident characteristics were obtained through standardised assessment tools, interviews with CH managers and publicly available information from the independent regulator of social care services in England. Phase 2 used a modified Appreciative Inquiry intervention that ran for six months from January 2011, in three of the six CHs. Wilcoxon matched-pairs sign-rank tests were conducted to compare total cost and cost components during Phases 1 and 2 for those residents who had participated in both. Costs for each resident in Phase 1 were about £2800 per month, including service, accommodation and medication. Resource use was associated with resident characteristics. The intervention was perceived as having a positive impact on working relationships between CHs and visiting health care practitioners. Following the intervention total service costs fell by 43%. Hospital care costs fell by 88%. These results represent early work in an under-researched area of care. Appreciative Inquiry appears to improve and change working relationships with promising outcomes, but more research is needed to test these findings further with larger samples and more robust controls. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/57 Facilitating advance care planning with ethnically diverse groups of frail, low-income elders in the USA: perspectives of care managers on challenges and recommendations; by Jung Kwak, Eunjeong Ko, Betty J Kramer.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 2, March 2014, pp 169-177.
This study examined care managers' perspectives on facilitating advance care planning (ACP) with ethnically diverse older people enrolled in Wisconsin Family Care, a care programme that coordinates medical and long-term care for frail, poor older people. Seven in-depth interviews and two focus groups were conducted with 24 lead supervisors and care managers of care management teams between July and August 2008; data were analysed with qualitative thematic analysis method. Participants identified four main sources of challenges: death and dying are taboo discussion topics; the dying process is beyond human control; family and others hold decision-making responsibility; and planning for death and dying is a foreign concept. Participants' recommendations coping with these challenges were to: develop trust with elders over time; cultivate cultural knowledge and sensitivity to respect value orientations; promote designating a healthcare proxy; recognise and educate families and community leaders as critical partners in ACP; and provide practical support as needed throughout the illness experience. These findings suggest important practice implications for care managers working with increasingly diverse cultural groups of older people at the end of life. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/58 LGBT people's knowledge of and preparedness to discuss end-of-life care planning options; by Mark Hughes, Colleen Cartwright.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 5, September 2014, pp 545-552.
Despite the devastating impact of HIV/AIDS, end-of-life care planning among lesbian, gay, bisexual and transgender (LGBT) communities is relatively under-researched. This article reports findings of a survey of 305 LGBT people living in New South Wales, Australia, which examined their knowledge of and attitudes towards end-of-life care, specifically their preparedness to discuss any care plan with healthcare providers. The results highlight that while most respondents were aware of three of the four key end-of-life care planning options available in New South Wales - enduring powers of attorney, enduring guardians and person responsible (only a minority had heard of advance healthcare directives) - a much smaller number of people had actually taken up these options. Only a minority of respondents were able to identify correctly who had the legal right to make treatment decisions for a person who is unconscious following a car accident. A small proportion of people had discussed end-of-life care options with general practitioners or another main healthcare provider, and only in very few cases were these issues raised by the practitioners themselves. Those most likely to not feel comfortable discussing these issues with practitioners included younger people, those not fully open about their sexuality to family members, and transgender people and others who do not define their gender as male or female. The paper highlights the importance of education strategies to raise awareness of the end-of-life care planning options among LGBT people, as well as strategies for increasing health providers' preparedness to discuss these issues with LGBT patients. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/59 Living and dying: responsibility for end-of-life care in care homes without on-site nursing provision: a prospective study; by Melanie Handley, Claire Goodman, Katherine Froggatt (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 1, January 2014, pp 22-29.
Care homes with no on-site nursing provision rely on primary care services for access to medical, nursing and specialist services. This study describes the expectations and experiences of end-of-life care of older people resident in care homes, and how care home staff and the healthcare practitioners who visited the care home interpreted their role. A mixed-method design was used. The everyday experience of 121 residents from six care homes in the East of England were tracked; 63 residents, 30 care home staff with assorted roles and 19 National Health Service staff from different disciplines were interviewed. The review of care home notes demonstrated that residents had a wide range of healthcare problems. Length of time in the care homes, functional ability or episodes of ill-health were not necessarily meaningful indicators to staff that a resident was about to die. General Practitioner (GP) and district nursing services provided a frequent but episodic service to individual residents. There were two recurring themes that affected how staff engaged with the process of advance care planning with residents: 'talking about dying', and 'integrating living and dying'. All participants stated that they were committed to providing end-of-life care and supporting residents to die in the care home, if wanted. However, the process was complicated by an ongoing lack of clarity about roles and responsibilities in providing end-of-life care; and doubts from care home and primary healthcare staff about their capacity to work together when residents' trajectories to death were unclear. The findings suggest that to support this population, there is a need for a pattern of working between health and care staff that can encourage review and discussion between multiple participants over sustained periods of time. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

EPIDEMIOLOGY

(See 225/95)

FALLS

225/60 Falls and fractures: a literature review and Welsh perspective; by Gareth Morgan.: Emerald.
Working with Older People, vol 17, no 4, 2013, pp 170-178.
This paper draws from the published literature on falls and fractures, and combines this with the professional experience of the author in Wales. Epidemiological calculations are presented using readily available data and summarised diagrammatically. The paper has three main elements. The first is to present some of the epidemiological considerations of this situation. The second is to describe some of the risk factors, and, by extension, the interventions that might be helpful. Third, it describes a case study on the Welsh situation. Falls and fractures constitute a significant public health challenge, due to the number of individuals affected and the seriousness of impacts. Risk factors, such as vitamin D deficiency, are open to modification and interventions such as exercise are also helpful. In Wales, policy could be geared to improving the response to this, such as an expansion of cost saving fracture liaison services. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/61 Which factors are associated with fear of falling in community-dwelling older people?; by Arun Kumar, Hannah Carpenter, Richard Morris (et al).: Oxford University Press.
Age and Ageing, vol 42, no 1, January 2014, pp 76-84.
Fear of falling (FOF) is common in older people and associated with serious physical and psychosocial consequences. Identifying those at risk of FOF can help target interventions to both prevent falls and reduce FOF. A cross-sectional study of 1,088 community-dwelling older people aged 65 years living in London, Nottingham and Derby aimed to identify factors associated with FOF. Data were collected on socio-demographic characteristics, self-perceived health, exercise, risk factors for falls, FOF (Short FES-I), and functional measures. Logistic regression models of increasing complexity identified factors associated with FOF. High FOF (Short FES-I =11) was reported by 19%. A simpler model (socio-demographic + falls risk factors) correctly classified as many observations (82%) as a more complex model (socio-demographic + falls risk factors + functional measures) with similar sensitivity and specificity values in both models. There were significantly raised odds of FOF in the simpler model with the following factors: unable to rise from a chair of knee height (OR: 7.39), lower household income (OR: 4.58), using a walking aid (OR: 4.32), difficulty in using public transport (OR: 4.02), poorer physical health (OR: 2.85), black/minority ethnic group (OR: 2.42), self-reported balance problems (OR: 2.17), lower educational level (OR: 2.01), and a higher BMI (OR: 1.06). A range of factors identify those with FOF. A simpler model performs as well as a more complex model containing functional assessments and could be used in primary care to identify those at risk of FOF, who could benefit from falls prevention interventions. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

HEALTH CARE

(See 225/9, 225/64, 225/73)

HEALTH EXPECTANCY

225/62 Healthy life expectancy and the correlates of self-rated health in an ageing population in Rajshahi district of Bangladesh; by Ismael Tareque, Towfiqua Mahfuza Islam, Kazuo Kawahara (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 1075-1094.
Ageing is going to be a major problem in Bangladesh, given its population size, scarce resources, existing poverty, insufficient health facilities and lack of a social security system. This paper examines how many years older people expect to be in good health, and what are the correlates of self-rated health (SRH). The data used in this study come from 896 older people aged 60+ from Rajshahi district in Bangladesh and from United Nations' projected population figures. Results show that individuals at age 60 expected about 41% of their remaining life to be in good health, while individuals at age 80 expected only 21% of their remaining life to be in good health. Having exercised during the six months prior to the survey was the single most important correlate of SRH (odds ratio=5.49; confidence interval 4.03?7.47; without any adjustment). While rural-urban differentials and some health decline in old age are inevitable, four factors (exercise behaviour, sufficiency of income, physical limitations, and facing abusive behaviour) are to a certain extent modifiable and therefore provide the potential for improving SRH and healthy life expectancy in Rajshahi district, Bangladesh.
ISSN: 0144686X
From : journals.cambridge.org/aso

HOME CARE

225/63 Applying risk society theory to findings of a scoping review on caregiver safety; by Marilyn Macdonald, Ariella Lang.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 2, March 2014, pp 124-133.
Chronic illness represents a growing concern in the western world; and individuals living with chronic illness are primarily managed at home by family caregivers. A scoping review of the home-care literature (2004-2009; updated with review articles from 2010 to January 2013) on the topic of the caregiver revealed that this group experiences the following safety-related concerns: caregivers are conscripted to the role, experience economic hardship, risk being abused as well as abusing, and may well become patients themselves. Methodology and methods used in the scoping review are presented as well as a brief overview of the findings. The concepts of risk and safety are defined. Risk Society Theory is introduced and used as a lens to view the findings, and to contribute to an understanding of the construction of risk in contemporary health-care. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/64 A comparison of the home-care and healthcare service use and costs of older Australians randomised to receive a restorative or a conventional home-care service; by Gill Lewin, Janine Allan, Candice Patterson (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 3, May 2014, pp 328-336.
Restorative home-care services, or re-ablement home-care services as they are now known in the UK, aim to assist older individuals who are experiencing difficulties in everyday living to optimise their functioning and reduce their need for ongoing home care. Until recently, the effectiveness of restorative home-care services had only been investigated in terms of singular outcomes such as length of home-care episode, admission to hospital and quality of life. This paper reports on a more complex measure, the use and cost of the home-care and healthcare services received over the 2-year period following service commencement. 750 older individuals referred for government-funded home care were randomly assigned to a restorative or standard service between June 2005 and August 2007. Health and aged care service data were sourced and linked via the Western Australian Data Linkage System. Restorative clients used fewer home-care hours, had lower total home-care costs, and were less likely to be approved for a higher level of aged care during follow-up. They were also less likely to have presented at an emergency department or have had an unplanned hospital admission. Additionally, the aggregated health and home-care costs of the restorative clients were lower by a factor of 0.83 (95% CI 0.72_0.96) over the 2-year follow-up (AU$19,090 vs. AU$23,428). These results indicate that at a time when Australia is facing the challenges of population ageing and an expected increase in demand for health and aged care services, the provision of a restorative service when an older person is referred for home care is potentially a more cost-effective option than providing conventional home care. (RH)
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From : wileyonlinelibrary.com/journal/hsc

225/65 The importance of leadership style and psychosocial work environment to staff-assessed quality of care: implications for home help services; by Kristina Westerberg, Susanne Tafvelin.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 5, September 2014, pp 461-468.
Work in home help services in Sweden is typically conducted by an assistant nurse or nursing aide in the home of an older person. Working conditions have been described as solitary with a high workload, little influence, and lack of peer and leader support. Relations between leadership styles, psychosocial work environment and a number of positive and negative employee outcomes have been established in research, but the outcome in terms of quality of care has been addressed to a lesser extent. This study focuses on working conditions in terms of leadership and the employee psychosocial work environment, and how these conditions are related to the quality of care. The hypothesis was that the relation between a transformational leadership style and quality of care is mediated through organisational and peer support, job control and workload.
In this cross-sectional survey, 469 questionnaires were distributed (March-April 2012) to assistant nurses in nine Swedish home help organisations, including six municipalities and one private organisation, representing both rural and urban areas. 302 questionnaires were returned (a 65% response rate). The results showed that the hypothesis was supported and, when indirect effects were also taken into consideration, there was no direct effect of leadership style on quality of care. The mediated model explained 51% of the variance in quality of care. These results indicate that leadership style is important not only to employee outcomes in home help services, but is also indirectly related to quality of care as assessed by staff members. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/66 Met and unmet need for personal assistance among community-dwelling New Zealanders 75 years and over; by Laura Wilkinson-Meyers, Paul Brown, Chris McLean, Ngaire Kerse.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 3, May 2014, pp 317-327.
Ageing in place initiatives that aim to keep older people out of hospitals and rest homes and in their own homes for longer have been at the forefront of aged care policy in New Zealand since the early 1990s. The success of these policies depends largely on the availability of a suitable home environment, a supportive social network, and regular assessment to detect changes in the older person's health status and needs for support. The BRIGHT Trial (Brief Risk Assessment i General Practice Health Tool) was a randomised control trial (RCT) investigating the effectiveness of introducing case finding in primary care settings to detect unmet need and risk of disability among older people. Using a baseline questionnaire, data were collected in 2008-2009 from 3753 community-dwelling older people to estimate and describe use and need for additional personal assistance. Logistic regression was used to identify the most important predictors of reporting some need for support and unmet need. 81% of participants required support with at least one instrumental activity of daily living. 66% were meeting their needs with the support they were currently receiving. Unmet need was most frequently reported for heavy housework (65%) and light housework (53%). While spouses, family members and friends were the main providers of support for light housework, meal preparation, shopping, finances and transportation, paid staff most frequently provided personal care and heavy housework assistance. Reporting mobility difficulty, identifying as a care provider, and being female were all significant predictors of some need for assistance, as well as unmet need for assistance. The findings highlight the importance of regular needs assessment for older people living in the community, particularly given the reliance on spousal support for the majority of activities. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/67 Social-interaction knowledge translation for in-home management of urinary incontinence and chronic care; by Lynn Jansen, Carol L McWilliam, Dorothy Forbes, Cheryl Forchuk.: Cambridge University Press.
Canadian Journal on Aging, vol 32, no 4, December 2013, pp 392-404.
Although urinary incontinence (UI) can be managed conservatively, it is a principal reason for the breakdown of in-home family care. This study explored the social interaction processes of knowledge translation (KT) related to how UI management knowledge might be translated within in-home care. In-depth interview data were collected from a theoretical sample of 23 family caregivers, older home care recipients, and home care providers. Constant comparison and Glaser's analysis criteria were used to translate participants' knowledge of in-home care into a substantive theory with 10 sub-themes: living with the problem; building experiential knowledge; developing comfort; easing into a working relationship; nurturing mutuality; facilitating knowledge exchange; building confidence; fine-tuning knowledge; putting it all together; and managing in-home care. Findings inform both theory and practice of in-home UI KT, illuminating how intersubjectivity and bi-directional relational interactions are essential to translating in-home chronic care knowledge, which is largely tacit and experiential in nature. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

HOSPITAL CARE

(See Also 225/70)

225/68 A controlled evaluation of comprehensive geriatric assessment in the emergency department: the 'Emergency Frailty Unit'; by Simon Paul Conroy, Kharwar Ansari, Mark Williams (et al).: Oxford University Press.
Age and Ageing, vol 42, no 1, January 2014, pp 109-114.
Little previous research has focused on the needs of older people attending emergency departments (EDs), and there have been no evaluations of comprehensive geriatric assessment (CGA) embedded within the ED setting. The authors describe a pre-post cohort study of the impact of embedding CGA within a large ED in the East Midlands. The primary outcome was admission avoidance from the ED, with readmissions, length of stay and bed-day use as secondary outcomes. The study found that attendances to ED increased in older people over the study period, whereas the ED conversion rate fell from 69.6 to 61.2% in people aged 85+, and readmission rates in this group fell from 26.0% at 90 days to 19.9%. In-patient bed-day use increased slightly, as did the mean length of stay. It is possible to embed CGA within EDs, which is associated with improvements in operational outcomes. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

225/69 Relocation of older people to recovery phase rehabilitation wards: adaptation patterns according to the presence of dementia; by Misa Komatsu, Akiko Hamahata.: Emerald.
Working with Older People, vol 18, no 4, 2014, pp 205-213.
This paper is about use of an assessment sheet clarifying the characteristics relating to adaptation,

in order to support the relocation of older Japanese people to recovery phase rehabilitation wards (RPRW). A survey was conducted with older people aged 70 and above two weeks after relocation. Nurses responsible for the older people were asked to complete the sheet. Of the 44 items on the sheet, the 38 items not directly related to basic attributes constituted the scale of the state of adaptation. 336 valid response sheets were analysed. Higher scores on the scale represented higher levels of adaptation; and when scores were analysed, results showed that there was a tendency for the scores of older people aged 80 and above and older people with dementia to be significantly lower. Items that showed differences according to the presence of dementia included those showing adaptive tasks, such as "Condition has deteriorated since the time of relocation", and "Experiencing difficulties when nurses are giving care". The tendencies of older people to adapt to relocation depending on the presence of dementia were clarified through the items on the scale. It is necessary to pay attention to older people's physical and social environmental factors, adaptive tasks, and coping skills when they relocate to RPRW. The authors suggest that an approach based on the results of this study could help older people adapt to their new environment. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

HOSPITAL DISCHARGE

225/70 An examination of factors influencing delayed discharge of older people from hospital; by David Challis, Jane Hughes, Chengqui Xie, David Jolley.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 2, February 2014, pp 160-168.
This study aimed to investigate factors associated with the delayed discharge of older people from hospital and their length of stay (LOS). Data were collected retrospectively from inpatient records and adult social care services on older patients referred to the latter prior to hospital discharge. Data on two related measures _ delayed discharge and LOS _ were analysed separately within a four-stage sequential framework. Using bivariate analysis, the study found that cognitive impairment and dependency were significantly associated with delay. Patients admitted to trauma and orthopaedic units were significantly more likely to be delayed on discharge. Respiratory illness was negatively associated with delay. Factors related to care received as an inpatient associated with delayed discharge from hospital were not being in the responsible consultant's bed for part of their stay, two or more moves between units and receipt of rehabilitation services. Admission to a care home and receipt of domiciliary care if returning to a private dwelling on discharge were associated with delay. In the multivariate analysis, dependence and cognitive impairment impacted differently on delay and LOS. Hospital variables were the most important predictors of LOS and social care variables in respect of delayed discharge. Patient characteristics and especially the organisation of care in hospital and the provision of services on discharge are related to the likelihood of delayed discharge and LOS. Improved services and structures to systematically assess and treat patient needs in hospital, together with the timely provision of services providing post-discharge services tailored to individual circumstances, are required. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/71 Informal caregivers' participation when older adults in Norway are discharged from hospital; by Line Kildal Bragstad, Marit Kirkevold, Dag Hofoss, Christina Foss.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 2, March 2014, pp 155-168.
The Norwegian welfare state is built on the premise that public healthcare should be the main source of care. This paper describes the participation of informal caregivers in the discharge process when patients aged 80 and over who were admitted from home to different hospitals in Norway were discharged to long-term community care. Data for this cross-sectional survey were collected through telephone interviews with a consecutive sample of 262 caregivers recruited between October 2007 and May 2009. The Discharge of Elderly Questionnaire was developed by the research team and was designed to elicit data concerning informal caregivers' self-reported perceptions on participation in the discharge process. A descriptive and comparative analysis of Thompson's levels of participation reported by the older generation (spouses and siblings) and the younger generation (adult children and children-in-law, nieces and grandchildren) was undertaken using bivariate cross-tabulations and chi-square tests for association and trend. Analyses showed that the younger generation of caregivers received and provided information to hospital staff to a greater degree than the older generation. Overall, 52% of the informal caregivers reported co-operating with the staff to a high or to some degree. A multivariate logistic regression analysis was used to analyse factors predicting the likelihood of informal caregivers reporting co-operation with hospital staff. The odds of younger generation caregivers reporting co-operation were more than twice as high as the odds of the older generation. Caregivers of patients with a hearing impairment had higher odds of reporting co-operation than caregivers of patients with no such impairment. The length of hospital stay, the caregiver's and patient's gender and education level were not significantly associated with caregiver's co-operation. The informal caregivers' experiences with information practices and user participation in hospitals highlight important challenges that must be taken seriously to ensure co-operation between families and hospitals when older patients are discharged back to the community. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

HOUSING WITH CARE

225/72 Predictors of nursing home placement from assisted living settings in Canada; by Colleen J Maxwell, Andrea Soo, David B Hogan (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 32, no 4, December 2013, pp 333-348.
The authors sought to estimate the incidence of long-term care (LTC) placement, and to identify resident- and facility-level predictors of placement among older residents of designated assisted living (AL) facilities in Alberta, Canada. Included were 1,086 AL residents from 59 facilities. Research nurses completed interRAI-AL resident assessments and interviewed family caregivers and administrators. Predictors of placement were identified with multivariable Cox proportional hazards models. The cumulative incidence of LTC admission was 18.3% by 12 months. Significantly increased risk for placement was evident for older residents and those with poor social relationships, little involvement in activities, cognitive and/or functional impairment, health instability, recent falls and hospitalizations/emergency department visits, and severe bladder incontinence. Residents from larger facilities, with a Licensed Practice Nurse (LPN) and/or Registered Nurse (RN) on-site 24/7 and with an affiliated primary care physician, showed lower risk of placement. These findings highlight clinical and policy areas where targeted interventions may delay LTC admissions. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

INTEGRATED CARE

225/73 Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature; by Ailsa Cameron, Rachel Lart, Lisa Bostock, Caroline Coomber.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 3, May 2014, pp 225-233.
Various strategies since the 1970s have aimed to develop jointly planned adult health and social care services. This article reports the results of a review of the research evidence related to joint working in adult health and social care services in the UK. It explores whether recent reforms to joint working have met the objectives set by policy-makers. The review followed an established methodology: electronic databases were searched using predetermined terms; abstracts were screened against inclusion criteria; studies that met the criteria were read in full and assessed for inclusion; and data were extracted systematically. The review focused on jointly organised services for older people and people with mental health problems in the UK. The findings suggest that there is some indication that recent developments, in particular the drive to greater integration of services, may have positive benefits for organisations as well as for users and carers of services. However, the evidence consistently reports a lack of understanding about the aims and objectives of integration, suggesting that more work needs to be done if the full potential of the renewed policy agenda on integration is to be realised. Additionally, while the review acknowledges that greater emphasis has been placed on evaluating the outcome of joint working, studies largely report small-scale evaluations of local initiatives and few are comparative in design; and therefore differences between 'usual care' and integrated care are not assessed. This makes it difficult to draw firm conclusions about the effectiveness of UK-based integrated health and social care services. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

INTERGENERATIONAL ISSUES

225/74 Aging in urban Japan: intergenerational reading in Tokyo; by Inger Maleen Bachmann.: Emerald.
Working with Older People, vol 18, no 1, 2014, pp 24-29.
This paper introduces a volunteer network from the Tokyo Metropolitan area that addresses the urge for senior citizens to stay mentally active, providing a possibility for them to participate in intergenerational contact to feel included and useful to society. The research derives from literature review, local government documents and online presentation, as well as an interview conducted by the Tokyo senior information site.
The REPRINTS (Research of Productivity by Intergenerational Sympathy) network in Tokyo is but one answer that combines a mentally challenging activity with intergenerational contact. The network presents an easy to reach and easy to implement diversion for schools, to enable children to experience the traditional form of storytelling and help senior citizens to feel challenged and needed. Learning from the experience of the REPRINTS network could help to set up similar activities in other communities that deal with the same problems and are seeking ways to include older people, help them stay active and useful for the community, and encourage intergenerational contact. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/75 Have older generations overplayed their hands?; by Liz Emerson, Angus Hanton.: Emerald.
Working with Older People, vol 19, no 1, 2015, pp 21-24.
There have been limited research studies comparing the incidence of wealth amongst older generations and the scale of liabilities being passed on to younger and future generations. This paper expands on the Intergenerational Foundation (IF) presentation first given at the 'Portraying Ageing: Cultural Assumptions and Practical Implications' one-day conference held at the British Library on 28 April 2014, which was co-organised with the Centre for Policy on Ageing (CPA) and the School of Languages, Linguistics and Film, Queen Mary University of London (QMUL). Changing demographics, wealth distribution, government debt and voting patterns are examined in order to question whether current government policy should continue to protect older generations at the expense of younger and future generations. IF provides statistically robust evidence that, in spite of increasing wealth, older generations continue to be protected by government policy, while younger generations are targeted for cuts from liabilities built up, but not paid for, by previous generations. Government policy may have tipped too far in favour of older wealthier cohorts, many of whom receive automatic benefits based on reaching a certain age. Governments should consider replacing age as a proxy for need with means-testing, in order to rebalance benefits more fairly across the generations. This paper will be of value to policy-makers interested in rebalancing the interests of all generations more equitably. (RH)
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From : www.emeraldgrouppublishing.com/wwop.htm

225/76 Intergenerational study: mirrors as a tool for self-reflection; by Susan Ridley.: Emerald.
Working with Older People, vol 18, no 1, 2014, pp 30-44.
This qualitative study was an exploration on the process of self-reflection on identity, the aim being to see how mirrors could be used as a therapeutic tool and as a meta-physical bridge to one's inner consciousness. An intergenerational expressive arts group (n=12) in Northern New Jersey (NJ) was organised around the question of identity. Following an open discussion around the topic of identity, participants were asked to decorate a mirror with words, images, and/or symbols, while reflecting on the question, "Who am I?" A post-session interview was conducted regarding participants' experiences during the creative process. The results indicate that mirrors can be used to connect to one's inner thoughts and feelings on the question of identity. Three core themes about the process of self-reflection on identity were revealed: introspection and self-concern; connection and attachment to something or someone other than self; and taking action to help others. This study was limited not only in size, but also in cultural diversity and disparity of age range. However, it provides a useful indicator for identifying core themes in the process of self-reflection on identity. (RH)
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INTERNATIONAL AND COMPARATIVE

(See Also 225/4, 225/20, 225/26, 225/28, 225/37, 225/62, 225/74, 225/80, 225/81, 225/116)

225/77 The complexities of 'otherness': reflections on embodiment of a young White British woman engaged in cross-generation research involving older people in Indonesia; by Meriel Norris.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 986-1010.
If interviews are to be considered embodied experiences, than the potential influence of the embodied researcher must be explored. A focus on specific attributes such as age or ethnicity belies the complex and negotiated space that both researcher and participant inhabit simultaneously. Drawing on empirical research with stroke survivors in an ethnically mixed area of Indonesia, this paper highlights the importance of considering embodiment as a specific methodological concern. Three specific interactions are described and analysed, illustrating the active nature of the embodied researcher in narrative production and development. The intersectionality of embodied features is evident, alongside their fluctuating influence in time and place. These interactions draw attention to the need to consider the researcher within the interview process and the subsequent analysis and presentation of narrative findings. The paper concludes with a reinforcement of the importance of ongoing and meaningful reflexivity in research, a need to consider the researcher as the other participant, and specifically a call to engage with and present the dynamic nature of embodiment.
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From : journals.cambridge.org/aso

LEISURE

(See 225/84)

LONELINESS AND SOCIAL ISOLATION

225/78 Evidence-based campaigning on loneliness in older age: an update from the Campaign to End Loneliness; by Anna Goodman, Marianne Symons.: Emerald.
Working with Older People, vol 17, no 4, 2013, pp 146-156.
This paper is a case study that draws on an external evaluation of the Campaign to End Loneliness by Charities Evaluation Services, a review of local government strategies and case studies of good practice. It provides a detailed analysis of an innovative, policy-based, campaigning strategy to influence commissioning and practice around the issue of loneliness in older age. It focuses on the design, implementation and progress of Loneliness Harms Health, a series of local campaigns targeting health and wellbeing boards. It provides a case study of how evidence-based campaigning influenced newly formed health and wellbeing boards to address loneliness in their localities, and identifies implications for commissioner and provider practice. This paper demonstrates how to successfully influence commissioning practice using a "pincer" movement of local campaigning, top-down advice and information. It highlights examples of good practice uncovered by the Campaign over the past 18 months, including measurement of, and partnership working around, the issue of loneliness in older age. Three recommendations are made for local service providers and commissioners wishing to address loneliness: it should be linked to other priorities; cross-agency partnerships are vital; and asset-based approaches can save money. It concludes with information about the future of the Campaign to End Loneliness and information on how to get involved. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/79 How much does it hurt to be lonely?: Mental and physical differences between older men and women in the KORA-Age study; by A Zebhauser, L Hofmann-Xu, J Baumert ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 3, March 2014, pp 245-252.
Loneliness has a deep impact on quality of life in older people although findings on sex-specific differences on the experience of loneliness remain sparse. This study compared the intensity of and factors associated with loneliness between men and women. Analyses were based on the 2008/2009 data of the KORA-Age Study, comprising 4127 participants in the age range of 64-94 years. An age-stratified random subsample of 1079 subjects participated in a face-to-face interview. Loneliness was measured by using a short German version of the UCLA-Loneliness-Scale (12 items, Likert scaled, ranging from 0 to 36 points). Multiple logistic regression analysis was conducted to analyse the associations of socio-demographic, physical and psychological factors with loneliness. The mean level of loneliness did not significantly differ between men and women. However among the oldest old (85 years or over), loneliness was higher in women. Depression, low life satisfaction and low resilience were associated significantly with loneliness, which was more pronounced in men. Living alone was not associated with loneliness, whereas lower social network was associated with a three time higher risk for feeling lonely in both men and women. The extent of loneliness was equally distributed between men and women, although women were more disadvantaged regarding living arrangements as well as physical and mental health. However loneliness was more strongly associated with adverse mental health conditions in men. These findings should be considered when developing intervention strategies to reduce loneliness. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/80 Loneliness and social support of older people in China: a systematic literature review; by Yu Chen, Allan Hicks, Alison E While.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 2, March 2014, pp 113-123.
China is undergoing rapid economic and social change and rapid ageing of its population, increasing the likelihood of loneliness. This systematic review aims to identify the prevalence of loneliness and its related factors and sources of social support of older people in China. Electronic literature searches were conducted in September 2011 using Web of Science, PsycINFO, MEDLINE, PubMed, CINAHL, China Academic Journal and VIP Database for Chinese Technical Periodicals. Twenty-six papers were identified and reviewed. The prevalence of loneliness varied across the studies, reflecting the different measurements and samples. Marital status, gender, age, educational level, economic level, living arrangements, health status and social support were significant factors related to loneliness. The family was the most important source of social support, followed by friends. The receipt of family support improved subjective well-being and mental health, but the effects of support from friends were inconsistent. Chinese older people received relatively little support from neighbours, governmental or other social organisations. Further well-designed studies are needed to identify additional factors related to loneliness, and to understand the support from friends, neighbours, formal organisations and other sources. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/81 Loneliness and social support of older people living alone in a county of Shanghai, China; by Yu Chen, Allan Hicks, Alison E While.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 4, July 2014, pp 429-438.
China has an ageing population with the number of older people living alone increasing. Living alone may increase the risk of loneliness of older people, especially for those in China where collectivism and filial piety are emphasised. Social support may fill the need for social contacts, thereby alleviating loneliness. However, little is known about loneliness and social support of older people living alone in China. This study investigated loneliness and social support of older people living alone, by conducting a cross-sectional questionnaire survey with a stratified random cluster sample of 521 community-dwelling older people living alone in a county of Shanghai. Data were collected from November 2011 to March 2012. The instruments used included the UCLA Loneliness Scale version 3 and the Social Support Rate Scale. The participants reported a moderate level of loneliness. Their overall social support level was low compared with the Chinese norm. Children were the major source of objective and subjective support. Of the participants, 53.9% (n = 281) and 47.6% (n = 248) asked for help and confided when they were in trouble, but 84.1% (n = 438) never or rarely attended social activities. The level of loneliness and social support differed among the participants with different sociodemographic characteristics. There were negative correlations between loneliness and overall social support and its three dimensions. The findings suggest that there is a need to provide more social support to older people living alone to decrease their feelings of loneliness. Potential interventions include encouraging more frequent contacts from children, the development of one-to-one 'befriending', and group activity programmes together with identification of vulnerable subgroups. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/82 The Silver Line helpline: a "ChildLine" for older people; by Miriam Emily Wilcox.: Emerald.
Working with Older People, vol 18, no 4, 2014, pp 197-204.
The work of the new, free telephone helpline The Silver Line in empowering older people to overcome social isolation and loneliness, is described. Where appropriate, the helpline refers cases of abuse and neglect to specialist services. This paper begins with a family member's description of how the helpline made a difference to her relative. It then outlines the rationale, methods and outcomes of The Silver Line, including a role it may play in reducing demand for NHS services. The paper highlights that social isolation and loneliness can be tackled through a helpline which leaves control firmly in the hands of callers, while offering them a gateway to activities and services. It seems that telephone contact is a particularly helpful way for isolated people to begin to build social contact, given that there is evidence of a stigma associated with admitting to loneliness. When they are given a straightforward way to connect to others, people are empowered to overcome their own loneliness, improve their well-being, and sometimes to rejoin their community. The charity reports that callers to the helpline may themselves become volunteer befrienders ("Silver Line Friends") providing support to others and gaining evidence of their own value to society. In addition, a friendly chat over the phone can be an enabling link to gaining new skills, such as computer literacy, which may otherwise seem out of reach or irrelevant. The paper emphasises the importance of this helpline specifically and the wider need for hard to reach, isolated older people to have an accessible stepping stone to greater social contact and a better quality of life. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

LONG TERM CONDITIONS

(See 225/130)

MEDICATION

225/83 Assessment of factors that influence physician decision making regarding medication use in patients with dementia at the end of life; by Carole Parsons, Noleen McCorry, Kevin Murphy ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 3, March 2014, pp 281-290.
This study aimed to evaluate the extent to which patient-related factors and physicians' country of practice (Northern Ireland [NI] and the Republic of Ireland [RoI]) influenced decision making regarding medication use in patients with end-stage dementia. The study utilised a factorial survey design comprising four vignettes to evaluate initiating/withholding or continuing/discontinuing specific medications in patients with dementia nearing death. Questionnaires and vignettes were mailed to all hospital physicians in geriatric medicine and to all general practitioners (GPs) in NI (November 2010) and RoI (December 2010), with a second copy provided 3 weeks after the first mailing. Logistic regression models were constructed to examine the impact of patient-related factors and physicians' country of practice on decision making. Free text responses to open questions were analysed qualitatively using content analysis. The response rate was 20.6% for GPs and 52.1% for hospital physicians in NI, 18.3% for GPs and 36.0% for hospital physicians in RoI. There was considerable variability in decision making about initiating/withholding antibiotics and continuing/discontinuing the acetylcholinesterase inhibitor and memantine hydrochloride, and less

variability in decision making regarding statins and antipsychotics. Patient place of residence and physician's country of practice had the strongest and most consistent effects on decision making although effect sizes were small. Further research is required into other factors that may impact upon physicians' prescribing decisions for these vulnerable patients and to clarify how the factors examined in this study influence prescribing decisions. (JL)
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From : www.orangejournal.org

MENTAL HEALTH

(See Also 225/49, 225/138)

225/84 Associations between cognitively stimulating leisure activities, cognitive function and age-related cognitive decline; by Nicola Ferreira, Adrian Owen, Anita Mohan ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 4, April 2015, pp 422-430.
Emerging literature suggests that lifestyle factors may play an important role in reducing age-related cognitive decline. However few studies have investigated the role of cognitively stimulating leisure activities in maintaining cognitive health. This study sought to identify changes in cognitive performance with age and to investigate associations of cognitive performance with several key cognitively stimulating leisure activities. Over 65,000 participants provided demographic and lifestyle information and completed tests of grammatical reasoning, spatial working memory, verbal working memory and episodic memory. Regression analyses suggested that frequency of engaging in Sudoku or similar puzzles was positively associated with grammatical reasoning, spatial working memory and episodic memory scores. Furthermore, for participants aged under 65 years, frequency of playing non-cognitive training computer games was also positively associated with performance in the same cognitive domains. The results also suggest that grammatical reasoning and episodic memory are particularly vulnerable to age-related decline. Further investigation to determine the potential benefits of participating in Sudoku puzzles and non-cognitive computer games is indicated, particularly as they are associated with grammatical reasoning and episodic memory, cognitive domains found to be strongly associated with age-related cognitive decline. Results of this study have implications for developing improved guidance for the public regarding the potential value of cognitively stimulating leisure activities. The results also suggest that grammatical reasoning and episodic memory should be targeted in developing appropriate outcome measures to assess efficacy of future interventions, and in developing cognitive training programmes to prevent or delay cognitive decline. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/85 Baby boomers: growing older but getting on with life?; by Toby Williamson.: Emerald.
Working with Older People, vol 17, no 4, 2013, pp 157-163.
This paper describe the findings from the Mental Health Foundation's Ageing Well project, a research project that explored the mental health experiences and expectations of the so-called "baby boomer" population born between 1946 and 1955 who are now moving into later life. The research combined primary and secondary research, and a panel of experts. The primary research was both quantitative and qualitative. Findings covered issues of identity, health and wellbeing, family and relationships, work, occupation, retirement and financial security, as well as key implications for policy makers, opinion formers and decision makers. The "baby boomer" cohort is extremely large; and to provide definitive findings on such a wide range of aspects that potentially influence their mental health requires a much larger study than this, as well as one that focuses on particular sub-groups of this cohort. It also raises the question of similarities and differences between this cohort and the second wave of baby boomers born between the late 1950s and early 1960s. The wide range of resources and data which the project has drawn together provide a unique overview of a key dimension of health for this population group. Because of the very large number of people in this population group and their perceived shared life experiences, this research will be of great interest to policy makers, academics and the media, as well as members of this population cohort. (RH)
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225/86 Hoarding severity predicts functional disability in late-life hoarding disorder patients; by Catherine R Ayers, Princeton Ly, Ian Howard ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 7, July 2014, pp 741-746.
Late life hoarding is a serious psychiatric condition with significant implications in health and functioning. Geriatric hoarding patients show greater impairment in activities of daily living and have a greater number of medical conditions compared with non-hoarders of the same age. This study examined the relationship between geriatric hoarding severity and functional disability severity. 65 subjects aged 60 or older with hoarding disorder (HD) participated in the current study. Participants were assessed with measures of hoarding severity, psychiatric symptoms and general disability. Hierarchical regression was used to test the unique association of hoarding symptoms with functional disability beyond the effects of demographic factors, anxiety and depression. Study results showed that when controlling for demographics (age and gender) and

psychiatric symptoms (anxiety and depression), hoarding severity predicts functional disability severity. Analyses also showed that clinician-administered measures of hoarding are stronger predictors of disability than patient self-report measures. When treating older adults with HD, clinicians must consider symptom impact on daily life. A multidisciplinary team must be utilised to address the wide-ranging consequences of hoarding symptoms. Future work should examine how psychiatric treatment of HD affects functional disability. (JL)
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From : www.orangejournal.org

225/87 Negotiating a labyrinth: experiences of assessment and diagnostic journey in cognitive impairment and dementia; by Kritika Samsi, Clare Abley, Sarah Campbell ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 1, January 2014, pp 58-67.
There has been a global push towards the earlier diagnosis of dementia but there is little understanding of the transitions along the assessment and diagnostic pathway from the perspective of people affected by memory problems, cognitive impairment and early dementia. This study explores the experience of the assessment and diagnostic pathway for people with cognitive impairment and their family carers. Qualitative interviews with 27 people with cognitive impairment and 26 carers (20 dyads) using four memory services before and after diagnosis disclosure were conducted. Interview transcripts were subject to constant comparative analysis and interpretations subject to discussion at regular `analysis clinics'. 12 sub-themes were identified along four points on the assessment journey. Feelings of confusion, uncertainty and anxiety over interminable waiting times dominated. Participants often felt without support to manage their uncertainties, emotions and did not know where to turn for support. Some were highly critical of the systemic process of assessment and diagnosis disclosure but were generally positive of the practice of individual professionals. Service providers should review the process of assessment and diagnosis disclosure for people with cognitive impairment and their carers. They should develop a process that is person centred and accommodates the individualised preferences. The development of service systems to provide continuous relevant information and clarity to service users needs to involve all stakeholders, including people with cognitive impairment and their carers. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/88 Self-neglect: a survey of old age psychiatrists in Ireland; by James G O'Brien, Colm Cooney, Mairead Bartley, Desmond O'Neill.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 12, December 2013, pp 2088-2090.
Briefly reports on a survey of self-neglect in Ireland. The survey was prepared as a collaborative effort among academic old age psychiatrists and geriatricians. Among those who responded, 92% had seen a case of self-neglect in the previous year. Four features of self-neglect were identified, namely: personal, environmental, social and refusal of services. Of these, personal neglect was the most common. The top three contributing causes of self-neglect were dementia, lifelong personality disorder and alcoholism. The study concludes that old age psychiatrists have significant involvement with self-neglect in old age and play a key role in managing these challenging patients, but need to be part of a broader interdisciplinary coordinated team in order to deal with this problem effectively. (JL)
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From : www.journals.cambridge.org

225/89 South Asian older adults with memory impairment: improving asessment and access to dementia care; by Clarissa M Giebel, Maria Zubair, David Jolley ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 4, April 2015, pp 345-356.
With increasing international migration, the mental health care of migrants and ethnic minorities is a public health priority. South Asian older adults experience difficulties in accessing services for memory impairment, dementia and mental illness. This review aimed to examine barriers and facilitators in the pathway to culturally appropriate mental health care. A literature search of appropriate databases was carried out covering the period from 1984 through to 2012. 18 studies met the eligibility criteria for the review. South Asians and health professionals highlighted several difficulties which deterred help seeking and access to care: a lack of knowledge of dementia and mental illness and of local services; stigma; culturally preferred coping strategies; and linguistic and cultural barriers in communication and decision making. To improve access for these groups, service users and providers need to be better informed: services need to be more culturally tailored, sometimes employing staff with similar cultural backgrounds; health professionals can benefit from dementia education and knowledge of local services. These factors are key to the delivery of the National Dementia Strategy in England. (JL)
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225/90 Trajectories of cognitive decline by driving mobility: evidence from the Health and Retirement Study; by Moon Choi, Matthew C Lohman, Briana Mezuk.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 5, May 2014, pp 447-453.
The recent emphasis of the importance of `ageing in place' has highlighted the role of

transportation in health promotion over the life course. Driving cessation in later life is associated with numerous poor health outcomes including limitations in social and physical functioning and increased risk of mortality. However, little is known about the relationship between driving cessation and change in cognitive functioning in later life. This study examined the association between driving mobility and trajectories of cognitive functioning among older adults. Using data from six waves (1998-2008) of the Health and Retirement Study, trajectories of cognitive functioning were estimated over a 10-year period using longitudinal mixed effects models. Cognitive function was assessed with a modified version of the Telephone Interview for Cognitive Status. Driving status and health characteristics were assessed by self-report. Results showed that older adults who did not drive (former and never drivers) at baseline had lower average cognitive scores compared with active drivers. Former drivers had accelerated cognitive decline over the subsequent 10 years compared with active drivers, even after controlling for baseline cognitive functioning and health status. The transition to non-driving was associated with a faster cognitive decline among those who were driving at baseline. Older adults without driving mobility had poorer cognitive functioning at baseline and experienced accelerated cognitive decline relative to active drivers over follow-up. (JL)
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MENTAL HEALTH CARE

225/91 All things to all people? The provision of outreach by community mental health teams for older people in England: findings from a national survey; by Sue Tucker, Mark Wilberforce, Christian Brand, Michele Abendstern, David Challis.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 5, May 2014, pp 489-496.
The objective of this study was to identify the extent of outreach activity community mental health teams (CMHTs) for older people provide to mainstream services in light of the recommendations of the National Dementia Strategy. In particular, the study aimed to determine the range of settings in receipt of support; to specify the form of this activity; to identify the professionals involved; and to explore the factors associated with the provision of such support. A self-administered postal questionnaire was sent to all CMHTs in England. The reported arrangements were categorised and reviewed according to a taxonomy of outreach developed from the literature. 376, or 88% of the CMHTs responded to the questionnaire. Although nearly all teams undertook some outreach work, much of this was informal in nature. Nevertheless the vast majority of teams had some formal outreach arrangements in at least one mainstream setting. Just less than three-quarters provided support (most typically education) to care homes, approaching half centres to day centres, and over a third to primary care practices, social services teams, home care providers and general hospitals, respectively. Link workers were the favoured means of supporting general hospital staff. Community mental health nurses were most commonly involved in providing outreach, and larger teams were more likely than smaller teams to have formalised arrangements. A significant minority of teams expressed concerns about their capacity to provide effective services. These findings suggest that both more resources and more evidence will be needed to meet the National Dementia Strategy's aim of improving care for older people with mental health problems in mainstream settings. (JL)
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225/92 Community mental health teams for older people: variations in case mix and service receipt (ll); by Mark Wilberforce, Sue Tucker, Christian Brand ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 6, June 2015, pp 605-613.
This study sought to determine the extent to which services provided to older people via community mental health teams (CMHTs) vary in duration, composition and intensity. In particular, it aimed to identify the degree to which differences between teams are due to case mix. Data were collected about the services provided to a random sample of patients from 15 CMHT caseloads, including contact with CMHT staff, other specialist mental health and social care services. The relationship between patients' needs and service receipt was explored. Information was obtained for 1,396 patients. Average time on CMHT caseloads was 11.6 months, but there were marked between-team differences. The proportion of re-referrals also varied from under a tenth to over half. People with functional mental health problems and complex needs were most likely to be long-term CMHT clients. The proportion of patients seen by a consultant in the previous six months ranged from approximately a fifth to almost all. Differences with respect to contact with other qualified practitioners were less marked. Older people with functional disorders, challenging behaviour and at least one medium risk had the most regular contact with CMHT staff. Risk of self-harm, delusions and paranoia increased the likelihood of consultant involvement. Support workers were more likely to see people at risk of self-neglect. The receipt of other services, including day hospitals and inpatient care varied greatly. Considerable diversity was found in the length, nature and frequency of services provided to patients with different needs. Differences between teams were not wholly explained by case mix. (JL)
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225/93 Community mental health teams for older people: variations in case mix and service receipt (l); by Sue Tucker, Mark Wilberforce, Christian Brand ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 6, June 2015, pp 595-604.
This study sought to identify the characteristics of community-dwelling older people supported by community mental health teams (CMHTs) in England and, in particular, to determine whether there is a common threshold for CMHT entry and/or a core client group. Data were collected about a random sample of 15 CMHTs' caseloads, including information about their sociodemographic characteristics, physical health, dependence, mental health, risks and service receipt. The sample was divided into 16 subgroups of people with similar needs for care (case types), and differences between teams were explored. Information was obtained for 1,396 patients. Just under half had a functional mental health problem, slightly over a third an organic disorder, seven per cent both, and nine per cent no diagnosis. Considerable variation was found in teams' caseloads, and there was no evidence of a common caseload threshold. Two of the commonest case types represented people with functional diagnoses who were independent in activities of daily living (ADL) and had no/low levels of challenging behaviour. Another representing people with organic/mixed diagnoses, ADL dependence, challenging behaviour and at least one medium risk was also fairly common. The two case types that represented patients with the most complex needs accounted for more than a quarter of some teams' caseloads but less than a tenth of others. These findings demonstrate that it is wrong to assume that CMHTs all have similar caseloads. Commissioners must ensure that the network of services provided can meet the needs of all eligible patients, whilst more research is required on whom such teams should target. (JL)
ISSN: 08856230 From : www.orangejournal.org

225/94 Dementia special care units: a comparison with standard units regarding residents' profile and care features; by Maria Crespo, Carlos Hornillos, M Mar Gomez.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 12, December 2013, pp 2023-2031.
Unlike other countries, no data about residents and care features in Special Care Units (SCUs) in Spanish nursing homes have been reported to date. The present paper is the first to analyse the characteristics of residents with dementia and the features of provided care in SCUs in comparison to residents with dementia in standard beds, thus not receiving specialised care in nursing homes in Spain. Data on residents with dementia were collected in 11 nursing homes. Residents with diagnosis of dementia and Mini-Mental State Examination scores of less than 27 were randomly selected in each centre. Altogether 197 residents were assessed: 102 (52%) placed in SCUs, and 95 (48%) in standard beds. Analyses of the characteristics of residents in SCUs versus standard beds regarding socio-demographic and clinical variables, features of the care provided, and residents' quality of life (QoL) were performed using univariate and multivariate tests (binary logistic regression analysis). Results showed that residents in SCUs did not differ from those in standard beds in socio-demographic variables. Placement of residents in SCUs seemed to be related with the presence of severe cognitive and functional impairment and aggressive behaviours. Being in an SCU conveyed a higher probability of having individual bedroom and bathroom; nevertheless, there were no differences in the care provided in SCUs, considering use of nappies, and feeding and restraint systems. Patients in SCUs showed lower QoL reported by the staff. Although residents in SCUs present higher levels of impairment, there are no real differences in the care provided besides a higher probability of having individual rooms. Regulations on required features for SCUs in Spain are necessary to guarantee that care provided to residents is truly special. (JL)
ISSN: 10416102 From : www.journals.cambridge.org

225/95 Predictors of mortality for people aged over 65 years receiving mental health care for delirium in a South London Mental Health Trust, UK: a retrospective survival analysis; by Geoff Ward, Gayan Perera, Robert Stewart.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 6, June 2015, pp 639-646.
Delirium is a common phenomenon in older people. Using a large mental health care data resource, the present study investigated mortality rates and predictors of mortality following delirium in older people. The South London and Maudsley NHS Foundation Trust (SLAM) Clinical Record Interactive Search (CRIS) was used to retrieve anonymised data on patients known to mental health services who were over 65 years of age and received a diagnosis of delirium during a three-year period. Age-standardised and gender-standardised mortality rates (SMRs) were calculated, and predictors of survival were investigated considering demographic factors, health status rated on the Health of the National Outcome Scale (HoNOS), cognitive function and previous or contemporaneous diagnosed dementia. In 974 patients with delirium, one- and three-year mortality rates were 37.2 and 54.9% respectively, representing an SMR of 4.7 overall. SMR was 5.2 for patients with delirium without prior dementia; SMR was 4.1 for patients with dementia preceding delirium and 2.2 excluding deaths within six months of the delirium diagnosis. Significant predictors of mortality in fully adjusted models were older age, male gender, white (compared with non-white) ethnicity, and HoNOS subscales measuring physical ill-health and functional impairment. No mortality associations were found with cognitive function, dementia or psychological symptoms. In people with delirium diagnosed by mental health services, mortality risk was high and predicted by demographic and physical health status rather than by cognitive function or psychological profile. (JL)
ISSN: 08856230 From : www.orangejournal.org

225/96 A systematic review of interventions to detect dementia or cognitive impairment; by Naaheed Mukadam, Claudia Cooper, Nishin Kherani, Gill Livingston.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 32-45.
Memory services have been implemented nationally to increase early dementia diagnosis, and further evaluation of their impact and other strategies to increase timely dementia diagnosis are needed. This study aimed to review the literature for interventions intended to increase the detection of dementia or suspected dementia or people presenting with memory complaints. 13 studies were included in the review, four of which were randomised controlled trials (RCT). Two RCTs found that general practitioner (GP) education increased suspected dementia cases. One RCT found up to six home visits from a specialist geriatric nurse over 30 months increased the rate of accurately diagnosed dementia. There was preliminary evidence from non-randomised studies that memory clinics increase timely diagnosis, but no evidence they increase the overall diagnosis rate. There is good quality evidence that GP education increases the number of suspected dementia cases but not accurate or earlier dementia diagnoses. One RCT reported that multiple visits from a trained nurse increase the diagnosis rate. There is no cost effectiveness evidence. Overall these findings suggest good quality RCTs are needed to test the effectiveness and cost-effectiveness of interventions to increase dementia detection. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/97 Translating cognitive and everyday activity deficits into cognitive interventions in mild dementia and mild cognitive impairment; by Clarissa Giebel, David Challis.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 21-31.
Mild dementia is marked by deficits in cognition and everyday activities. However few studies have translated findings from both areas of functioning into effective cognitive rehabilitation. The purpose of this review was to critically evaluate the existing literature on the type and success of interventions and on their extent of use of cognitive theory. Given the limited evidence base in this population, further insights were obtained from studies on mild cognitive impairment (MCI), which involved fewer cognitive and everyday functioning problems than dementia. From the literature searches, 11 studies on mild dementia and three studies on MCI were obtained. Studies were only included if the interventions either targeted instrumental activities of daily living or activities of daily living directly or as an outcome measure or if the interventions focused on real-life aspects not captured in the standardised daily activities. For inclusion, patients needed a diagnosis of dementia or MCI, and Mini-Mental State Examination scores had to be above 17 for mild dementia. The majority of interventions indicated improved everyday activity performance in early dementia and MCI. Focusing on individual, as opposed to global, daily activities appeared to be an important determinant of intervention success in mild dementia but not in MCI. However, few attempts had been made to develop interventions grounded in evidence-based models. This review highlights the need for further translation of the understanding of cognitive and everyday activity deficits into successful interventions for daily activities in MCI and early dementia. Hence research is first required to link individual activities with cognitive domains. (JL)
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From : www.orangejournal.org

MIGRATION

225/98 The impact of migration experiences and migration identities on the experiences of services and caring for a family member with dementia for Sikhs living in Wolverhampton, UK; by Karan Jutlla.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 1032-1054.
This article is based on qualitative research carried out with members of the Sikh community caring for a person with dementia. The aim of the research was to explore how migration experiences and life histories affect perceptions and experiences of caring for a family member with dementia for Sikhs living in Wolverhampton in the West Midlands, United Kingdom. The research sought to provide an in-depth understanding of the experiences of Sikhs caring for their family member with dementia using narrative interviews. Twelve Sikh carers of a family member with dementia were interviewed. The findings highlight that migration experiences and migration identities are important for understanding participants' experiences of services and experiences of caring for a family member with dementia. Person-centred dementia care as a model for practice highlights the importance of understanding life histories to support people to live well with dementia, including their family carers. This paper reinforces this message, demonstrating the impact of specific migration experiences on the experiences of caring for a family member with dementia.
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From : journals.cambridge.org/aso

NEIGHBOURHOODS AND COMMUNITIES

(See Also 225/10)

225/99 Age-friendly Portland: a university-city-community partnership; by Margaret B Neal, Alan K DeLaTorre, Paula C Carder.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 88-101.
This article addresses the question of how creating an age-friendly city has come to be an important policy and planning issue in Portland, Oregon. In 2006, researchers from Portland State University's Institute on Aging examined the meanings of age friendliness among a broad range of participants in the city. The research was conducted in conjunction with the World Health Organization's (WHO) Age-Friendly Cities Project and followed the completion of two earlier non-WHO-related projects. The city of Portland, through the Institute on Aging, was one of nine original members to apply for and be accepted into the WHO Global Network of Age-Friendly Cities and Communities. An Age-Friendly Portland Advisory Council was formed to guide the development of an action plan, monitor progress over time, and suggest additional research. To understand how Portland's age-friendly policy effort has developed over time, the authors use J W Kingdom's (1984) agenda-setting framework to explain how the policy problem was formulated, how solutions were developed, and the influence of local politics. The Portland experience provides a case study that other cities, especially those with a strong commitment to community-engaged urban planning, may find useful as they develop age-friendly initiatives. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/100 Age-friendly rural communities: conceptualizing best-fit; by Norah Keating, Jacquie Eales, Judith E Phillips.: Cambridge University Press.
Canadian Journal on Aging, vol 32, no 4, December 2013, pp 319-332.
The literature on age-friendly communities is predominantly focused on a model of urban aging, thereby failing to reflect the diversity of rural communities. In this article, the authors redress that gap by focusing on the concept of community in a rural context. They ask what makes a good fit between older people and their environment. They do this through autobiographical and biographical accounts of two very different geographical living environments: bucolic and bypassed communities. They also analyse the different needs and resources of two groups of people: marginalised and community-active older adults, who live in those two different rural communities. They argue that the original 2007 World Health Organization (WHO) definition of age-friendly should be reconceptualised to explicitly accommodate different community needs and resources, to be more inclusive as well as more interactive and dynamic, incorporating changes that have occurred over time in people and place. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

225/101 Building an integrated research/policy planning age-friendly agenda; by Allen Gllicksman, Kate Clark, Morton H Kleban (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 131-146.
This article describes an innovative model for integrating research into a policy and planning agenda aimed to help neighbourhoods become more supportive of older people. Philadelphia Corporation for Aging (PCA) established Age-Friendly Philadelphia (AFP) to catalyse efforts to improve the physical and social environments for seniors. The Research Program at PCA became an important part of this effort, by providing multiple types of supports to PCA staff and other stakeholders. Most notably, the research program worked with planners to adopt the United States Environmental Protection Agency's Aging Initiative model for Philadelphia. That model focuses on (1) staying active, connected, and engaged; (2) development and housing; (3) transport and mobility; and (4) staying healthy. Examples of practice efforts using this research are also presented. By developing a new approach to the way research can support practice initiatives, AFP has been able to increase its effectiveness, and researchers have found better ways to work collaboratively with professionals in policy, planning, and practice. The PCA model should be considered as a framework for similar efforts aimed at creating age-friendly communities. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/102 Changing practice and policy to move to scale: a framework for age-friendly communities across the United States; by M Scott Ball, Kathryn Lawler.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 19-32.
A new body of work has emerged under the category of creating age-friendly communities. This article briefly reviews the current state of the work, and discusses a potential framework for moving to scale. Based on an understanding that most local challenges to ageing in community (or in place?) stem from state and national policies and practices, the article calls for a measure of "creative destruction" in local efforts. Local age-friendly community work must be conceived of and positioned to engage larger policy issues, identify problems and be part of a process of reinventing larger federal, state and local policies and practices. (RH)
ISSN: 08959420 From : http://www.tandfonline.com

225/103 Collaborative partnership in age-friendly cities: two case studies from Quebec, Canada; by Suzanne Garon, Mario Paris, Marie Beaulieu (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 73-87.
Based on a community-building approach that emphasizes collaborative partnership, the age-friendly cities (AFC) in Quebec (AFC-QC), Canada (AFC-QC) implementation process is divided into three steps: (1) social diagnostic of older adults' needs; (2) an action plan based on a logic model; and (3) implementation through collaborations. AFC-QC promotes direct involvement of older adults and seniors' associations at each of the three steps of the implementation process, as well as other stakeholders in the community. This article uses two contrasting case studies to illustrate the importance of collaborative partnership for the success of AFC implementation. Results show that stakeholders, agencies, and organisations are exposed to a new form of governance where coordination and collaborative partnership among members of the steering committee are essential. Furthermore, despite the importance of the senior associations' participation in the process, they encountered significant limits in the capacity of implementing age-friendly environments solely by themselves. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/104 Competing frameworks in planning for the aged in the growth corridors of Melbourne; by Elizabeth Ozanne, Simon Biggs, William Kurowski.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 147-165.
The Ageing in the Growth Corridors Project was initiated as a partnership between the University of Melbourne and the Department of Health in the Northwest Metropolitan Region of Melbourne, Australia. It involved a research team working with six project officers appointed to stimulate development in relation to an ageing population in the sprawling outer metropolitan growth corridors. This article identifies the key lessons learned in terms of project implementation relating to attitudinal and structural barriers to the development of an age-friendly environment in areas of rapid urban growth. The findings illustrate some of the dilemmas raised by competing program conceptions, a dynamic and changing federal/state policy context, and local resource and strategic management constraints. The partnership with the university provided a point of stability and continuity for the project officers in implementing their mandate. (RH)
ISSN: 08959420
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225/105 Developing age-friendly cities: case studies from Brussels and Manchester and implications for policy and practice; by Tine Buffel, Paul McGarry, Chris Phillipson (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 52-72.
Developing environments responsive to older people's needs has become a major concern for social and public policy. Policies and programmes directed at achieving "age-friendly" communities are considered to require a wide range of interventions, including actions at the level of the social and physical environment. This article compares the age-friendly approaches of two European cities, Brussels and Manchester, with a particular focus on policies and initiatives that promote active ageing in an urban context. The article examines, first, the demographic, social, and multicultural contexts of Brussels and Manchester; second, the way in which both cities became members of the World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities; third, similarities and differences in the age-friendly approaches and actions adopted by both cities; and fourth, opportunities and barriers to the implementation of age-friendly policies. The article concludes by discussing the key elements and resources needed to develop age-friendly cities. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/106 Does the village model help to foster age-friendly communities?; by Andrew E Scharlach, Joan K Davitt, Amanda J Lehning (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 181-196.
In the United States, the village model is a social initiative that emphasises member involvement and service access, in helping communities to become more age-friendly. A survey of 86.3% of operational Villages explored their potential role, and examined activities designed to help members access a variety of supports and services consistent with the World Health Organization's (WHO) Global Network of Age-Friendly Cities and Communities programme model, as well as other potential contributions to community age friendliness. Analysis revealed that 85.5% of Villages provided assistance with at least six of the eight WHO domains, but only 10.1% implemented features of all eight. More than one-third were engaged in direct or indirect efforts to improve community physical or social infrastructures, or to improve community attitudes toward older people. These findings suggest that Villages and other social organisations may have untapped potential for enhancing their members' ability to age in place that are consistent with the goals of age-friendly initiatives. while also promoting constructive changes in the overall community. (RH)
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From : http://www.tandfonline.com

225/107 GenPhilly: a strategy for improving the sustainability of aging in community initiatives; by Kate Clark.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 197-211.
GenPhilly is an innovative, replicable model that was developed in Philadelphia, Pennsylvania, to inspire and engage emerging leaders from a variety of disciplines, to promote and sustain an aging-in-community agenda. Administrative support is provided by the Area Agency on Aging, Philadelphia Corporation for Aging, yet it was designed by its members to be peer-led. In this way, young people in their 20s and 30s can capitalise on popular culture to create unique professional development opportunities, and to get younger generations thinking about the type of city in which they themselves want to get older. The group has benefited the field of ageing by: building awareness of ageing services in the wider community; facilitating cross-disciplinary learning and innovation around ageing issues; stressing the competitive advantage for emerging leaders from all fields to know about ageing issues; strengthening the ageing network workforce; breaking down stereotypes about working with older adults; and introducing expertise from outside the ageing networks to benefit older people. Encouraging the development of similar groups will not only benefit the field of ageing, but will also assist the next generation of leaders in many fields to plan better for their communities and for themselves. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/108 Lessons learned from a Canadian province-wide age-friendly initiative: the Age-friendly Manitoba Initiative; by Verena H Menec, Sheila Novek, Dawn Veselyuk, Jennifer McArthur.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 33-51.
The Age-Friendly Manitoba Initiative was launched in 2008. A formative evaluation conducted by the authors in 2011 with 44 participating rural and urban communities demonstrates considerable progress. Virtually all communities have formed an Age-Friendly Committee and conducted a community assessment to identify priorities for action. The majority of communities implemented one or more age-friendly projects. Major barriers to becoming age-friendly identified by participants included: lack of funding; lack of capacity, particularly in small communities; and lack of leadership or direction. The study highlights the importance of strong leadership at all levels of government (municipal, provincial, federal); the need to support communities, particularly rural ones, as they try to become more age-friendly; and the importance of ongoing promotion of age-friendliness locally and more broadly (e.g. provincially). (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/109 Local and regional governments and age-friendly communities: a case study of the San Francisco Bay area; by Amanda J Lehning.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 102-116.
This study assesses the extent to which cities, county departments of adult and ageing services, county transportation authorities, and public transit agencies in the San Francisco Bay Area have in place age-friendly policies, programmes, and infrastructure in the areas of community design, housing, transportation, health care and supportive services, and opportunities for community engagement. The most common age-friendly features include those that target alternative forms of mobility (for example, incentives for mixed-use neighbourhoods and changes to improve the accessibility of public transit). The least common policies and programmes are those that aim to help older adults continue driving, such as driver education and driver assessment. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/110 An overview of age-friendly cities and communities around the world; by Kelly G Fitzgerald, Francis G Caro.: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 1-18.
Efforts to make cities and communities more age-friendly have gained significant momentum in recent years. Population ageing and increased urbanization have challenged governments and other civic organisations to consider how best to develop a community that is accessible for all its inhabitants. The growing interest in the age-friendly movement was the impetus for this special issue of Journal of Aging and Social Policy. This introductory article draws attention to some of the key elements of an age-friendly city or community. It highlights examples of some recent initiatives that encourage communities to strengthen age-friendly features. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

225/111 Transforming the way we live together: a model to move communities from policy to implementation; by Laura Keyes, Deborah R Phillips, Eveline Sterling (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 26, nos 1-2, January-June 2014, pp 117-130.
Most cities, counties, and neighbourhoods in the United States are not designed for an ageing population. By providing a range of services to all residents, Lifelong Communities allow individuals to age in place. Although the Lifelong Communities Initiative is based on established

guiding principles, little information exists regarding the realities of moving from policy to implementation. The Atlanta Regional Commission conducted a case study in Mableton, Georgia, and found that successful implementation requires a combination of support from local citizen groups and government. The Atlanta Regional Commission is replicating these best practices in other communities, and providing support to those aspiring to launch or expand Lifelong Communities. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

OLDEST OLD

225/112 Living beyond 100: executive summary; by Valentina Serra, Jessica Watson, David Sinclair (et al), International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, November 2011, 15 pp.
The policy implications of the growing centenarian population are considered. This summary of a report published with support from Age UK also examines the demography; health and need for social care; housing and wealth; and quality of life for this group. The work is guided by four key questions. How large is the current UK centenarian population and how much is this expected to grow? How does the health of centenarians compare to that of younger age cohorts and how is this expected to change?
What are the housing circumstances of the centenarian population and what are the other distinctive socioeconomic characteristics of centenarians? What are the key components of quality of life for centenarians and how does the quality of life of centenarians compare with other age cohorts? Gaps in the evidence base are identified, and key policy recommendations to address the issues raised are proposed. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available; see: http://www.ilcuk.org.uk/index.php/publications/publication_details/living_beyond_100_a_report_on_centenarians

PAIN

225/113 Pain in care home residents with dementia: an exploration of frequency, prescribing and relatives' perspectives; by Heather E Barry, Carole Parsons, A Peter Passmore, Carmel M Hughes.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 55-63.
This study aims to determine pain frequency amongst care home residents with dementia, to investigate variables associated with pain, to explore analgesic use among residents and to seek relatives' views on provision of care and management of pain by the care home.
Structured face-to-face interviews were conducted with residents, nursing staff and relatives from nine dementia care homes in Northern Ireland between May 2010 and March 2012. Demographic information was collected from participants, neuropsychiatric tests were used to assess residents' cognitive functioning, medication use was determined from care home records and residents' pain was assessed using a verbal descriptor scale. Relatives' views were sought on care provision and management of pain. 42 residents, 16 nurses/care assistants and 35 relatives participated, although the participation rate of residents was low (27.6%). Most residents were suffering moderate-severe dementia, and some residents (26.2%) were unable to provide a self-report of pain. A significantly higher proportion of relatives (57.1%) deemed residents to be experiencing pain at the time of the interview, compared with residents (23.8%) and nurses/care assistants (42.9%). Most residents (88.1%) were prescribed with analgesia; non-opioid analgesics were most commonly prescribed. A high proportion of residents were prescribed with psychoactive medications. Antipsychotic drug use was associated with the presence of pain. This study reinforces the challenge of assessing and managing pain in this resident population and highlights issues to be addressed by long-term care providers and clinicians. Participation of people with dementia and their families in healthcare research needs to be improved. (JL)
ISSN: 08856230
From : www.orangejournal.org

PALLIATIVE CARE

225/114 Barriers to the provision of high-quality palliative care for people with dementia in England: a qualitative study of professionals' experiences; by Nathan Davies, Laura Maio, Krish Vedavanam, Jill Manthorpe (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 4, July 2014, pp 386-394.
Approaches to palliative care that were originally developed for people with cancer are now being adopted for people with dementia, as a response to many reports of poor-quality care for people with dementia at the end of life. This study explored perceived barriers to the delivery of high-quality palliative care for people with dementia using semi-structured interviews. Recordings were transcribed verbatim and analysed using thematic analysis with an inductive approach and a coding strategy. To improve the trustworthiness of the analysis, independent reading and coding of the transcripts were undertaken, followed by discussions among the four researchers to reach agreement and consensus of the themes. Two group interviews (n = 7 and n = 6), 16 individual

interviews and five interviews of pairs of professionals were conducted in 2011/2012 with participants from backgrounds in palliative care, dementia services, palliative care research and policy making. Four themes were identified as barriers to providing high-quality palliative care for people with dementia: (i) ambivalence towards the systematisation of palliative care; (ii) disconnection between services; (iii) different assumptions about training needs; and (iv) negotiation of risk. Understanding these barriers to providing high-quality palliative care for people with dementia could help in the development of a dementia-specific palliative care pathway. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/115 A community-of-care: the integration of a palliative approach within residential aged care facilities in Australia; by Peta McVey, Heather McKenzie, Kate White.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 2, March 2014, pp 197-209.
This study explores the extent to which a palliative approach was being used in the organisation and provision of care for older people with complex needs living in mixed-level (a combination of low- and high-level care) residential aged care facilities (RACFs) in Australia. It also explores whether evidence-based guidelines developed in 2004 were used. This paper primarily reports on the qualitative findings. Two residential aged care organisations, one in rural New South Wales and the other in Sydney, Australia, participated. Data were collected over a 9-month period from May until December 2008. Residents, family members and aged care staff were interviewed. Thematic analysis of participant interviews shows that while the various elements of a palliative approach are incorporated into the care of high-level care residents, the discourse itself is not used. The authors argue for a new conceptualisation of care for people in mixed-level care facilities: a community-of-care, in which a palliative approach is one of several components of the care provided. The findings illuminate aged care staff experiences of providing care to high-level care residents. They also provide valuable insights into high-level care residents' perceptions of their health, care provided and the way in which they foresee their care being provided in future. These findings will be important for informing clinical practice, research and policy in these settings. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

PENSIONS AND BENEFITS

225/116 Basic Old-Age Pension and financial wellbeing of older adults in South Korea; by Eunhae Shin, Young Keong Do.: Cambridge University Press.
Ageing and Society, vol 35, no 5, May 2015, pp 1055-1074.
South Korea's old-age poverty rate is among the highest in the developed world. Confronted with the increasing demand for a social safety net for older people, the South Korean government introduced the Basic Old-Age Pension (BOAP) in 2008. The BOAP is a non-contributory, means-tested pension covering 70% of the older population, with monthly benefits amounting to 84 kW (thousand Korean won, approximately equivalent to US $1) for singles and 139 kW for couples. Little empirical research has been conducted, however, to evaluate the effectiveness of the new pension programme in supporting older people's financial well-being. Using data from the 2008-2010 Korea Welfare Panel Study, a panel data analysis is conducted to estimate the effects of the BOAP on three sets of financial well-being measures: financial difficulty, monthly consumption, and overall financial satisfaction. The results suggest that the BOAP has beneficial effects on older people's financial well-being, by improving affordability of basic subsistence items such as heating and nutritious meals, particularly among the older-old group. However, the effects are limited to these few outcomes only; overall financial well-being and other important indicators remain unchanged.
ISSN: 0144686X
From : journals.cambridge.org/aso

PERSONALISATION

225/117 Early experiences in extending personal budgets in one local authority; by Caroline Norrie, Jenny Weinstein, Ray Jones (et al).: Emerald.
Working with Older People, vol 18, no 4, 2014, pp 176-185.
This paper reports on the introduction of individual personal budgets (PB) for older people and people with mental health problems in one local authority (LA) in 2011. It describes a qualitative study in which structured interviews were carried out with participants belonging to each service user group (7 older people and their carers, and 7 people with mental health problems). The study aimed to explore the following issues: first, service users' experiences of the assessment process; second, whether service users wanted full control of their budgets; and third, if personal budgets make a difference to quality of life. Service users found the personal budgets system and assessment process difficult to understand and its administration complex. Older people in particular were reluctant to assume full control and responsibility for managing their own personal budget in the form of a Direct Payment. Participants in both groups reported their continued reliance on traditional home care or day care services. These findings were reported back to the

LA, to help staff review the implementation of personal budgets for these two user groups. Participant numbers are low due to difficulties recruiting: several potential participants were not interviewed due to their frailty. However, studies of this type are important for constructing local knowledge about national policies such as the implementation of personal budgets in social care. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

PHYSICAL ACTIVITY

225/118 Does physical activity reduce burden in carers of people with dementia?: a literature review; by Vasiliki Orgeta, Claudia Miranda-Castillo.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 771-783.
Physical exercise has been associated with a range of positive outcomes including improvements in psychological well-being. The aim of the present study was to review current evidence on the effects of physical activity interventions for carers of people with dementia. A literature search was made of electronic databases and key articles of studies that have evaluated the effectiveness of physical activity interventions in improving psychological well-being in carers of people with dementia. Relevant papers were scored according to established criteria set by the Cochrane Review Group. Selection criteria for studies were a randomised controlled trial (RCT) design, and comparing physical activity with a control group receiving no specific physical activity intervention. Two reviewers worked independently to select trials, extract data and assess risk of bias. A total of four RCTs met the inclusion criteria. Studies evaluated home-based supervised physical activity of low to moderate intensity, which included either aerobic exercise or endurance training. Pooled data showed that physical activity reduced subjective caregiver burden in carers in comparison to a control group of usual care. There is evidence from two RCTs that physical activity reduces subjective caregiver burden for carers of people with dementia. Although statistically significant, the observed benefits should be interpreted with caution as the studies conducted so far have limitations. Further high-quality trials are needed for evaluating the effectiveness of physical activity in improving psychological well-being in carers of people with dementia. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/119 The effect of exercise on behavioural and psychological symptoms of dementia: the EVIDEM-E randomised controlled clinical trial; by David Lowery, Arlinda Cerga-Pashoja, Steve Iliffe ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 819-827.
The objective of this study was to evaluate the effectiveness of a simple dyadic (person with dementia and their main carer) exercise regime as a therapy for the behavioural and psychological symptoms of dementia. The method used was a two arm, pragmatic, randomised, controlled, single-blind, parallel-group trial of a dyadic exercise regime (individually tailored walking regime designed to become progressively intensive and last between 20-30 minutes, at least five times per week). Those invited to take part in the study were community-dwelling individuals with ICD-10 confirmed dementia with the following: clinically significant behavioural and psychological symptoms, a carer willing and able to co-participate in the exercise regime, and no physical conditions or symptoms that would preclude exercise participation. 131 dyads were recruited to the study. There was no significant difference in Behavioural and Psychological Symptoms as measured by the Neuropsychiatric Inventory at week 12 between the group receiving the dyadic exercise regime and those that did not. However there was a significant between-group difference in caregiver burden as measured by the Zarit Caregiver Burden Inventory at week 12 favouring the exercise group. Overall the study found that regular simple exercise did not appear to improve the behavioural and psychological symptoms of dementia but did seem to attenuate caregiver burden. Further study to improve exercise uptake is needed. (JL)
ISSN: 08856230
From : www.orangejournal.org

PUBLIC SERVICES

225/120 An overlooked resource?: Public libraries' work with older people - an introduction; by John Vincent.: Emerald.
Working with Older People, vol 18, no 4, 2014, pp 214-222.
Public libraries in the UK have a long history of working with older people. This paper draws on responses from libraries working with older people, outlining their approaches, and also on the report, 'Library services for older people - good practice guide'. The paper draws together examples of different initiatives developed by public libraries, all of which have an enormous impact on the older people (and their families) involved. However, much of this work is "under the radar"; so when spending cuts are made, the knock-on effects are often not recognised. The paper highlights examples of work that other library services could replicate. It also highlights work that potential partner organisations may not know about, and therefore can use this paper as a "way in" to libraries. It stresses the importance of recognising the wide range of people under

the umbrella term, "older people". This paper aims to draw attention to a key area of work which may not be well known outside libraries themselves, with the potential to bring other partners and funders on board. (RH)
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From : www.emeraldinsight.com/wwop.htm

QUALITY OF LIFE

(See Also 225/38, 225/39, 225/41)

225/121 Carers' quality of life and experiences of adult social care support in England; by Stacey Rand, Juliette Malley.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 4, July 2014, pp 375-385.
Informal carers make a vital contribution to the well-being of the people they care for or look after. Against the policy background in England, this study explored the views of carers who are in contact with adult social care support services. A qualitative study with 31 carers recruited via local authorities and carers' organisations was conducted between April and July 2012. The aim was to collect data on carers' experiences and perceptions of quality of life (QoL) with and without adult social care and support for themselves or the person they look after. Through framework analysis, three key themes were identified: (i) definitions of social care services 'for the carer' or `for care recipient' and social care outcomes; (ii) carers' access to social care services; and (iii) the meaning and value of informal care. The authors find that carers' QoL is affected by social care support directed at carers and support directed at those they care for, as well as access to services, the experience of stigma in communities, and in how individual needs and preferences are considered when making decisions about care. While there is much to welcome in the direction of policy in England, this study has shown that there are some gaps in thinking around these areas that will need to be dealth with if the lives of carers are to be improved. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/122 Health-related quality of life and activities of daily living in 85-year-olds in Sweden; by Lena B Andersson, Jan Marcusson, Ewa Wressle.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 4, July 2014, pp 368-374.
Few studies have examined health-related quality of life (HRQoL) with respect to daily living and health factors for relatively healthy elderly individuals. To this end, this Swedish study examines 85-year-olds' reported HRQoL in relation to social support, perceived health, chronic diseases, healthcare use and instrumental activities of daily living (IADLs). Data were collected from 360 participants (55% response rate) between March 2007 and March 2008 using a postal questionnaire and a home visit interview. HRQoL was assessed using EQ-5D-3L, a version of the European Quality of Life Instrument which includes mobility, self-care, usual activities, pain/discomfort and anxiety/depression. For the items in the EQ-5D-3L, more problems were related to lower HRQoL. Restricted mobility and occurrence of pain/discomfort was common. Lower HRQoL was associated with increased risk for depression, increased use of medication, increased number of chronic diseases and more problems with IADL. Healthcare use and healthcare costs were correlated with lower HRQoL. HRQoL is of importance to healthcare providers and must be considered together with IADL in the older population when planning interventions. These should take into account older people's specific needs and resources. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

RESEARCH

(See 225/22, 225/23)

RESIDENTIAL AND NURSING HOME CARE

(See Also 225/56, 225/59, 225/72, 225/115)

225/123 The disconnect between evidence and practice: a systematic review of person-centred interventions and training manuals for care home staff working with people with dementia; by Jane Fossey, Sarah Masson, Jane Stafford ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 797-807.
The objective of the present study was to determine the availability of person-centred intervention and training manuals for dementia care staff with clinical trial evidence of efficacy. Interventions were identified using a search of electronic databases, augmented by mainstream search engines, reference lists, hand searching for resources and consultation with an expert panel. The specific search for published manuals was complemented by a search for randomised controlled trials focusing on training and activity-based interventions for people with dementia in care homes. Manuals were screened for eligibility and rated to assess their quality, relevance and feasibility. A meta-analysis of randomised controlled trials indicated that person-centred training interventions conferred significant benefits in improving agitation and reducing the use of

antipsychotics. Each of the efficacious packages included a sustained period of joint working and supervision with a trained mental health professional in addition to an educational element. However of the 170 manuals that were identified, 30 met the quality criteria and only four had been evaluated in clinical trials. Despite the availability of a small number of evidence-based training manuals, there is a widespread use of person-centred intervention and training manuals that are not evidence-based. Clearer guidance is needed to ensure that commissioned training and interventions are based on robust evidence. (JL)
ISSN: 08856230
From : www.orangejournal.org

225/124 Health status of UK care home residents: a cohort study; by Adam Lee Gordon, Matthew Franklin, Lucy Bradshaw (et al).: Oxford University Press.
Age and Ageing, vol 42, no 1, January 2014, pp 97-103.
UK care home residents are often poorly served by existing healthcare arrangements. Published descriptions of residents' health status have been limited by lack of detail and use of data derived from surveys drawn from social, rather than health, care records. This article describes the health status and healthcare resource use of UK care home residents using a 180-day longitudinal cohort study of 227 residents across 11 UK care homes, 5 nursing and 6 residential, selected to be representative for nursing/residential status and dementia registration. Barthel index (BI), Mini-Mental State Examination (MMSE), Neuropsychiatric Index (NPI), Mini-Nutritional Index (MNA), EuroQoL-5D (EQ-5D), 12-item General Health Questionnaire (GHQ-12), diagnoses and medications were recorded at baseline and BI, NPI, GHQ-12 and EQ-5D at follow-up after 180 days. National Health Service (NHS) resource use data were collected from databases of local healthcare providers. The median BI was 9 (IQR: 2.5-15.5), MMSE 13 (4-22) and number of medications 8 (5.5-10.5). The mean number of diagnoses per resident was 6.2 (SD: 4). 30% were malnourished, and 66% had evidence of behavioural disturbance. Residents had contact with the NHS on average once per month. Residents from both residential and nursing settings are dependent, cognitively impaired, have mild frequent behavioural symptoms, multimorbidity, polypharmacy and frequently use NHS resources. Effective care for such a cohort requires broad expertise from multiple disciplines delivered in a co-ordinated and managed way. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

225/125 How NHS Sutton Clinical Commissioning Group is working with care homes to improve the health and wellbeing of older residents; by Christine Harger.: Emerald.
Working with Older People, vol 19, no 2, 2015, pp 60-68.
Many older people in the UK live in care homes. This paper describes how NHS Sutton Clinical Commissioning Group (Sutton CCG) is working with nursing homes, residential homes and other health and social care organisations in Sutton to improve the quality of provision for residents in nursing and residential "care homes". It explains how Sutton CCG engaged with care homes initially, to seek their views on whether they wanted support and what support they would value. It describes what arrangements Sutton CCG put in place for managers and staff in local care homes to provide support face-to-face. The paper outlines the key areas for improvement that Sutton CCG and the care homes are focusing on. It includes examples of work carried out jointly by the care homes and Sutton CCG to improve the quality of care for residents. It describes joint working arrangements between the CCG, the London Borough of Sutton and other health and social care organisations, to ensure the overall quality of care homes in Sutton. The paper outlines feedback from care home managers and staff who were invited to share their views about what support they wanted from Sutton CCG. It includes early feedback from care homes about the support put in place and the areas where they have found it most useful. Britain has an ageing population, so the need for residential and nursing homes and the numbers of people living in care homes is only likely to increase. Our ageing population also places additional demands on the NHS, with residents in care homes often spending time in A&E and lengthy spells in hospital. This paper highlights how CCGs and other health and social care organisations can work with care homes to improve the health and wellbeing of older residents in care homes and reduce pressures on other health services. Sutton CCG has put in place new arrangements for working with care homes that aim to support carers to improve the lives of their older residents. The paper shares practical examples of support that the CCG has provided which has successfully improved care and decision making in care homes; early indications show this has reduced 999 calls and conveyances to hospital. Sutton CCG, London Borough of Sutton and other statutory organisations with responsibility for care homes in Sutton have also set up a joint intelligence group to gain an overall picture of the quality of the borough's care homes. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

225/126 Perceptions of care home staff on the effect of the care home environment for individuals living with dementia; by Sally Dawn Boyden.: Emerald.
Working with Older People, vol 19, no 2, 2015, pp 69-76.
This paper explores what existing literature about the care home environment for people with dementia reveals. It also evaluates the implications for practice, to show which parts of the care home environment staff feel have the most impact on the day to day lives of residents living with

dementia. It seeks to provide feedback to care home management to improve practice, and to contribute to research in care homes in the future. A literature review forms the basis of this research, in addition to four semi-structured interview conducted with care home staff of different roles, which allowed them to share their experiences with little restriction. Participants were recruited through informal discussions with the researcher before the research took place, as part of her job role and using purposive sampling. Data were analysed using computer software Nvivo, and four main categories were identified which all participants discussed: social interaction, staff involvement, staff restrictions, staff involvement, and physical elements of the environment. This research has shown the importance of staff presence in the care home environment to facilitate social interaction among residents with dementia. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

225/127 Surveillance technologies in care homes: seven principles for their use; by Malcolm John Fisk.: Emerald.
Working with Older People, vol 19, no 2, 2015, pp 51-59.
This paper recognises the significance of technological developments and the key part that they now play in helping people live more independently. Surveillance technologies have a part in this within care homes, but there are important ethical considerations - notably around the way in which concerns for privacy are balanced with those about people's safety and autonomy. The paper points to an approach that can guide the use of surveillance technologies within care homes. The seven principles relate to the levels of surveillance: being appropriate in common or public areas; whether provided within a resident's room or other private areas; location should be visible or known to be present; staff should be aware of their responsibilities; access to data, images, audio or video footage should be restricted only to authorised persons or agencies in particular defined situations; ownership of data etc; and minimising intrusion. These principles will be built on through further work in 2015 including care home residents, family carers, formal care providers and others. In setting out these principles, the paper mediates between the positions of those who argue the merits of such technologies and those who point to some of them, notably cameras, as undermining people's privacy and the nature of the "care relationship". The subject matter of this paper is important because of the attention being given to problems of abuse in care settings; and the freedom by which anyone can access technologies that can be used for surveillance. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

RESPITE CARE

225/128 Literature review: use of respite care by carers of people with dementia; by Christine Neville, Elizabeth Beattie, Elaine Fielding (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 51-63.
Respite care is a cornerstone service for the home management of people with dementia. It is used by carers to mitigate the stress related to the demands of caring by allowing time for them to rest and do things for themselves, thus maintaining the caring relationship at home and perhaps forestalling long-term placement in a residential aged care facility. Despite numerous anecdotal reports in support of respite care, its uptake by carers of people with dementia remains relatively low. This paper examines the factors that constitute the use of respite by carers of people with dementia by reviewing quantitative and qualitative research predominantly from the years 1990 to 2012. Seventy-six international studies of different types of respite care were included for this review, and their methods were critically appraised. The key topics identified were in relation to information access, the barriers to carers realising need for and seeking respite, satisfaction with respite services including the outcomes for carers and people with dementia, the characteristics of an effective respite service, and the role of health workers in providing appropriate respite care. Finally, limitations with considering the literature as a whole are highlighted and recommendations made for future research. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

225/129 A review of the factors associated with the non-use of respite services by carers of people with dementia: implications for policy and practice; by Lyn Phillipson, Sandra C Jones, Christopher Magee.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 1, January 2014, pp 1-12.
The use of respite services by carers has been shown to extend the length of time people with dementia can remain living in the community with family support. However, such use of respite services is often low and does not appear to match carer need. A narrative synthesis of published academic literature (1990_2011) was undertaken to examine the factors associated with carers of people with dementia not utilising different types of respite services using Anderson's Behavioural Model of Service Use. Searches were carried out on a number of databases, including MEDLINE, CINAHL, ERIC, PROQUEST 5000/Central and PsychInfo. A total of 442 articles were identified, with 14 articles meeting all critieria for inclusion in the review. The review reinforces the importance of the assessment and matching of services to the needs of individual carers and care

recipients at the local level. It also highlights the need to move beyond care pathways for individuals. To support respite use, there is a need for local action to be augmented at a community or population level by strategies that will address attitudinal and resource barriers that influence sub-groups of the carer population who may be more vulnerable to service non-use. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

RETIREMENT

225/130 Transitions in later life: a review of the challenges and opportunities for policy development; by Guy Kerr Robertson.: Emerald.
Working with Older People, vol 18, no 4, 2014, pp 186-196.
This paper outlines an approach to understanding later life issues through the conceptual framework of "transitions". The paper draws on a wide-ranging review of the literature, supported by two workshop sessions involving key stakeholders and experts in the field. It analyses the efficacy or otherwise of the support available for people undergoing these major transitions: retirement; becoming a carer; acquiring a health condition; and preparing for end of life. It comments on key issues relating to these transitions: resilience, personal capabilities, and community support. The study derives its data largely from a review of published literature, and therefore lacks the input from older people themselves. The analysis provides guidance to policy makers and others interested in the later life agenda with well-researched recommendations for change. There are significant social implications in the recommendations and the opportunity for the experiences in later life to be framed in a transitions paradigm. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

225/131 Working towards successful retirement: older workers and retirees speaking about ageing, change and later life; by Sheila J Gewolb.: Emerald.
Working with Older People, vol 19, no 1, 2015, pp 25-32.
This paper demonstrates how older workers and people who have already retired speak about ageing and change and their experience of retirement. It describes a qualitative study in which focus groups with older workers and semi-structured interviews with retired people were carried out. The recorded data were analysed using a linguistic approach (Discourse Analysis), which investigates in detail how people express their views and opinions and how their discourse might relate to societal attitudes towards ageing and retirement. Many older people who were still at work were concerned that they would decline and become senile once they retired, unless they could remain active in some way. This was confirmed by people who had already retired and who spoke about how keeping busy and active had resulted in successful retirement and ageing. Participants from four focus groups and five interview respondents represent only a small sample of older people who are still working or who are retired, such that the results cannot be extended to apply to all older workers and retired people. However, this study will help to raise awareness of the concerns of older workers who may be nearing retirement, and how keeping busy and active after leaving work is considered by retirees to be part of successful retirement and helping to combat decline. A study of this nature which examines how older workers express their views about retirement using Discourse Analysis is original and may be used as a method for future research into other aspects of being older at work. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

SENSORY LOSS

225/132 Deafblind UK expands operations in Northern Ireland to further reduce isolation and enhance the lives of deafblind people; by Becky Lamont.: Emerald.
Working with Older People, vol 17, no 4, 2013, pp 164-169.
The need for services catering for older deafblind people in Northern Ireland (NI) is highlighted, as is how Deafblind UK is responding, supported by funding from the Big Lottery Fund. This paper provides an overview of deafblindness in NI. Supported by research and case studies, it explains the current situation, highlights the issues of this disability, the unique response required, and how Deafblind UK's Connections NI project is meeting these needs. It confirms older deafblind people as a highly vulnerable group; yet there was a severe lack of services in the region catering for their specific needs. Based on work elsewhere in the UK and initial feedback, Deafblind UK's Connections NI project has been designed to support older deafblind people in the region to give them control over their life choices and retain independence as far as possible. The project was only launched in April 2013. Although results have been achieved by Deafblind UK elsewhere in the country, it could take some time for similar results to be seen in NI, particularly when considering the nature of the work. Deafblind UK will work alongside agencies and in the community to raise awareness of deafblindness, helping to create clearer classification of the disability and associated issues, and deliver more targeted services that reach a higher proportion of older deafblind people in the region. (RH)
ISSN: 13663666 From : www.emeraldinsight.com/wwop.htm

SEXUALITY

(See 225/58)

SOCIAL CARE

(See Also 225/73, 225/121)

225/133 Barriers to access and minority ethnic carers' satisfaction with social care services in the community: a systematic review of qualitative and quantitative literature; by Nan Greenwood, Ruth Habibi, Raymond Smith, Jill Manthorpe.: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 64-78.
As populations age, the numbers of carers overall and numbers of carers from minority ethnic groups in particular are rising. Evidence suggests that carers from all sections of the community and particularly carers from minority groups often fail to access care services. This may relate to barriers in accessing services and service dissatisfaction. The aim of this systematic review was to identify and summarise minority ethnic carers' perceptions of barriers to accessing community social care services and their satisfaction with these services if accessed. The following databases were searched from their start until July 2013: Social Care Online, Social Policy and Research, Scopus, PsychINFO, HMIC, ASSIA, MEDLINE, Embase, CINAHL Plus and AMED. Thirteen studies met the inclusion criteria. Most investigated either barriers to access or satisfaction levels, although three explored both. Only 4 studies investigated minority ethnic carers' satisfaction with social care, although 12 studies reported perceived barriers to accessing services. Few studies compared minority ethnic carers' perceptions with majority ethnic groups, making it difficult to identify issues specific to minority groups. Most barriers described were potentially relevant to all carers, irrespective of ethnic group. They included attitudinal barriers such as not wanting to involve outsiders, or not seeing the need for services and practical barriers such as low awareness of services and service availability. Issues specific to minority ethnic groups included language barriers and concerns about services' cultural or religious appropriateness. Studies investigating satisfaction with services reported a mixture of satisfaction and dissatisfaction. Barriers common to all groups should not be underestimated; and a better understanding of the relationship between perceived barriers to accessing services and dissatisfaction with services is needed before the experiences of all carers can be improved. (RH)
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225/134 Contracts and commissioning: what's happening to social care services for black and minority ethnic older people; by Valerie Lipman.: Emerald.
Working with Older People, vol 19, no 2, 2015, pp 85-93.
This paper reports a mixed method study exploring current provision of targeted social care services for the growing populations of black and minority ethnic (BME) older people in England and Wales. Following a review of the policy and research literature, 12 semi-structured interviews were undertaken in 2013/2014. Most participants were recruited from BME policy and service provider organisations and organisations focusing on older people. There is some evidence that BME voluntary organisations are experiencing disproportionately greater funding cuts than mainstream voluntary service providers. Moreover, some mainstream providers reported reducing services targeted at BME older people, while others expressed the view that choices for BME older people are likely to become more limited following recent health and equalities policy changes. Practitioners should therefore contribute to data collection about protected characteristics, such as race/ethnicity to establish whether older BME people's needs are being assessed equitably; whether access to care and support is easy; and how market-shaping at local levels can ensure a range of providers. This study provides an overview of voluntary sector provision for the growing numbers of BME older people in need of care and support, which should be useful to practitioners and service commissioners. (RH)
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225/135 Did anyone notice the transformation of adult social care?: An analysis of Safeguarding Adult Board annual reports; by Jill Manthorpe, Martin Stevens, Kritika Samsi (et al).: Emerald.
Journal of Adult Protection, vol 17, no 1, 2015, pp 19-30.
The authors report on a part of a study examining the interrelationships between personalisation and safeguarding practice. Specifically, the authors aimed to examine how safeguarding practice is affected by the roll-out of personalisation in adult social care, particularly when the adult at risk of financial abuse has a personal budget or is considering this. A sample of annual reports from Adult Safeguarding Boards in England was accessed for content analysis covering the period 2009-2011. One part of this sample of local authorities was selected at random; the other authorities selected had been early adopters of personalisation. The reports were analysed using a pro forma to collect salient information on personalisation that was cross-referenced to identify common themes and differences. The authors found variable mentions of personalisation as part of the macro policy context reported in the annual reviews, some examples of system or process

changes at meso level where opportunities to discuss the interface were emerging, and some small reports of training and case accounts relevant to personalisation. Overall, these two policy priorities seemed to be more closely related than had been found in earlier research on the interface between adult safeguarding and personalisation. There was wide variation in the annual reports in terms of detail, size and content, and reports for only one year were collected. Developments may have taken place, but might not have been recorded in the annual reports; so these should not be relied upon as complete accounts of organisational or practice developments. Authors of Safeguarding Adults Board reports may benefit from learning that their reports may be read both immediately and potentially in the future. They may wish to ensure their comments on current matters will be intelligible to possible future readers and researchers. There does not appear to have been any other previous study of Safeguarding Adult Boards' annual reports. Documentary analysis at local level is under-developed in safeguarding studies. (RH)
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From : www.emeraldinsight.com/jap.htm

225/136 Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review; by Kate Gridley, Jenni Brooks, Caroline Glendinning.: Wiley Blackwell.
Health and Social Care in the Community, vol 22, no 3, May 2014, pp 234-248.
The population of those with severe and complex needs is growing. This article reports findings from a scoping review of the literature on good practice in social care for disabled adults and older people with severe and complex needs. Scoping reviews differ from systematic reviews in that they aim to map relevant literature across an area of interest. This review formed part of a larger study, to identify social care service models with characteristics desired by people with severe and complex needs and scope the evidence of effectiveness. Systematic database searches were conducted for literature published between January 1997 and February 2011 on good practice in UK social care services for three groups: young adults with life-limiting conditions; adults who had suffered a brain injury or spinal injury and had severe or complex needs; and older people with dementia and complex needs. 5098 potentially relevant records were identified through electronic searching and 51 by hand. 86 papers were selected for inclusion, from which 29 studies of specific services were identified. However, only four of these evaluated a service model against a comparison group. and only six reported any evidence of costs. 35 papers advocated person-centred support for people with complex needs, but no well-supported evaluation evidence was found in favour of any particular approach to delivering this. The strongest evaluation evidence indicated the effectiveness of a multidisciplinary specialist team for young adults; intensive case management for older people with advanced dementia; a specialist social worker with a budget for domiciliary care working with psycho-geriatric inpatients; and interprofessional training for community mental health professionals. The dearth of robust evaluation evidence identified through this review points to an urgent need for more rigorous evaluation of models of social care for disabled adults and older people with severe and complex needs. (RH)
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225/137 Reaching out or missing out: approaches to outreach with family carers in social care organisations; by Jo Moriarty, Jill Manthorpe, Michelle Cornes.: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 1, January 2015, pp 42-50.
Outreach is advocated as a way of improving the uptake of services among underserved populations and of filling the gaps between mainstream services and the populations they are intended to support. Despite the policy emphasis on providing better help for family carers, research consistently shows that many of those providing unpaid care to a family member or friend report difficulties in finding out about the assistance to which they are entitled. This article presents results from a concurrent mixed-methods study, which aimed to describe different ways of working with family carers in adult social care departments, and to collect the views of a range of stakeholders about the advantages and disadvantages of the approaches that were identified. A total of 86 semi-structured face-to-face interviews were undertaken with a purposive sample of funders, carers' workers, representatives of voluntary organisations and family carers based in four contrasting localities. An email survey was sent to all local councils in England with social care responsibilities and resulted in a 53% response rate. Data collection took place in 2012, with a small number of interviews being completed in 2011. The authors' approach to data analysis combined methodological, data and theoretical triangulation. The findings presented here mainly draw on the interview data to highlight the different models of outreach that they identified. The article highlights important differences between outreach and the provision of information. It concludes that organisations providing support for carers need to consider the advantages and disadvantages of different models of outreach as they develop carers' support and the extent to which different models might be more effective than others in reaching particular types of carer. (RH)
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SOCIAL NETWORKS

(See Also 225/52)

225/138 Social support group interventions in people with dementia and mild cognitive impairment: a systematic review of the literature; by Phuong Leung, Martin Orrell, Vasiliki Orgeta.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 1, January 2015, pp 1-9.
Despite the large number of studies evaluating social support groups for people with dementia, there are no systematic reviews of current evidence. The aim of this study was to evaluate the effectiveness of social support group interventions for people with dementia and mild cognitive impairment. Following a literature search for randomised controlled trials, 546 studies were identified of which two met the inclusion criteria. It was not possible to pool data for further analyses, as the interventions tested in the studies meeting the inclusion criteria were too dissimilar in content. The first trial showed a benefit of early-stage memory loss social support groups for depression and quality of life in people with dementia. The second trial showed that post-treatment self-reported self-esteem was higher in the group receiving a multicomponent intervention of social support compared with that in the no intervention control group. Limited data from two studies suggest that support groups may be of psychological benefit to people with dementia by reducing depression and improving quality of life and self-esteem. These findings need to be viewed in light of the small number, small sample size and heterogeneous characteristics of current trials, indicating that it is difficult to draw any conclusions. More multicentre randomised controlled trials in social support group interventions for people with dementia are needed. (JL)
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SUICIDE

225/139 Psychosocial and medical aspects of older suicide completers in Israel: a 10-year survey; by Assaf Shelef, Jehuda Hiss, Gali Cherkashin ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 29, no 8, August 2014, pp 846-851.
The rate of completed suicide among older adults continues to be the highest of any age group worldwide. The aim of the present study was to investigate the sociodemographic data, mental and physical health characteristics and suicide methods of the older population who completed suicide in Israel. A national retrospective record-based case series study of consecutive older (50 years or older) suicide completers who had undergone autopsy over a 10-year period was conducted. 314 consecutive records of suicide completers, 69.6% males and mean age 64.7 were analysed. The largest group (38%) emigrated from the Former Soviet Union and 19% emigrated from Eastern Europe. Immigrants from Eastern Europe committed suicide at an older age. Hanging was the predominant suicide method. Jumping from height increased more than threefold in the `old-old'(older than 75 years) group. Hanging and firearms were more frequently used by males. Females were more likely to employ poisoning and suffocation. A significant minority (30%) had been diagnosed as suffering from psychiatric morbidity. Most common diagnoses were depression and alcohol abuse or dependence. Physical disorders (mainly cardiovascular disease and malignancy) were present in 27% of cases. Subjects with psychiatric illness were more likely to complete suicide at a younger age compared with subjects with physical illness. Overall the study showed that findings of male predominance, psychiatric morbidity and physical illness were consistent with previously published studies. Immigrants from Eastern Europe completed suicide at an older age and the older victims had used more lethal methods of suicide. (JL)
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TRANSPORT

(See Also 225/90)

225/140 The stages of driving cessation for people with dementia: needs and challenges; by Jacki Liddle, Sally Bennett, Shelly Allen ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 25, no 12, December 2013, pp 2033-2046.
The impact of dementia on safe driving is well recognised and it is generally accepted that all people with dementia are likely to need to cease driving at some stage in the disease process. Both driving and driving cessation can have poor outcomes for people with dementia and their caregivers in terms of health, safety, community access and well-being. Although approaches to facilitate better outcomes from driving cessation are being developed, the processes of driving cessation for people with dementia are still not fully understood. In the present study semi-structured interviews were undertaken with key stakeholders, including retired drivers with dementia, family members, and health professionals. Findings from four retired drivers with dementia, 11 caregivers and 15 health professionals characterised driving cessation for people with dementia as a process with three stages and associated challenges and needs. The early stage involved worried waiting, balancing safety with impending losses, and the challenge of knowing when to stop. The crisis stage involved risky driving or difficult transportation, acute adjustment

to cessation and life without driving, and relationship conflict. The post-cessation stage was described as a long journey with ongoing battles and adjustments as well as decreased life space, and was affected by the disease progression and the exhaustion of caregiver.

The concept of stages of driving cessation for people with dementia could be used to develop new approaches or adapt existing approaches to driving cessation. Interventions would need to be individualised, optimally timed, and address grief, explore realistic alternative community access, and simultaneously maintain key relationships and provide caregiver support. (JL)

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WELLBEING

(See 225/116)