New Literature on Old Age

EDITOR
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ABUSE, SAFEGUARDING AND PROTECTION

227/1   Building an evidence base for adult safeguarding?: Problems with the reliability and validity of adult safeguarding databases; by Rachel Fyson.: Oxford University Press.
British Journal of Social Work, vol 45, no 3, April 2015, pp 932-948.
This article considers current adult safeguarding policy guidelines for England, which require local authorities to collect adult safeguarding data for the purposes of research and service development. It then moves on to report some of the findings from an evaluation of adult safeguarding in one English local authority, focusing on how the adult safeguarding database was populated from case records and how the resultant data were utilised. It found that, although the annual number of adult safeguarding alerts more than tripled between 2002 and 2008, this clear evidence of an increase in workload had not resulted in increased resource allocation. The evaluation further noted that only half of the designated 'adult safeguarding managers' who were interviewed were able to correctly define the meanings of the recommended terms under which adult safeguarding outcomes are recorded, namely 'substantiated', 'not substantiated' and 'not determined'. Changes to the terminology used to record the outcomes of safeguarding investigations are proposed as one of a number of measures to enable the creation of valid and reliable information upon which to base future practice developments, including allocation of resources. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

227/2   The case management approach to protecting older people from abuse and mistreatment: lessons from the Irish experience; by Deirdre O'Donnell, Margaret P Treacy, Gerard Fealy (et al).: Oxford University Press.
British Journal of Social Work, vol 45, no 5, July 2015, pp 1451-1468.
The aim of this paper is to inform the development of social work practice and policy by applying a practice-based evidence perspective to the experiential knowledge of social workers responsible for managing cases of elder abuse in Ireland. The study adopted a qualitative descriptive research design. Semi-structured interview data were collected from a purposive sample of eighteen senior case workers, and inductive thematic analysis was undertaken. The findings are presented according to three themes: elder abuse case management, practice strategies for overcoming challenges, and augmenting protective practice. By examining practice in the context of wider socio-political and legislative contexts, the paper provides learning in key areas for the protection of older people. The challenges to case management practice and the strategies employed to respond to these challenges are discussed in terms of adult protective service policy development and its relationship to practice. While recognising the increased statutory authority for the duty of the state to protect older people from abuse as well as the role of the case worker to act on behalf of the state to implement protective interventions, the imperative to respect a client's right to self-determination should also be recognised. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

227/3   Elder abuse: a review of progress in Ireland; by Amanda Phelan.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 26, no 2, March-May 2014, pp 172-188.
Until recent years, Ireland has not formally responded to elder abuse. This article considers the recent developments in Ireland through an ecological framework which focuses on the multidimensional progress of Irish policy, practice and legislation related to protecting older people. The article outlines how since publication of the first Irish policy document on the subject in 2002, 'Protecting our future' by the Working Group on Elder Abuse (WGEA), that significant progress has been made. The article highlights areas for continued development and improvement. Although Ireland has no specific elder abuse legislation, generic legislation may be used according to the type of abuse that has been perpetrated. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

227/4   Elder abuse in Chinese populations: a global review; by Xinqi Dong.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 27, no 3, June-July 2015, pp 196-232.
This review focuses on the epidemiology of elder abuse in the global Chinese population with respect to its prevalence, risk factors, and consequences, as well as the perceptions of elder abuse. Evidence revealed that elder abuse and its subtypes are common among the global Chinese population with prevalence ranging from 0.2% to 64%. Younger age, lower income levels, depression, cognitive impairment, and lack of social support were consistently associated with self-reported elder abuse. Caregiver burden was a constant risk factor for the proclivity to elder abuse by caregivers. The adverse health outcomes of elder abuse included suicidal ideation and

psychological stress. Some primary research gaps exist, such as: lack of consistency in measurements and recall periods; insufficient studies on the causal relationships between potential risk factors and elder abuse; consequences of elder abuse; and possible interventions. In order to reduce the risk of elder abuse in the global Chinese population, collaboration is encouraged among researchers, health care professionals, social service providers, and policy makers. (RH)
ISSN: 08946566   From : http://www.tandfonline.com

227/5   Elder abuse in Portugal: findings from the first national prevalence study; by Ana Paula Martins Gil, Irina Kislaya, Ana Joao Santos (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 27, no 3, June-July 2015, pp 174-195.
In this study, the authors present findings of the Portuguese national prevalence study, "Aging and Violence", the purpose of which was to estimate the prevalence of abuse and neglect of older people in family settings over a 12-month period, and to examine the relationship between abuse and sociodemographic and health characteristics. Through a telephone survey of a representative probability sample (N = 1,123), the authors evaluated 12 abusive behaviours and demographic data. Overall, 12.3% of older adults experienced elder abuse in family settings. The prevalence rates of specific types were as follows: psychological, 6.3%; financial, 6.3%; physical, 2.3%; neglect, 0.4%; and sexual, 0.2%. Logistic regression was employed to determine the relationship between abuse and covariates. The study suggests that education level, age, and functional status are significantly associated with abuse. Accurate estimates of the prevalence of elder abuse and understanding of victim and perpetrator characteristics are fundamental to designing effective strategies for prevention and intervention. (RH)
ISSN: 08946566   From : http://www.tandfonline.com

227/6   Sexual offenses against elderly people: forensic evaluation and judicial outcome; by Ana Nobrega Pinto, Fernanda Rodrigues, Ricardo Jorge Dinis-Oliveira (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 26, no 2, March-May 2014, pp 189-204.
Forensic evaluation reports and judicial outcomes regarding older victims of suspected sexual offences in Portugal were retrospectively reviewed. During the period 2005-2009, a total of 14 cases were registered, corresponding to 0.3% of non-fatal crimes against older people and 0.6% of the total of sexual crimes reported. All the victims were female. The majority lived alone and did not have limitations in communication, orientation, ambulation, or autonomy. The offenders were all male (17 to 81 years old); most were known to the victims and had history of previous disruptive behaviours. The majority of the sexual offenses occurred in the victims' homes, and the offenders tended to use physical violence. Forensic evaluation was crucial for the identification of physical and biological evidence, and forensic conclusions were positively correlated with the judicial outcome of each case. High prosecution and conviction rates were also observed. (RH)
ISSN: 08946566   From : http://www.tandfonline.com

227/7   Treatment and prevention of elder abuse and neglect: where knowledge and practice meet - a model for intervention to prevent and treat elder abuse in Israel; by Sara Alon, Ayelet Berg-Warman.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 26, no 2, March-May 2014, pp 150-171.
Successful handling of elder abuse and neglect requires various interventions. This article presents findings from an evaluation study of a model for intervention implemented in three municipalities in Israel. Data from 558 older adults who were exposed to abuse and treated through the intervention, along with interviews with victims, abusers, and professionals revealed that improvement was achieved in 66% of the cases. In 20% of the cases, the abuse was stopped. The most widespread type of intervention consisted of individual counselling. Legal intervention yielded the highest rate of improvement (82%). Provision of supportive services for victims of neglect was found to be most effective (82% of improvement in the situation). (RH)
ISSN: 08946566   From : http://www.tandfonline.com

ALCOHOL AND DRUG MISUSE

227/8   Understanding older adults' attitudes and beliefs about drinking: perspectives of residents in congregate living; by Karen Burruss, Paul Sacco, Cristan A Smith.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1889-1904.
Motives for drinking may change as adults age, yet few studies in the United States of America have examined older adults' perspectives about their own drinking habits. The current study explored beliefs and attitudes of alcohol use of retired adults residing in a congregate care setting in the Baltimore/Washington DC metro area. Individual interviews were conducted with a sub-sample of 11 individuals who participated in a daily diary study on alcohol use among older adults. All participants in the study were identified as regular drinkers, meaning they had an alcoholic beverage on at least six of the eight days prior to screening. The participants' mean age was 81.5 years; just over half were women (54.5%). Older adults reported alcohol use as a long-term habit or routine. Participants also recognised that their alcohol use was influenced by

peer drinking and by the availability of alcohol at the congregate care setting. Participants normalised their drinking as a form of routine socialisation carried from earlier life stages. Participants did not report reactive drinking, suggesting that older drinkers do not see their alcohol use as driven by specific reactions to life stresses or losses associated with ageing. The study also indicates that drinking may provide older people in congregate care with a sense of continuity from before retirement and preserve their identity and autonomy. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

ANXIETY

227/9   An evaluation of a CBT-based psychoeducation group for anxiety disorders delivered in routine practice in an older adult community mental health team; by Laura Bettney.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 43-48.
The effectiveness and acceptability of a brief cognitive behavioural therapy (CBT) based psycho-education group for anxiety disorders delivered in a National Health Service (NHS) older adult community mental health team (CMHT) setting is determined. Clients referred from the caseload of a local NHS older adult CMHT, who were found suitable for CBT, and who had an anxiety disorder, were invited to a psychoeducation group delivered in an outpatient mental health clinic by an occupational therapist (OT) and a clinical psychologist. Outcomes were measured using the Depression/Anxiety/Stress Scale (DASS-21; Lovibond and Lovibond, 1995), which was administered at the first and final sessions of the five-week group. Participants also filled in an Anxiety Psychoeducation Group feedback form at the final session. Sixteen people took part in the group intervention; they had a mean age of 74.7 years, were all White British, and four participants were male. There were statistically significant differences between the pre- and post-intervention means for all DASS-21 subscales, with post-intervention scores for Depression, Anxiety and Stress being significantly lower than their pre-intervention scores. Data collected from the feedback form at the final session of the group suggests good levels of participant satisfaction with the intervention. The intervention appeared to be effective in reducing scores on measures of Depression, Anxiety and Stress, and was also acceptable to all participants who attended. The results are supportive of further evaluation and refinement of alternative systems of delivery, such as group interventions, with this client group. (RH)
ISSN: 13603671
From : www.bps.org.uk

ARTS AND MUSIC

227/10   The music culture of older adults in Cantonese operatic singing lessons; by Wai Han Lo.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1614-1634.
Cantonese operatic singing, one of the regional opera forms in China, flourishes mainly in the southern province of Guangdong. By exploring the culture of Cantonese operatic singing, this study relates older people's music participation to a sense of collectivism, thereby contributing to the maintenance of interpersonal relationships and promoting successful ageing. The study also illustrates how the musical participation of older adults can be influenced by the lifecourse and ageing in terms of both vocal abilities and levels of participation. Data analysed through participation observation in two Cantonese operatic singing lessons identify the rituals and core values of Cantonese operatic singing lessons. The findings help to explain how this particular music genre interacts with ageing. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/11   Music reawakening: musicianship and access for dementia: the way forward; by Veronica Franklin Gould, Arts4dementia. London: Arts4dementia, 2015, 51 pp.
'Music reawakening' provides guidance to spread music practice for people affected by early to mid stage dementia and carers nationwide. It is also the outcome of Arts4dementia's Best Practice Symposium, 'Musicianship and Access for Early Stage Dementia - The Way Forward' held on 17 April 2015 at London's Wigmore Hall. The report presents programmes by leading opera companies, orchestras and choirs - most offered free to families affected by dementia. It illustrates music education opportunities and neurological evidence of the power of music to increase and maintain cognitive activity, improve wellbeing, reduce isolation in dementia, and reduce the risk of developing dementia. (RH)
From : Link to download at:
http://www.arts4dementia.org.uk/music-reawakening-report

227/12   Social prescription and the role of participatory arts programmes for older people with sensory impairments; by Nicholas Vogelpoel, Kara Jarrold.: Emerald.
Journal of Integrated Care, vol 22, no 2, 2014, pp 39-50.
The purpose of this paper was to describe the benefits of a social prescribing service for older people with sensory impairments experiencing social isolation. The paper drew on the findings from a 12-week programme run by Sense, a voluntary sector organisation, and illustrated how integrated services, combining arts-based participation and voluntary sector support, could create positive health and wellbeing outcomes for older people. The research took a mixed-methodological approach, conducting and analysing data from interviews and dynamic observation proformas with facilitators and quantitative psychological wellbeing scores with participants throughout the course of the programme. Observations and case study data were also collected to complement and contextualise the data sets. The research found that participatory arts programmes could help combat social isolation amongst older people with sensory impairments and could offer an important alliance for social care providers who were required to reach more people under increasing financial pressures. The research also highlighted other benefits for health and wellbeing in the group including increased self-confidence, new friendships, increased mental wellbeing and reduced social isolation. The research was based on a sample size of 12 people with sensory impairments and therefore may lack generalisability. However similar outcomes for people engaging in participatory arts through social prescription are documented elsewhere in the literature. The paper includes implications for existing health and social care services and argues that delivering more integrated services that combine health and social care pathways with arts provision have the potential to create social and medical health benefits without being care/support resource heavy. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/13   Understanding integrated working between arts and care settings: an analytical framework for planning and research; by Michael Clark.: Emerald.
Journal of Integrated Care, vol 22, no 5/6, 2014, pp 241-252.
The purpose of this paper was to discuss integrated working between the arts and those in care settings. This was a conceptual discussion drawing upon insights from relevant literature and a case study analysis of an integration project between a hospice service, an art gallery and an artist. The project, known as Life:Still, highlighted some points about a lack of conceptual frameworks to help locate the purpose of diverse arts and care projects. There is scope for much confusion about the nature and purpose of such integration projects without a clear framework for articulating the aims of individual integration endeavours and their place in relation to other arts and care work. This paper develops a framework and a clear understanding about the different kinds and goals of integrated working between arts and care settings to help with future practical and research projects. In particular the case study highlights key themes from which generalisation to other services will require interpretation for particular contexts. The ideas present a helpful approach to articulating the goals of individual projects and understanding the place of projects in relation to other arts and care initiatives. There is much scope for better integrated working between arts and care settings to achieve better outcomes for users of care services, and the ideas presented here should help to better organise and evaluate such developments. This is the first paper to set out the framework presented to help with better integrated working between arts and care settings. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

ASSESSMENT

(See 227/96)

ASSISTIVE TECHNOLOGY

227/14   Home adaptations, integration and the Care Act; by Care & Repair England. [Nottingham]: Care & Repair England, 2015, 8 pp (Integration briefing, 2).
The Care Act 2014 and associated regulations and statutory guidance provides the context for the assessment of and response to potential care and support needs of adults and carers, including the adaptation of properties. Implementation of parts of the Act began in April 2015. This briefing aims to explain the connections between the Act and the provision of help with home adaptations, particularly Disabled Facilities Grants (DFGs),and to note opportunities for integration, also the role of prevention. The briefing is aimed at those who plan, commission and provide health care, social care and/or housing related provision; Directors of Public Health; Directors of Social Services; Members of Health and Wellbeing Boards; and patient and service user representatives. Complementary to the briefing are some 'cameos' of local good practice in provision of home adaptations (see https://homeadaptationsconsortium.wordpress.com/good-practice/). The Briefing

and the good practice information are backed by Public Health England and endorsed by the Home Adaptations Consortium. (RH)
https://homeadaptationsconsortium.files.wordpress.com/2013/10/care-act-integration-briefing-2-final.pdf

ATTITUDES TO AGEING

(See Also 227/146)

227/15   The myth of the baby boomer; by David Sinclair, Ready for Ageing Alliance - R4AA. London: Ready for Ageing Alliance, 2015, 10 pp.
There is a growing perception that the benefits and advantages enjoyed by the "baby boomers" who were born between the end of the Second World War and the early 1960s have been gained at the expense of the younger generation. This briefing aims to challenge the lazy assumptions being made about the "boomers" group, by highlighting that the generation currently aged 55-70 is significantly more diverse than is often recognised. It presents facts and figures to refute claims about issues such as education, retirement activities, health and wealth creation. The Ready for Ageing Alliance (R4AA) is a coalition of independent organisations based in England, which formed in 2013, following publication of 'the Filkin report' (Ready for ageing? Report of session 2012-13, House of Lords Select Committee on Public Service and Demographic Change; TSO, 2013; HL 2012/13 140). Members are: Age UK, Alzheimer's Society, Anchor, Carers UK, the Centre for Policy on Ageing (CPA), the International Longevity Centre - UK (ILC-UK), Independent Age, and the Joseph Rowntree Foundation (JRF). The polarised public debate pitching the "boomers" against the young is not a helpful approach. As a group of charities, R4AA wants all people, young and old to have a good retirement. (RH)
From : Ready for Ageing Alliance, 11 Tufton Street, London SW1P 3QB.
Download: http://www.cpa.org.uk/cpa/docs/R4AA/R4AA-The_myth_of_the_baby_boomer.pdf

BLACK AND MINORITY ETHNIC GROUPS

(See Also 227/55)

227/16   Familismo and its impact on the family caregiving of Latinos with Alzheimer's Disease: a complex narrative; by Caroline Rosenthal Gelman.: Sage.
Research on Aging, vol 36, no 1, January 2014, pp 40-71.
Despite the long-held view that Latinos' value and reliance on family leads to greater involvement of extended family in caring for sick members and reduced perception of burden, some research reports low levels of social support and high levels of distress among Latino caregivers. The author explores this seeming discrepancy in a qualitative study of 41 Latino caregivers of family members with Alzheimer's disease (AD) interviewing them regarding the role of familism in their caregiving experience. For some it facilitates caregiving in the traditional, expected manner. Other caregivers disavow its current relevance. Yet others feel a contrast between familism, which they may value in a general, abstract way and more personal, immediate negative feelings they are experiencing from caregiving. The author discusses these complex, multidimensional findings, the variation among caregivers, and presents implications for practice, policy, and research. (RH)
ISSN: 01640275
From : roa.sagepub.com

CARERS AND CARING

(See Also 227/78)

227/17   An integrated approach for individualised support: carer's views; by Pam Moule, Katherine Pollard, Jackie Clarke ... (et al).: Emerald.
Journal of Integrated Care, vol 22, no 5/6, 2014, pp 253-262.
The purpose of this paper was to capture carers' views of a service in Bristol funded jointly by the Local Authority and the NHS Clinical Commissioning Group, which offered support to carers in the form of a one-off payment which they could use for anything they chose. A multi-method evaluation of this integrated service was conducted between August 2012 and October 2013 to explore its impact on carers' health and well-being. This paper presents findings from 40 interviews conducted with carers as part of the evaluation. Many carers had little respite from very stressful situations, however having a break enabled them to focus on their own needs. Carers' needs included actual short breaks away with or without those being cared for, as well as items like household equipment or exercise classes. This study was centred on an innovative and integrated approach to support carers in one city and provides a snap-shot of the short-term effects. Most carers found the support beneficial, and in some cases reported a positive effect on their own health and well-being. Effective inter-agency communication and collaboration was

essential for the success of the integrated service. (JL)
ISSN: 14769018   <u>From</u> : www.emeraldinsight.com/jica.htm

227/18   Integrating people with dementia and their carers into service design; by Janice Caine.: Emerald.
              Journal of Integrated Care, vol <u>22</u>, no 3, 2014, pp 91-98.
              This paper examines the process of including five people with dementia and their carers in the
              design and delivery of a research study on the use of music to increase wellbeing for both the
              person with dementia and their carer. It reflects on the method of using a participatory action
              research (PAR) approach and offers some insight into the processes of integrated working with
              service users and carers. The author begins with a person-centred approach and explores the value
              of placing service user engagement for successful integrated practice. Through these reflections
              on PAR, the author offers some new lessons about what integration means to practitioners at the
              front line of service delivery. PAR helps to gain service user views but supports service users and
              providers to work in an integrated way. A person-centred approach to service user participation
              in the research process has valuable insights for the integration of service users in the design and
              delivery of health and social care. The insights offered here highlight the complex processes which
              make up effective engagement with service users and carers. They offer concrete details on the
              challenges which practitioners may face when they work to integrate service users and carers into
              the planning process. They also highlight the benefits of shared problem solving and control. (JL)
              ISSN: 14769018   <u>From</u> : www.emeraldinsight.com/jica.htm

227/19   Messages for integration from working with carers; by Abenet Tsegai, Rebecca Gamiz.: Emerald.
              Journal of Integrated Care, vol <u>22</u>, no 3, 2014, pp 99-107.
              This paper explores the role of carers as coordinators of care in their own right. It outlines how
              statutory and voluntary agencies can work together to support carers in this role, yet also help
              them work towards personal outcomes to sustain their own quality of life. It also proposes that
              approaches to working with carers can reveal lessons for integration. The research analysed data
              from focus groups and document analysis to examine how carers and professionals experienced
              two different approaches to engaging with carers: the Midlothian carer's assessment and VOCAL's
              outcomes focused approach. Several themes emerged which are relevant to the current debate on
              integration. Carers were found to be key co-ordinators of care who play a role in the integration
              of services. Approaches to working with carers can better enable personal outcomes, and integrate
              carers as equal partners. In addition, improved integration between services can also improve
              outcomes for carers. (JL)
              ISSN: 14769018   <u>From</u> : www.emeraldinsight.com/jica.htm

227/20   Valuing carers 2015: the rising value of carers' support; by Lisa Buckner, Sue Yeandle, University
              of Sheffield, Centre for International Research on Care, Labour and Equalities, University of
              Leeds. London: Carers UK, 2015, 23 pp.
              Update of Carers UK's 2011 report of the same name. Key findings include: the economic value
              of the contribution made by carers in the UK is now £132 billion per year, almost double its value
              in 2001 (£68 billion); £132 billion is close to the total annual cost of health spending in the UK;
              carers' contribution is 7% higher than the figure for 2011, mostly because carers are providing
              more hours of care (82%) and partly due to the increased hourly cost of paid homecare (18%); the
              value of the contribution made by the UK's carers saves the public purse huge sums: £2.5 billion
              per week. (NH)
              <u>From</u> : www.carersuk.org

              CRIME

227/21   Correlates of susceptibility to scams in older adults without dementia; by Bryan D James, Patricia
              A Boyle, David A Bennett.: Taylor and Francis.
              Journal of Elder Abuse and Neglect, vol <u>26</u>, no 2, March-May 2014, pp 107-122.
              Millions of older Americans are targets of telemarketing fraud, internet fraud and other scams
              each year, resulting in loss to the victims estimated at some $2.9 billion annually from financial
              fraud alone. This study examined correlates of susceptibility to scams in 639 community-dwelling
              older adults without dementia from the Rush Memory and Aging Project, a cohort study of ageing
              in the Chicago metropolitan area. Regression models adjusted for age, sex, education, and income
              were used to examine associations between susceptibility to scams, measured by a five-item
              self-report measure, and a number of potential correlates. Susceptibility was positively associated
              with age and negatively associated with income, cognition, psychological well-being, social
              support, and literacy. Fully adjusted models indicated that older age and lower levels of cognitive
              function, decreased psychological well-being, and lower literacy in particular may be markers of
              susceptibility to financial victimization in old age. (RH)
              ISSN: 08946566
              <u>From</u> : http://www.tandfonline.com

DEMENTIA

(See Also 227/51, 227/98, 227/100)

227/22   The will to mobility: life-space satisfaction and distress in people with dementia who live alone; by Barbara Teresa Lloyd, Christine Stirling.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1801-1820.
Increasing numbers of people with dementia reside in single-person households, yet little is known of their experiences and priorities. This exploratory Australian study elicited perceptions of seven people with dementia living alone, regarding their domestic environment and its surroundings. The general aim was to identify unmet service needs in this vulnerable population. Drawing upon the theoretical concepts of 'the will to mobility' and 'life-space', the authors identified four factors of particular salience to their respondents. These were access to public space, social distance and proximity, changing meanings of space and objects, and imaginative co-presence. Participants provided useful insights into a soon-to-be-common scenario in which increased numbers of people with dementia will be living without a resident carer. The findings have implications for the development of more personalised and targeted dementia care in the domestic setting, more inclusive public planning, and more extensive public education programmes. (RH)
ISSN: 0144686X   From : journals.cambridge.org/aso

DEMENTIA CARE

(See Also 227/11, 227/16, 227/18, 227/102, 227/108, 227/109, 227/110, 227/132)

227/23   'Living Together with Dementia': a multi-family group for people recently diagnosed with dementia and their family - our experience of providing large group interventions; by Elizabeth Field, Alison Culverwell, Ian Oliver.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 22-27.
The 'Living Together with Dementia' (LTwD) course aims to be a bridge between diagnosis and living well with dementia, supported as needed by family, friends, community, the NHS and third sector organisations. This article outlines LTwD's aims, practices (e.g. recovery principles) and outcomes. While there are challenges, it is possible to provide a well-received large group intervention to people with a wide range of cognitive abilities and different types of dementia. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/24   'Memorybilia': the makings of a service user network for people with dementia in West Kent and Medway; by Asesha Morjaria-Keval.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 43-46.
A clinical psychologist with the Kent and Medway NHS and Social Care Partnership Trust outlines the development of a group in West Kent set up in partnership with the Alzheimer's Society, that would provide for user and carer involvement along the lines of the Forget Me Nots group (FMNs) in East Kent.
ISSN: 13603671
From : www.bps.org.uk

227/25   The carers innovation project: supporting inpatient dementia caregivers; by Rosanne Cawley, Kathryn Dykes, Gill Drummond, Ruth Watson.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 30-36.
The carers innovation project aimed to provide individualised support for inpatient carers in Greater Manchester West Mental Health NHS Foundation Trust's (GMW) dementia care wards. If a carer "opted in" to this service, they were offered either face-to-face meetings in the ward, home visits or telephone support with an assistant psychologist. 97 carers were referred between May and December 2013. Of those carers contacted and offered the service, 78% accepted support. The common areas of support wanted were: psychological and emotional support; support and information about dementia; support in understanding the hospital assessment; and support with self-care and future discussions. The project aimed to promote a community within the hospital environment for carers to feel valued and well-informed. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/26   Dementia and migration: Pakistani immigrants in the Norwegian welfare state; by Anders Naess, Bjorg Moen.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1713-1738.
This article is about dementia disease in the context of transnational migration. Focusing on the example of Pakistani immigrants in Norway, the article explores response processes surrounding

signs and symptoms of dementia. Particular attention is lent to understanding how Norwegian-Pakistani families 'negotiate dementia' in the space between their own imported, culturally defined system of cure and care, and the Norwegian health-care culture, which is characterised by an inclination towards public care and biomedical intervention. This study is based on field observations and in-depth interviews with Norwegian-Pakistani families and hospital professionals working with dementia. It shows that the centrality of the traditional family in Norwegian-Pakistanis' identity claims has significant implications for how Norwegian-Pakistanis relate to the Norwegian health-care culture, and for how signs and symptoms of cognitive decline are read and responded to in a migratory context. (RH)
ISSN: 0144686X   From : journals.cambridge.org/aso

227/27   Developing living well with dementia workshops; by Martin Parsons, Jo Cook.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 16-21.
Although there is a wealth of guidance outlining the need for people diagnosed with dementia and their carers to have access to psychosocial support, there is a lack of consensus in terms of what form this should take and what is most effective. This article reports on a half-day Living Well with Dementia workshop developed for people newly diagnosed with dementia and their carers. (RH)
ISSN: 13603671   From : www.bps.org.uk

227/28   How can and should UK society adjust to dementia?; by Carol Thomas, Christine Milligan, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2015, 23 pp (Inspiring social change; Ref: 3132).
Shows that the application of the social model of disability to living with dementia results in some important insights and observations, and throws light on the way that disablism overlaps with ageism in society. The authors draw attention to the necessity of uncovering the theoretical perspectives that help to explain the social barriers that the social model of disability highlights in the lives of people with dementia, which in turn has directed the focus toward useful concepts such as intersectionality and psycho-emotional disablism. They set out approaches to dementia that are at odds with conventional thinking in official and medical circles. This paper is a contribution to the JRF programme Dementia Without Walls. (NH/RH)
From : https://www.jrf.org.uk/report/how-can-and-should-uk-society-adjust-dementia

227/29   A psychologically informed model for supporting meaningful involvement of people living with dementia facilitated by undergraduate psychology students; by Lewis Slade, Alex Bone, Sophie Razzel.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 39-42.
The East Kent Forget Me Nots is a service user involvement group which is run by and for people living with dementia with the support of the Kent and Medway NHS and Social Care Partnership Trust (KMPT). The group began as an extension of the Trust's Dementia Service User Envoy position, held by Keith Oliver. As involvement opportunities began to exceed the capacity of a single person, this necessitated the formation of a small group of people living with dementia, among whom the workload could be shared. By the time that Forget Me Nots reached their second anniversary in November 2014, the group comprised more than 20 people living with dementia, and had made a significant impact in the field of dementia care and social policy. The group has advised on alterations to the Mental Capacity Act 2005, on clinical guidance papers, and on service user oriented materials. This has ensured that the voices of people living with dementias have not gone unheeded, both locally within the Trust and the community, and nationally. Members of the group regularly speak at conferences about the subjective experience of dementia, and advocate for the needs of those living with the condition. Other projects, such as Welcome to Our World: a collection of life writing by people living with dementia (Forget Me Nots, 2014), have also been completed by the group, challenging pre-existing ideas about dementia in the community, and providing new and enjoyable experiences for group members. This article describes the aims and modus operandi of the group, and how the group's work is facilitated by undergraduate psychology students from the University of Kent. This article comes from the perspective of those students. (RH)
ISSN: 13603671   From : www.bps.org.uk

227/30   Re-defining the notion of the therapeutic lie: person-centred lying; by Roberta Caiazza, Ian Andrew James.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 23-29.
The term therapeutic lie has been used for any verbal or non-verbal deception that was deemed to be in the best interests of the person with dementia (PWD). This paper puts the case for a more sophisticated differentiation that distinguishes between lies, therapeutic lies and Dementia Oriented Reality (DOR communication). DOR is a form of person-centred communication said in response to a PWD's actions or requests that are based on the person's misperceptions or

disorientation. The author notes the development of guidelines and guidance concerning the use of lies in dementia care; also that the use of DOR allows for avoiding distress to the person with dementia. (RH)
ISSN: 13603671   From : www.bps.org.uk

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

227/31   English life tables No.17, 2010 to 2012 [ELT17]; by Office for National Statistics - ONS.: Office for National Statistics, 2015, 15 pp (Statistical bulletin).
These decennial life tables are the seventeenth in the series which began after the 1841 Census. ELT17 is produced using data from the 3-year period 2010, 2011 and 2012. It provides period life expectancy for males and females by single year of age for the 3-year period centred on a census. A 3-year period is normally of sufficient length to smooth out most of the effect if the mortality experience of the census year itself happens not to be typical of the general level of mortality at the beginning of the decade. ELT17 tabulates period expectations of life for England and Wales for 1910-12 to 2010-12, and finds that over the last 100 years, life expectancy at birth has increased by nearly 3 years per decade. For males, life expectancy at birth increased from 51 years in 1910-1912 to 79 years in 2010-12, while for females it increased from 55 to 83 years. Much of this increase is due to improvements in infant and child mortality in the first half of the 20th century, while gains in life expectancy at older ages have mainly occurred in the last 50 years. People aged 60 could expect to live around 9 years longer in 2010-2012 than 100 years earlier. The previous set of English Life Tables (ELT16) for 2000-2002 was published in June 2009. (RH)
From : http://www.ons.gov.uk/ons/dcp171778_414365.pdf

227/32   National population projections, 2014-based Statistical Bulletin; by Office for National Statistics - ONS.: Office for National Statistics, 29 October 2015, 24 pp (Statistical Bulletin).
This bulletin presents the main findings from the 2014-based national population projections for the UK and its constituent countries, which are based on the population at 30 June 2014. It also gives detail on the assumptions made for the projections, and how these assumptions were developed. The UK population is projected to reach 70 million by mid-2027; and over the ten year period to mid-2024, the UK population is projected to increase by 4.4 million to 69 million. This is 249,000 higher than the previous (2012-based) projection for that year. The UK population is projected to increase by 9.7 million over the next 25 years from an estimated 64.6 million in mid-2014 to 74.3 million in mid-2039. Assumed net migration accounts for 51 per cent of the projected increase over the next 25 years; natural increase (more births than deaths) accounts for the remaining 49 per cent. The population is projected to continue ageing with the average (median) age rising from 40.0 years in 2014 to 40.9 years in mid-2024 and 42.9 by mid-2039, by when, more than one in twelve of the population is projected to be aged 80 or over. The number of people aged 75 and over is projected to rise by 89.3%, to 9.9 million, by mid-2039. The number of people aged 85 and over is projected to more than double, to reach 3.6 million by mid-2039; and the number of centenarians is projected to rise nearly six-fold, from 14,000 at mid-2014 to 83,000 at mid-2039. These projections replace the 2012-based projections published by the Office for National Statistics (ONS) in November 2013. Other interactive bulletins (for population pyramids and variant projections) are also available at the download link. Separate releases for individual countries are also published by National Records for Scotland, the Northern Ireland Research and Statistics Agency, and Welsh Government statistics. (RH)
From: http://www.ons.gov.uk/ons/rel/npp/national-population-projections/2014-based-projections/index.html

DEPRESSION

227/33   Broadening horizons: mindfulness-based cognitive therapy for older people experiencing depression; by Peter Keohane.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 49-57.
Mindfulness-based cognitive therapy (MBCT) is an integrative psychological approach linking mindful mediation with cognitive therapy. It has a strong evidence base for treating recurrent depression. However, limited research has been completed with older people. The present study evaluates one adapted, community based MBCT group (n=8) in a partial replication of Smith, Graham and Senthinathan (2007). Levels of depression, psychological distress and mindfulness were assessed on a single case basis using standardised measures. Responses from an anonymous client satisfaction questionnaire provided qualitative data for thematic analysis. Significant and reliable reductions in depression and distress were found in two of the four analysed participants. Little change in mindfulness was observed. Thematic analysis illustrated aspects of adapted MBCT that participants found helpful and less helpful, and recommendation for further adaptation were generated. This study builds on previous research advocating MBCT for older people, and discusses the theoretical and clinical implications for future service provision. (RH)
ISSN: 13603671   From : www.bps.org.uk

DESIGN

227/34   Opportunity knocks: designing solutions for an ageing society; by David Sinclair, Helen Creighton, International Longevity Centre UK - ILC-UK; Institution of Engineering and Technology - IET; Engineering Design Centre, University of Cambridge. London: International Longevity Centre UK - ILC-UK, 2015, 30 pp (+ updating slip).
This short report seeks to explore how design and technology could better respond to the challenge of an ageing society. It highlights some of the reasons why technology and design has not got to grips with ageing. It investigates five of the key challenges relating to an ageing population: healthcare, the home environment, leisure time, transport, and the management of personal finances. It details ways in which existing technologies might be better applied, and new technologies developed to support older people's needs. The ideas come from suggestions from experts who convened at a workshop in May 2015. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download at: http://www.ilcuk.org.uk/index.php/publications/publication_details/opportunity_knocks_desig ning_solutions_for_an_ageing_society

ECONOMIC ISSUES

(See 227/48, 227/54)

EMPLOYMENT

(See Also 227/115, 227/124)

227/35   50+ works: a guide for older jobseekers; by TAEN - The Age and Employment Network. London: TAEN - The Age and Employment Network, 2014, 24 pp.
This guide has been compiled by TAEN - The Age and Employment Network in association with the European Social Fund. It has been compiled from contributions to the 50+ Works website and the publication 'ESF projects successfully engaging with the over 50s'. It provides case studies and "top tips" on themes such as identifying transferable skills, the application process, self-employment, training and qualifications, and identifying and overcoming barriers. An appendix, 'Succeeding in the modern job market at 50+' is a personal case study about looking for a job after being made redundant. (RH)
From : TAEN - The Age and Employment Network, c/o Shaw Trust CDG, 4th Floor, Jessica House, Red Lion Square, Wandsworth High Street, London SW18 4LS. E-mail: info@taen.org.uk Web: www.taen.org.uk

227/36   Employer toolkit: guidance for managers of older workers; by Age Action Alliance; Department for Work and Pensions - DWP. [London]: Age Action Alliance, 2015, 64 pp.
This toolkit is a resource offering guidance to managers of older workers, which details how employers can better manage their workforce, and by doing so, how they can capitalise on the UK's changing demographics. The toolkit includes information relating to the 3 Rs - retaining, retraining and recruiting older workers - as highlighted by the Government's Business Champion for Older Workers, Ros Altmann. Information is also included on a range of other topics including health and safety, phased retirement, learning and development, legal requirements, knowledge management, and flexible working arrangements. The guidance is best viewed as a dynamic resource (which can be found at http://ageactionalliance.org/employer-toolkit/); this interactive page helps to break down the guidance offered to enable quicker reading and referral. This toolkit includes guidance on a general level, relevant to all industries and managers. It is not an authoritative statement of the law, and future changes in the law may make it gradually less accurate. (RH)
From: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411125/ older-workers-employer-toolkit.pdf

227/37   Extending working life and planning for retirement; by Age UK. London: Age UK, [2015], 5 pamphlets in folder.
This resource pack provides information about Age UK's commitments to its staff in planning the transition towards retirement. The five pamphlets cover: Age UK's Extending Working Life and Planning for Retirement proposition and policy; Feeling well: health and wellbeing; Volunteering opportunities; Enough money: financial planning and pensions; and Learning and development opportunities. (RH)
From : Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Website: www.ageuk.org.uk

227/38   Mid life career review: technical report: background evidence and methodology; by Jane Watts, Stephen McNair, Charlotte Robey (et al), NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2015, 109 pp.
From January 2013 to March 2015, the Department for Business, Innovation and Skills (BIS) funded the National Institute for Adult Continuing Education (NIACE) to undertake a pilot project on Mid Life Career Review (MLCR). The aim was to explore the demand for a career review among employed and unemployed adults aged 45-65, and to investigate the costs and benefits of such a service. This technical report presents the background evidence, research and case studies for the Mid Life Career Review pilot project. It accompanies and supports NIACE's main report, 'Mid life career review: pilot project outcomes: phases 1, 2 and 3 (2013-2015): final report to the Department for Business, Inovation and Skills'. (RH)
From : NIACE, 21 De Montfort Street, Leicester LE1 7GE.   Website: www.niace.org.uk
http://www.niace.org.uk/sites/default/files/resources/MLCR%20Technical%20Report.pdf

227/39   Mid life career review: pilot project outcomes: phases 1, 2 and 3 (2013-2015): final report to the Department for Business, Inovation and Skills; by Jane Watts, Stephen McNair, Charlotte Robey (et al), NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2015, 53 pp.
From January 2013 to March 2015, the Department for Business, Innovation and Skills (BIS) funded the National Institute for Adult Continuing Education (NIACE) to undertake a pilot project on Mid Life Career Review (MLCR). The aim was to explore the demand for a career review among employed and unemployed adults aged 45-65, and to investigate the costs and benefits of such a service. The project worked with 17 partner agencies, who tested a variety of models, and provided reviews to 2883 clients, across the whole of England. Partners included all the Government's National Careers Service Prime Contractors, voluntary organisations, learning providers, Unionlearn, Workplace Learning Advocates (WLA) and Community Learning Champions (CLC). This report outlines the case for a Mid Life Career Review (MLCR), its objectives, the contextual rationale, overall methodology, evaluation and post evaluation of the impact for individuals, career providers/advisors, and employers. It concludes by identifying a number of next steps based on the costs and sustainability of the MLCR. Another publication, 'Mid life careers review: technical report: background evidence and methodology' provides further evidence, data sources and research. (RH)
From : NIACE, 21 De Montfort Street, Leicester LE1 7GE.   Website: www.niace.org.uk
Download: http://www.niace.org.uk/sites/default/files/resources/MLCR%20Final%20Report.pdf

END-OF-LIFE CARE

227/40   The 2015 quality of death index: ranking palliative care across the world: a report by the Economist Intelligence Unit; commissioned by LIEN Foundation; by Sarah Murray, Economist Intelligence Unit - EIU. London: Economist Intelligence Unit, 2015, pp.
The Lien Foundation, a philanthropic organisation in Singapore commissioned the Economist Intelligence Unit (EIU) to devise a "Quality of Death" Index to rank 80 countries according to their provision of end-of-life care. The countries are evaluated using 20 quantitative and qualitative indicators across five categories: the palliative and healthcare environment, human resources, the affordability of care, the quality of care, and the level of community engagement. This report presents one or two case studies for each of these categories. To build the Index, the EIU used official data and existing research for each country, and also interviewed palliative care experts from around the world. As in the 2010 edition, this report finds that the UK has the best quality of death, because of the comprehensive integration of palliative care into the National Health Service (NHS) and a strong hospice movement; it also earns the best quality of care. Among other findings are that: less wealthy countries can still improve standards of palliative care rapidly, and that national policies are vital for extending access to palliative care. Quality of care depends on access to opioid analgesics and psychological support; and community efforts are important for raising awareness and encouraging conversations about death. (RH)
From: http://www.economistinsights.com/sites/default/files/2015%20Quality%20of%20Death %20Index%20Oct%207%20FINAL.pdf

FALLS

(See Also 227/122)

227/41   The cost of falls: exploring the cost of the whole system pathway for older people in a rural community in England; by Yang Tian, James Thompson, David Buck.: Emerald.
Journal of Integrated Care, vol 22, no 4, 2014, pp 165-173.
The purpose of this paper was to explore the whole system cost of the care pathway for older people (aged 65 years old and over) admitted to hospitals as a result of falls in Torbay, a

community of 131,000 in the southwest of England, over a two-year period. The paper analysed patient-level linked acute hospital, community care and local authority-funded social care data to track patients' care costs _ for those patients admitted to an acute hospital due to their fall _ in the 12 months before and after their fall. On average, the cost of hospital, community and social care services for each person admitted for a fall were almost four times more in the 12 months after admission than the cost of the admission itself. Over the 12 months that followed admission for falls, costs were 70 per cent higher than in the 12 months before the fall. The most dramatic increase was in community health care costs (160 per cent), compared to a 37 per cent increase in social care costs and a 35 per cent increase in acute hospital care costs. For patients who had a minor fall and those who survived 12 months after the fall, the costs of care home services increased significantly; for patients with hip fracture, the costs of community care services increased significantly; for patients who did not survive 12 months after the fall, the cost of acute inpatient and community health visits increased significantly. This is the first study that has assessed the costs across the acute hospital, community care and social care pathway for this group of patients in an English population. It will help commissioners and providers understand and develop better integrated responses to frail older patients' needs. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/42   Learning to use a novel CBT intervention to reduce fear of falling in older people; by Charlotte Dunkel.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 42-46.
The STRIDE (Strategies to incRease confidence, inDependence and Energy) research project at Newcastle-upon-Tyne Hospitals NHS Foundation Trust is looking at measures that will help the half of the community-living older people who experience anxiety and fear of falling (FoF). The author describes the study's development of an eight-week cognitive behavioural therapy (CBT) based intervention, and its training for, delivery by and supervison of health care assistants (HCAs) and clinical trials associates (CTAs). (RH)
ISSN: 13603671
From : www.bps.org.uk

227/43   The meaning of the experience of anticipating falling; by James A Shaw, Denise M Connelly, Carol L McWilliam.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1839-1863.
Falling in later life continues to be a critical issue in gerontology research, health professional practice and ageing health policy. However, much research in the area of fall risk and fall prevention neglects the meaning of the experiences of older people themselves. This humanistic interpretive phenomenological study explored the meaning of the experience of anticipating falling from the perspective of older people, in order to foster a more person-focused approach to fall risk assessment and fall prevention. Individual semi-structured interviews were conducted with nine participants over the age of 65 living independently in the community in a medium-sized Canadian city. Follow-up interviews with two key informants were completed to inform the emerging interpretations. For older participants living in the community, the experience of anticipating falling meant confronting their embodied lived-identity in the context of ageing. Experiential learning shaped how participants understood the meaning of falling, which constituted tacit knowledge of vulnerability and anxiety with respect to falling. Findings emphasise the importance of critically reflecting on the social experience of anticipating falling in order to develop effective and relevant fall prevention interventions, programmes and policies. A lifeworld-led approach to fall risk assessment and fall prevention resonates with these findings, and may encourage health-care providers to adopt a sustained focus on embodied lived identity and quality of life when engaging older people in fall prevention activities. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

FAMILY AND INFORMAL CARE

227/44   Fragmentation and competition: voluntary organisations' experiences of support for family carers; by Jo Moriarty, Jill Manthorpe.: Policy Press.
Voluntary Sector Review, vol 5, no 2, July 2014, pp 249-257.
In England, voluntary organisations such as the Carers Trust and Alzheimer's Society play major roles in providing practical help and support to family carers. This article draws on a large study looking at social care practice with carers to illustrate how changes in social care commissioning and cuts in funding have created difficulties for organisations such as these. It asks whether contracting policies based on competition between providers threaten collaborative campaigning and strategic alliances. (OFFPRINT). (RH)
ISSN: 20408064   From : www.policypress.co.uk/journals_vsr.asp

FRAILTY

227/45   Frailty: from bedside to buzzword?; by Jill Manthorpe, Steve Iliffe.: Emerald.
Journal of Integrated Care, vol 23, no 3, 2015, pp 120-128.
The purpose of this paper was to explore common usage and understanding of the term `frailty', which is increasingly being used in health care debates in England. This was a commentary from the perspectives of health and social care researchers. Most research on the subject of frailty comes from clinical practice although a parallel sociological or gerontological critique of the social construction is emerging. The public is likely to come across the term frailty through the media's adoption of the term. Different definitions of frailty mean that estimates of the numbers of `frail people' will vary. The commentary draws on material in the English language and on policy, commentary, and research material. The commentary may prompt reflection in practice and policy development on the usage of the term `frailty' and promote efforts to ensure that its meaning is clear and that it is acceptable to those to whom it is applied. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

GENDER ISSUES

227/46   The reproduction of gender norms through downsizing in later life residential relocation; by Aislinn Addington, David J Ekerdt.: Sage.
Research on Aging, vol 36, no 1, January 2014, pp 3-21.
Using data collected from qualitative interviews in 36 households in a Midwestern metropolitan area of the US, this article examines people's use of social relations based on gender to perform tasks associated with residential relocation in later life. Without prompting, respondents addressed the social relations of gender in the meanings of things, in the persons of gift recipients, and in the persons of actors accomplishing the tasks. They matched gender-typed objects to same-sex recipients, reproducing circumstances of possession and passing on expectations for gender identity. The respondents' accounts also depicted a gendered division of household labour between husbands and wives, and a gendered division of care work by daughters and sons. These strategies economised a big task by shaping decisions about who should get what and who will do what. In turn, these practices affirmed the gendered nature of possession and care work into another generation. (RH)
ISSN: 01640275
From : roa.sagepub.com

GOVERNMENT AND POLICY

227/47   2030 vision: building a better future for older people in the UK; by Tim Linehan, Andy Kaye, Independent Age. London: Independent Age, 2015, 34 pp.
The House of Lords Select Committee on Public Service and Demographic Change report 'Ready for ageing?' described the UK as "woefully underprepared" to deal with a rapidly ageing population. This report highlights the political failure to get to grips with the long-term implications of planning for an ageing population. It focuses on health and social care, social security, pensions, employment and economics, drawing on expertise across all these disciplines. It also draws on the reflections of more than 4000 adults, who participated in the consultation following the report, '2030 vision: the best - and worst - futures for older people in the UK' (2014), and from which four clear aspirations for older people have emerged. First, older people can live free from discrimination and make an active contribution in later life. Second, older people can live comfortably with the money they need. Third, older people can stay connected to their families and the world around them. Fourth, older people can live healthily and get the health and care services they need. To achieve these aims, priorities for the next five years should be to deal with the needs of the poorest, the most frail and unwell, and the most isolated and loneliest older people. (RH)
From : Independent Age, 6 Avonmore Road, London W14 8RL. Download: http://www.independentage.org/media/1115676/2030_vision_building_a_better_future.pdf

227/48   The generation game: spending priorities for an ageing society; by Independent Age; Royal National Institute of Blind People - RNIB; Fabian Society (et al). London: Independent Age; RNIB, 2015, 20 pp.
Ahead of the 2015 spending review, Independent Age and RNIB commissioned this group of essays to help stimulate debate about spending priorities for an ageing population. Eminent contributors - including former MPs Paul Burstow and David Willetts, and three MPs in the current Parliament Debbie Abrahams, George Freeman and John Pugh - offer their perspectives on welfare, health and social care. Other contributors representing the Fabian Society (Andrew Harrop), Bright Blue (Ryan Shorthouse), Hanover Housing Association (Claire Tickell), the Pensions Policy Institute (Chris Curry) and Demos (Claudia Wood) write on their areas of

expertise. The report has been produced in conjunction with three political think tanks: Bright Blue (on the centre-right), CentreForum (independent liberal), and the Fabian Society (on the left). (RH)

<u>From</u> : http://www.independentage.org/media/1114984/generation_game_pamphlet.pdf

GRANDPARENTS

227/49 Grandparents and grandchildren: care and support in Myanmar, Thailand and Vietnam; by John Knodel, Minh Duc Nguyen.: Cambridge University Press.
Ageing and Society, vol <u>35</u>, no 9, October 2015, pp 1960-1988.
Recent surveys in Myanmar, Thailand and Vietnam reveal that substantial proportions of people aged 60 and older co-reside with grandchildren and commonly provide grandparental care. Usually the grandchildren's parents are also present. Situations in which the grandchildren's parents are absent are considerably less frequent. Parents are commonly the main source of the grandchildren's financial support even if absent. Most grandparents that provide care do not consider it a serious burden, even when the grandchild's parents are absent. Moreover, grandparental care is not always one-directional, as grandchildren can also be of help to grandparents. These features of grandchild care reflect a regional cultural context that views acceptance of reciprocal intergenerational obligations as normal and in which co-residence of older persons and adult children is still common. Differences in economic development and past fertility trends account for much of the observed differences in grandparental care among the three countries by affecting grandchildren availability and migration of adult children. In addition, economic development and demographic trends will continue to shape grandparental care in the coming decades. Despite the lack of attention to development and demographic context in previous studies, these aspects of the changing societal context deserve a prominent place within conceptual frameworks guiding comparative research on grandparenting. These observations are based on analyses of people aged 60+ interviewed in the 2012 Myanmar Survey of Older Persons (MSOP), the 2011 Viet Nam Aging Survey (VNAS) and the 2011 Survey of Older Persons in Thailand (SOFT). (RH)
ISSN: 0144686X <u>From</u> : journals.cambridge.org/aso

HEALTH CARE

(See Also 227/80, 227/82, 227/84)

227/50 Briefing: The health and care of older people in England 2015; by Jill Mortimer, Marcus Green, Age UK. London: Age UK, October 2015, 59 pp.
During the summer of 2015, Age UK commissioned Britain Thinks to carry out focus groups with older people about what they wanted from the NHS and social care. This report states that while most greatly value the NHS and their health care professionals, there are concerns about having access to the right care at the right time in the right place. Most of the report is based on information in more than forty graphs and charts from a range of authoritative sources, to analyse the extent to which needs are being met by health and care services. It finds that older age groups are more likely to have health conditions, but which are preventable and mostly manageable. On social care funding and services, there has been a sharp decline in funding since 2010: resources are increasingly focused on those with the greatest needs, leading to a rise in unmet need, and pressure on unpaid carers. On the NHS, funding increases have not kept pace with rising demands and costs. The report points to a system under stress, with more hospital admissions that might have been avoidable with appropriate care, and delayed discharges thereafter. If we are to be confident about future needs being met, the Government must make changes to funding. (RH)
<u>From</u>: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Briefing-The_Health_and_Care_of_Older_People_in_England-2015.pdf?dtrk=true

227/51 The impact of primary care quality on inpatient length of stay for people with dementia: an analysis by discharge destination; by Panagiotis Kasteridis, Maria Goddard, Rowena Jacobs (et al), Centre for Health Economics, University of York. York: Centre for Health Economics, University of York, July 2015, 41 pp (CHE Research paper 113).
Older people with dementia currently occupy up to 25% of NHS hospital beds and stay longer than those without dementia. Since 2006, GPs have been paid to identify and review patients with dementia as part of the Quality and Outcomes Framework (QOF). The dementia QOF review should focus on the patient's and carer's support needs, the patient's physical and mental health, and communication and coordination arrangements across care boundaries.
This analysis used a dataset of 36,744 individuals admitted over the period 2006/7 to 2010/11; also admissions data from Hospital Episode Statistics, practice-level data on the QOF dementia review, and NHS England data on delayed transfers of care (DTOC). For those discharged home or to a community setting, the QOF review may have a small negative influence on length of stay. Such modest effects suggest that the QOF review does not have a major influence on length of stay

(LoS) for dementia hospital admissions. The number of clinical conditions was consistently associated with longer LoS. GPs are uniquely placed to manage multimorbidity in dementia patients; this may help prevent some hospitalisations. There may also be scope within the QOF review to encourage greater preventative uptake of outpatient and community services to enable people with dementia to live independently for longer. This research was funded by the Department of Health (DH), and under the Policy Research Unit in the Economics of is one of three analyses undertaken as part of a larger project, 'Higher quality primary care for people with dementia: the effects on hospital admissions, hospital discharges to care homes and length of stay' (Final Report to the Department of Health, April 2015). (RH)
Price: Download gratis; hard copy £5.00
From : The Publications Office, Centre for Health Economics, University of York, York YO10 5DD. Email: che-pub@york.ac.uk
CHE publications website: http://www.york.ac.uk/che/publications/in-house/

227/52   New Zealand patients' perceptions of chronic care delivery; by Jenny Carryer, Fiona Doolan-Noble, Robin Gauld ... (et al).: Emerald.
Journal of Integrated Care, vol 22, no 2, 2014, pp 71-80.
Care coordination for patients with chronic conditions is one aim of an integrated health care delivery system. The purpose of this paper was to compare findings from two separate New Zealand studies and to discuss the implications of the results. The paper described and discussed the use of Patient Assessment of Chronic Illness Care Measure in two different geographic areas of New Zealand and at different times. Findings of the study suggested that despite the time that has elapsed since government investment in care coordination for long-term conditions, there has been little change in the nature of service delivery from the patient perspective. This paper highlights the shortcomings of simply providing additional funding for care coordination without built in accountabilities, no planned evaluation and no concerted focus on what the model of care should look like. (JL)
ISSN: 14769018   From : www.emeraldinsight.com/jica.htm

HEALTH EXPECTANCY

(See Also 227/147)

227/53   Family, frailty, and fatal futures?: Own-health and family-health predictors of subjective life expectancy; by Cathleen D Zick, Ken R Smith, Robert N Mayer, Lorayne B Taylor.: Sage.
Research on Aging, vol 36, no 2, March 2014, pp 244-266.
Subjective life expectancy is a powerful predictor of a variety of health and economic behaviours. This research expands upon the life expectancy literature by examining the influence of familial health histories. Using a genetic/environmental model, the authors hypothesise that individuals' assessments of their life expectancies will be linked to the health of first-degree and second-degree relatives, with same-sex relatives' health exercising a stronger effect than that of opposite-sex relatives. Multivariate analyses based on data from a 2009 survey merged with familial health records (N = 1,019) confirm that the health experiences of same-sex, first-degree relatives are linked to respondents' subjective life expectancy. The relationship between the health experiences of second-degree relatives and subjective life expectancy is much less pronounced. These findings have the potential not only to inform our understanding of health behaviours, but also to encourage communication between patients and health professionals aimed at promoting preventative behaviours. (RH)
ISSN: 01640275   From : roa.sagepub.com

227/54   Why are the old dying before their time?: how austerity has affected mortality rates; by Danny Dorling.
New Statesman, 7 February 2014, pp 35-39.
Between 2008 and 2013, cuts in benefits led to 483,000 older and disabled people in the UK either losing their care support or becoming ineligible to claim it. Rather than blame the rise in mortality of older people on severe flu outbreaks or particularly cold winters, the author argues that increased austerity measures and the 'deliberate' disorganisation of the National Health Service (NHS) are in large part responsible for increasing mortality rates amongst this age group. (NH)
From : www.newstatesman.co.uk

HEALTH SERVICES

227/55   Modelling disparities in health services utilisation for older Blacks: a quantile regression framework; by Andy Sharma.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1657-1683.
With the on-going ageing of the United States population, resolving health disparities continues

to be a prominent and worthwhile goal, particularly in the areas of promoting minority health and reducing racial/ethnic disparities. This analysis employs the 2004 and 2005 Household Component records from the Medical Expenditures Panel Survey (MEPS), which correspond to data files H89 and H97, to examine utilisation by race across the entire distribution function. More specifically, the analysis applies the behavioural model of health services utilisation, and employs a Quantile Regression (QR) framework. This is a noteworthy contribution, because the conditional mean may not be the best approximation for a skewed-location distribution. In contrast, QR is robust to outliers and scale effects, since the estimation minimises least absolute deviation. The sample consists of 2,525 older adults at least 65 years of age, with 303 corresponding to Black and 2,222 corresponding to White. Results suggest older Blacks continue to utilise health services (i.e. office or clinic visits with a physician or medical provider) at lower levels, and this is more pronounced at and below the median quantile (i.e. below the 50th cut-off). Usual source of care (USC) continues to play an important role. Beliefs surrounding the need for insurance and medical intervention are also significant and explain some of the racial disparities. Although utilisation disparities persist for older Blacks, collaborative and flexible models of care can reach this group. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

HEALTHY AGEING

(See Also 227/121, 227/147)

227/56   Exploring the health and wellbeing benefits of gardening for older adults; by Theresa L Scott, Barbara M Masser, Nancy A Pachana.: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2176-2200.
Research shows that contact with nature plays a vital role in our psychological well-being. Domestic gardening is common among older adults who spend more leisure hours gardening than any other age group. Despite this, few studies have systematically explored the significance of domestic gardens in relation to older adults' health and well-being. This study used quantitative and qualitative data from a survey of Australian older adult gardeners (N=331) to examine the perceived therapeutic benefits of gardening, and the effect of ageing in relation to older gardeners' continued participation in gardening. The quantitative data, which included frequencies, were analysed using the PASW Statistics 18.0 package. The qualitative data, which included participants' responses to open questions, were analysed by deriving themes via Leximancer, an innovative text analytics software that uses word association information to elicit concepts, extracting the most important and grouping these according to themes. In relation to the reasons for gardening, several themes were identified, including valuing the aesthetics of gardens, connecting with nature, achievement, and physical and mental activity. The benefits of gardening, and the variety of ways that respondents had adapted or modified their gardening activities in order to continue, are also reported. Gardening was more than a casual leisure pursuit for these participants, who saw it as critical to their physical and psychological well-being. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/57   Healthy ageing in Australia's rural places: the contribution of older volunteers; by Rachel Winterton, Jeni Warburton.: Policy Press.
Voluntary Sector Review, vol 5, no 2, July 2014, pp 181-201.
Case studies of two ageing rural communities in north-east Victoria, Australia reveal that volunteering by older people contributes to community viability. However, over-reliance on older volunteers creates challenges in relation to the sustainability of healthy ageing in rural settings where public sector resources are being rationalised. (OFFPRINT). (NH)
ISSN: 20408064
From : www.policypress.co.uk/journals_vsr.asp

227/58   Healthy ageing in the 21st century: the best is yet to come; by Steve Field (Chair), Birmingham Policy Commissions, III. Birmingham: University of Birmingham, 2014, 47 pp.
In 2011, the University of Birmingham launched a policy commission on healthy ageing, to explore different expectations for flourishing in later life, and how good health in later life can be promoted. This report was published just as the Care Bill 2013/14 reached its final stages in the House of Lords; and it urges policy-makers to "recognise and accommodate super-diversity when planning services for an ageing population". It presents seven key findings. First, the experience of ageing is complex, and only loosely associated with how old someone is. Second, different cultures think about ageing in different ways, yet our society does not fully understand these differences. Third, health inequalities associated with socio-economic disadvantage are also found in the older population. Fourth, enabling people to experience healthy ageing is a long-term project, which needs to be planned carefully. Fifth, older people want control and independence,

but this can be in tension with their need for security, care and support. Sixth, technological support for older people can contribute to healthy ageing, if the support is sensitively developed and applied. Lastly, older people make a huge contribution to society. Some communities and faith groups draw on this contribution in responding to the needs of all their members. Sharing this good practice presents a real opportunity for communities of all kinds. The report discusses seven recommendations for healthy ageing in the UK's 21st century super-diverse society. First, when planning services for an ageing population in the UK, cultural sensitivity should be a vital component. Second, the human rights of older people should be at the heart of health and social care policy. Third, a new statutory post of Commissioner for Older People should be created in England. Fourth, reciprocal relationships that bolster healthy ageing should be central to future care and support arrangements. Fifth, policy makers need to design policies that harness people's instinctive behaviours to work towards, rather than against, healthy ageing. Sixth, more effort is needed to give older people a louder voice in respect of their environment and local community. Lastly, ageing in a super-diverse society is a major challenge that society does not yet fully understand; and Research Councils and other research commissioning bodies should prioritise gaining a better understanding. (RH)
From : The University of Birmingham, Edgbaston, Birmingham B15 2TT.

227/59   Older adults at risk of a cardiovascular event: a preliminary investigation of their experiences of an active lifestyle scheme in England; by Grania Fenton, Kate Hill, Rachel Stocker, Allan House.: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2141-2155.
Reducing risk of a cardiovascular event involves adopting healthier lifestyles. Community-based active lifestyle schemes offer support, but problems with uptake, completion and evaluation are common. The authors report the engagement and experiences of older adults referred to a scheme in a large northern city in England. Data transcribed from a focus group or individual interviews were analysed using thematic framework analysis. Participants reported an increased awareness of health difficulties with age, and described attendance-related psychological benefits, including an increased sense of responsibility for change and having had negative beliefs about age, health and change challenged. Some physical benefits (including reduced weight and blood pressure) were also reported. Those who attended most consistently were more likely to report caring responsibilities and describe positive social and relational outcomes, but were not more likely to report marked physical benefits. The authors recommend several changes to ensure that schemes meet their objectives and the needs of those referred. Age-related, health and lifestyle beliefs do not prohibit change but influence attendance and so should be addressed. Outcomes should be publicised; and structured, fixed-term programmes, incorporating relapse-prevention strategies, should be delivered to a closed group at flexible times. Active follow-up of non-attenders and improved data collection are also recommended. These should reduce the risk of schemes providing social support at the expense of intended health benefits. (RH)
ISSN: 0144686X   From : journals.cambridge.org/aso

227/60   World report on ageing and health: summary; by World Health Organization - WHO. Geneva: World Health Organization, 2015, 28 pp (WHO/FWC/ALC/15.01).
Comprehensive public health action on ageing is urgently needed; and no matter what the level of a country's socioeconomic development, there is something that can be done in every setting. This summary report outlines a public health framework for action that is built on the concept of Healthy Ageing. Among angles covered are: changing perceptions of healthy ageing; ageing, health and functioning; and creating age-friendly environments for older people. A full report (260 pp) uses case studies and statistical tables and graphs to look in detail at adding health to years, health systems, long-term care systems, and actions toward an age-friendly world (see: http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf?ua=1). It suggests the following as key actions for healthy ageing: aligning health systems to the needs of the older populations they now serve; developing systems for providing long-term care; creating age-friendly environments; and improving measurement, monitoring and understanding. case studies and statistical tables and graphs (RH)
From : http://apps.who.int/iris/bitstream/10665/186468/1/WHO_FWC_ALC_15.01_eng.pdf?ua=1

HOME CARE

(See Also 227/65, 227/116)

227/61   Ageing at home?: Meeting housing, health and social needs; by Jill Stewart, Rachel Crockett, Jim Gritton ... (et al).: Emerald.
Journal of Integrated Care, vol 22, no 5/6, 2014, pp 218-228.
The present study aimed to consolidate a range of issues relevant to owner occupiers who age in place and to offer an initial overview of how effective partnerships can respond to and meet the changing housing, health and social care needs of the ageing population. Issues affecting older

people's changing needs were considered holistically and considered in terms of how partnerships could be enhanced to develop improved services in the future. Study findings showed that most owners wish to stay in their own homes for as long as possible and it can be cost effective to do so. However there is a need to look at new and innovative ways of developing and providing front-line services to enhance health and safety in the home as well as quality of life and wellbeing issues such as combatting loneliness and isolation. Although there are examples of evidence-based good practice, service provision is variable and there is a risk that many older home owners may miss out on services for which they may be eligible. With this in mind it may be helpful to develop a new framework where one key practitioner holds responsibility to consolidate and coordinate the range of local services available as a package that offers a range of housing, health and social care services. (JL)
ISSN: 14769018   From : www.emeraldinsight.com/jica.htm

HOMELESSNESS

227/62   Homelessness and older people: a review of the risks; by Michael P Tully, Sarah Mitchell.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 126, April 2014, pp 53-58.
Older people can and do become homeless, and this is not limited to those with a previous history of homelessness. As well a this status being highly stigmatising, it can have multiple negative effects on both physical and psychological health. Psychological therapists (such as the authors) working with older people are situated in a variety of settings, such as hospitals and prisons, which are known gateways to homelessness. They also work within services, such as mental health teams, which can support people who are homeless. As a result, they have a significant role to play in both preventing older people from becoming homeless and providing services to those who are. To support this work, this article attempts to highlight the issues of homeless older people and the risk factors associated with becoming homeless. (RH)
ISSN: 13603671   From : www.bps.org.uk

HOSPITAL CARE

(See Also 227/130)

227/63   Enhancing family inclusive practice on an acute inpatient ward: the Family Liaison Service; by Ariane Zegarra.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 51-55.
National policies for mental health increasingly recognise the needs of families and carers, and advocate for their centrality to service provision. This is the case particularly in relation to older adult services, where a culture of partnership at clinical, research and service development levels is envisioned. Family members; needs and centrality during recovery come to the foreground on acute inpatient wards, yet in practice working in partnership presents particular challenges in these settings. In this article, the author shares the process, experience and learning from an initiative to enhance family inclusive practice on an older adult acute inpatient ward: the Family Liaison Service. She focuses on learning about how the "task" of inpatient admission is reconstructed, and outlines further research and service developments which followed the Family Liaison Service. (RH)
ISSN: 13603671
From : www.bps.org.uk

HOUSING

227/64   The affordability of retirement housing: an inquiry ...; by Richard Best (chair), All Party Parliamentary Group on Housing and Care for Older People. London: All Party Parliamentary Group on Housing and Care for Older People, 2013, 51 pp.
There is evidence that older people who move to specialist retirement housing (e.g. apartments, town houses and bungalows) enjoy a higher quality of life, improved social networks, and positive outcomes in health and well-being. Politicians and policy makers across the political spectrum are concerned with the plight of first time buyers. There is much less attention on older people who occupy homes which are too large, difficult to maintain, and expensive to run. This paper presents conclusions and recommendations from the All Party Parliamentary Group on Housing and Care for Older People (APPG) inquiry which considered what actions could be taken to bridge the affordability gap for retirement housing, and measures to enable older people to move to more suitable housing. It draws on sources including Jenny Pannell's evidence review on supported housing for the Joseph Rowntree Foundation (JRF), research commissioned by McCarthy and Stone; and research undertaken by Demos. (RH)
From: http://www.demos.co.uk/publications/theaffordabilityofretirementhousing

227/65   Narratives of home and place: findings from the Housing and Independent Living Study; by Lynette Mackenzie, Cassie Curryer, Julie E Byles.: Cambridge University Press.
As populations age, increased focus is given to the importance of enabling older people to age in place. The study reported in this paper explored the extent to which older people considered their homes and neighbourhoods to be 'supportive', and sought to increase understanding of the needs and experiences of older people and their expectations of future housing needs. This paper reports qualitative data from the Housing and Independent Living (HAIL) study carried out in Australia. Semi-structured interviews were conducted with 202 community-dwelling people aged 75-79 years. Interviews were transcribed, coded and analysed using computer-assisted qualitative analysis and a narrative approach to identify broad themes. Thematic analysis was used to examine and understand how occupants subjectively viewed their homes, and how they planned to adapt/modify either their activities or homes to accommodate changing needs. Six key themes emerged, namely housing choice, attachment to place, financial issues, changes to the home over time, transport, and anticipating the future. In this study, people who most strongly identified with and felt connected to their neighbours/communities had more positive perceptions of their homes and communities, and may be better able to remain in their home despite increasing disability or frailty. Housing policies and home and urban design should ensure home and neighbourhood environments are safe, accessible, promote positive associations, and are adaptable to facilitate independence and accommodate change as people age. (RH)

227/66   Older owners: research on the lives, aspirations and housing outcomes of older homeowners in the UK; by James Lloyd, Will Parry, Strategic Society Centre. London: Strategic Society Centre, 2015, 44 pp.
In 2011, there were some 6.5 million older people living in owner-occupied homes in England. Of these, around 5.7 million owned their home outright, the remainder owning with a mortgage or some form of shared ownership. This report uses   data from the 2011 Census and Wave 3 of Understanding Society (the UK Household Longitudinal Study, UKHLS), a nationally representative panel survey, to provide a description of the housing wealth, outcomes and lives of older homeowners; and to describe older homeowners in relation to key housing policy outcomes. The report examines the older population in relation tenure; and considers older owners' housing characteristics and living situation. It looks at older owners in relation to their income and economic activity, also issues of disability, health and caring. It considers older owners' attitudes to their neighbourhood, and the extent of any problems with their local environment and services. Lastly, their moving plans and preferences are described. Another report, 'Open plan: building a strategic policy toward older owners', considers the implications of the research findings for policy development. Publication of this report has been supported by Hanover Housing. (RH)

227/67   Open plan: building a strategic policy toward older owners; by James Lloyd, Strategic Society Centre. London: Strategic Society Centre, 2015, 44 pp.
The UK is experiencing unprecedented growth in older homeowners (some 6.5 million in 2011 just in England). While the rise of the older homeowner has brought some benefits to individuals and society, there are also questions and challenges.
This report provides policy analysis and discussion to accompany the findings of 'Older owners: research on the lives, aspirations and housing outcomes of older homeowners in the UK'. It seeks to untangle the emerging overlapping and contradictory policy agendas relating to: specialist retirement housing and home adaptations; under-occupancy and housing supply; the use of housing wealth to fund retirement; and housing wealth taxation and fairness. The report argues the government should: increase the supply and take-up of specialist retirement housing - in the right locations; tackle the barriers and costs of moving home for older homeowners; tackle the 'affordability gap' for older homeowners through partial or shared ownership and 'Help to Buy'; and help older homeowners to 'downsize in place'. Publication of this report has been supported by Hanover Housing. (RH)

227/68   Out with the old; by Roland Kelts.
Older inhabitants of Japan's rural areas are abandoning their houses to move to the cities. These abandoned buildings, or 'ghost homes' as they are referred to, were not built to last and are too expensive to repair. One 72-year-old architect is working to restore some of these houses by dismantling, moving, restoring and modernising the materials and techniques of Japan's rural builders. (NH)

HOUSING WITH CARE

(See Also 227/64, 227/65, 227/135)

227/69   Extracare: does it promote resident satisfaction compared to residential and home care?; by Judith E Phillips, Christine Dobbs, Vanessa Burhold, Hannah Marston.: Oxford University Press.
British Journal of Social Work, vol 45, no 3, April 2015, pp 949-967.
Extracare housing is seen as an innovative solution to meet both accommodation and care needs of increasing numbers of older people. This paper is based on a mixed method study exploring whether extracare is for 'fit' and 'frail' older people. In particular, the authors compare the satisfaction (financial, personal, social, environmental and access to personal services) of older people in extracare with those in residential care and older people in the community. In relation to the domains of financial satisfaction, residential care respondents reported lower satisfaction, fewer friends and lower social support than those in extracare and in the community, but older people in extracare were less satisfied with their access to personal social services. Additionally, although the care environment did not predict social satisfaction, from our qualitative interviews, it was found that, whereas more opportunities to socialise existed in extracare, there was little evidence of new developing friendships. These findings are important for social workers and social care professionals when assessing the needs of older people and exploring provision that can meet often complex needs in times of crisis and transition. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

INCOME AND PERSONAL FINANCE

227/70   Income security and a good retirement; by Will Parry, James Lloyd, Strategic Society Centre; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, July 2015, 37 pp.
This report describes the results of explorative, quantitative research into the association between level of secure income and a range of retirement outcomes, for retirees in England with some form of private pension income. The research was undertaken in the wake of the April 2015 changes to rules on Defined Contribution (DC) pension savings, which broke with the previous regime - known as the 'annuities deal' - which required DC pension savers to convert their savings into a secure income at retirement. (NH)
From : https://www.jrf.org.uk/report/income-security-and-good-retirement

227/71   Low-income retirees, financial capability and pension choices; by James Lloyd, Chris Lord, Strategic Society Centre; NatCen Social Research; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, July 2015, 4 pp (Inspiring social change; Ref: 3128).
This research looks at low-income retirees with Defined Contribution pension savings. It examines how choices are being made on pensions and the implications for retirement income since changes were implemented in April 2015, allowing retirees to opt to draw down or cash in their pension pots. It also examines the impact of individuals' financial capability. (NH)
From : https://www.jrf.org.uk/report/low-income-retirees-financial-capability-and-pension-choices

227/72   Perceived retirement savings adequacy in Hong Kong: an interdisciplinary financial planning model; by Kee-Lee Chou, Kar-Ming Yu, Wai-Sum Chan (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1565-1586.
Using an interdisciplinary model of financial planning, the authors investigated the factors contributing to perceived adequacy of retirement savings among Hong Kong workers by replicating a previous study of American and Dutch workers. The model was also tested for age differences in the way in which the variables operated within the model. These questions were examined using data from a phone survey conducted with 999 Hong Kong workers in 2012. The authors examined three psychological factors (future time orientation, goal clarity and financial knowledge), three social support variables (early learning from parents, spousal support and friend support) and three institutional factors (quality of employer pensions, trust in banks and fund managers, and trust in the government), as well as retirement savings planning activity and perceived retirement savings adequacy. Path analyses were used to test the model for the whole sample, and separately for younger (N=437) and older (N=562) workers. Although a few age differences were found in the path analyses, the model was found to be useful in explaining the factors contributing to retirement savings planning and practices. How these findings differ from those of prior studies are discussed, and their theoretical and practical implications are assessed. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/73   Precautionary savings against health risks: evidence from the Health and Retirement Study; by
              Tansel Yilmazer, Robert L Scharff.: Sage.
              Research on Aging, vol <u>36</u>, no 2, March 2014, pp 180-206.
              The precautionary savings model predicts that households accumulate wealth to self-insure against
              unexpected declines in future income and unforeseen expenditures. The authors used data from
              the US Health and Retirement Study (HRS) to construct two measures of health risks, with the
              aims of: investigating whether the near-elderly who face higher health risks save more; and
              examining the factors that contribute to health risks that the near-elderly face. Their results do not
              support the hypothesis that household savings increase with the health risks that they face.
              Individuals who confront higher health risks in the future are those who are already in fair or poor
              health status, or those who have a health condition such as diabetes or lung disease. Lower
              earnings and high medical expenditures caused by current poor health status prevent households
              from accumulating savings for future health adversities. (RH)
              ISSN: 01640275
              <u>From</u> : roa.sagepub.com

227/74   Where next for pensioner living standards?; by Gemma Tetlow, Institute for Fiscal Studies - IFS;
              Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, September 2015,
              9 pp (Inspiring social change; Ref: 3145).
              Draws together key findings from a programme of work which looked at the prospects for future
              pensioner living standards. Findings include the prospect that the improvement in average
              pensioner living standards seen over the last few decades is likely to continue into the start of the
              next decade. Recent pension reforms to the state pension system are likely to mean that fewer
              pensioners will be reliant on means-tested benefits to lift them out of income poverty, but for
              middle and higher income people the state pension will increasingly replace less of their earnings.
              With greater reliance now being placed on individuals' private savings decisions, it will be
              important for the government to ensure that people have the right, accessible information to help
              them plan appropriately for retirement; and with working lives likely to continue getting longer,
              policy-makers will need to continue to be aware that not everyone will be equally able to work
              into older age. (NH)
              <u>From</u> : https://www.jrf.org.uk/report/where-next-pensioner-living-standards

              INEQUALITY AND HUMAN RIGHTS

              (See Also 227/87)

227/75   Is Britain fairer?: The state of equality and human rights 2015: executive summary; by Equality
              and Human Rights Commission - EHRC.: Equality and Human Rights Commission, October
              2015, 10 pp.
              'Is Britain fairer? The state of equality and human rights 2015' is the Commission's five-yearly
              statutory report on equality and human rights progress in England, Scotland and Wales.
              This executive summary allows readers to become rapidly acquainted with the main report's key
              findings relating to: education and learning; work, income and the economy; health and care;
              justice, security and the right to life; and the individual and society. It lists eight key equality and
              human rights challenges for Great Britain. 1. Improve the evidence and the ability to assess how
              fair society is. 2. Raise standards and close attainment gaps in education. 3. Encourage fair
              recruitment, development and reward in employment. 4. Support improved living conditions in
              cohesive communities. 5. Encourage democratic participation and ensure access to justice. 6.
              Improve access to mental health services and support for those experiencing (or at risk of
              experiencing) poor mental health. 7. Prevent abuse, neglect and ill-treatment in care and detention.
              8. Tackle targeted harassment and abuse of people who share particular protected characteristics.
              (RH)
              <u>From</u>: http://www.equalityhumanrights.com/about-us/our-work/key-projects/britain-fairer-0

227/76   Is Britain fairer? The state of equality and human rights 2015: presented to Parliament pursuant
              to Section 12 of the Equality Act 2006 as amended by the Enterprise and Regulatory Reform Act
              2013; by Equality and Human Rights Commission - EHRC.: Equality and Human Rights
              Commission, October 2015, 137 pp.
              'Is Britain fairer? The state of equality and human rights 2015' is the Commission's five-yearly
              statutory report on equality and human rights progress in England, Scotland and Wales.
              This main report presents key findings relating to: education and learning; work, income and the
              economy; health and care; justice, security and the right to life; and the individual and society. It
              identifies and expands upon the eight most significant areas requiring improvement. 1. Improve
              the evidence and the ability to assess how fair society is. 2. Raise standards and close attainment
              gaps in education. 3. Encourage fair recruitment, development and reward in employment. 4.
              Support improved living conditions in cohesive communities. 5. Encourage democratic
              participation and ensure access to justice. 6. Improve access to mental health services and support

for those experiencing (or at risk of experiencing) poor mental health. 7. Prevent abuse, neglect and ill-treatment in care and detention. 8. Tackle targeted harassment and abuse of people who share particular protected characteristics. Supporting evidence on a range of domains is also available. (RH)
From: http://www.equalityhumanrights.com/about-us/our-work/key-projects/britain-fairer-0

INFORMATION

227/77   Tell me!: Improving information-provision for older Londoners; by Age UK London. London: Age UK London; London Councils, [2015], 26 pp (A5 booklet); 15 pp (download).
This report aims to to improve the information older people receive from local councils and the NHS to help access vital public services. The report, which looks at access to information from public bodies such as Local Councils, NHS Trusts and Clinical Commissioning Groups (CCGs) in the capital, is based on findings from older people (143 questionnaire respondents) in 25 London Boroughs. Some older people found obtaining information particularly difficult; and among reasons given were: not having internet access; websites not enabling easy access to information; and answer-phone automated response systems not having relevant options, resulting in long periods on hold. The report recommends that older people are involved in the design and testing of the medium whereby information is provided: websites, telephone services, printed publications, or face-to-face. (RH)
From : Age UK London, 1st Floor, 21 St Georges Road, London SE1 6ES.
www.ageuk.org/london
Download: http://www.ageuk.org.uk/brandpartnerglobal/londonvpp/documents/idbb3119%20london%20tell%20me%20report%20web.pdf

INFORMATION AND COMMUNICATION TECHNOLOGY

(See 227/21)

INTEGRATED CARE

(See Also 227/52)

227/78   "Sliding doors": innovative approaches to supporting culture change; by Gill Walker, Laura Gillies.: Emerald.
Journal of Integrated Care, vol 22, no 4, 2014, pp 154-164.
Reshaping Care for Older People (RCOP) and Integration of Health and Social Care are central to providing a care system in Scotland that meets older people's current and future needs. Their implementation requires a workforce with the appropriate knowledge, skills and values to engage with older people across health and social care sectors, together with a change in professionals' thinking about services. The paper aims to discuss these issues. NHS Education for Scotland, the Scottish Social Services Council and a learning and development consultancy designed and delivered innovative education resources to support health and social care staff across Scotland to understand the new agenda and recognise its meaning for practice. Two related resources were developed: a workshop using actors to depict scenarios from older people's lives to support participants to reflect on the new policy direction and outcomes-focused approaches; and an online resource using the same characters that could be delivered locally for groups and individuals. Participants were enabled to identify what they needed to do differently and how they could support one another to make necessary changes. A formal evaluation was commissioned The resource characters represented the people the new policy was designed to affect. By following their lives through an educational drama approach, health and social care staff could understand the difference RCOP and the integration agenda could make and recognise their part in effecting change. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/79   Beyond practitioner-research: integration to outcomes; by Rebecca Gamiz, Abenet Tsegai.: Emerald.
Journal of Integrated Care, vol 22, no 3, 2014, pp 108-116.
This paper illustrates how joint practitioner research can influence practice and stimulate meaningful partnership working from the bottom up within a social care setting. The impact of this integrated approach to practice and learning can enable improved outcomes for people. The project involved a social worker from Midlothian Community Care Team and one Carer Support Worker from VOCAL Midlothian Carers Centre. The research aimed to explore how approaches to working with carers affected personal outcomes for them. The authors outline the research and explore the reflective process underlying the project including the subsequent phase of implementation. The authors discuss what they understood from the practice, heard from carers

and fellow workers, and learned from each other. The authors consider the project in the wider context of evidence-based practice. Key enablers and challenges are identified to the production of joint practitioner research and more broadly to outcomes for carers. The authors also examine the reflective process of joint working between individuals and the impact this can have on facilitating integrated working, at both a practice and service level. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/80   Context matters: general practice and social work - the Birmingham story; by Alan Lotinga.: Emerald.
Journal of Integrated Care, vol 23, no 2, 2015, pp 88-95.
The purpose of this paper was to describe the approach adopted to building relationships between health and social care in Birmingham. This was a practical case study, reflecting on personal experience of being directly involved in the situations and discussions described. It supplements a 2012 paper (Lotinga and Glasby, 2012) on the creation of Birmingham's Health and Well-being Board. Local history and context was found to be crucial in shaping the nature of local joint working initiatives _ understanding where local services came from and why they made the choices they did was a crucial pre-requisite for understanding current and future opportunities. This paper aims to place joint working between general practice and social work in a broader organisational, financial and policy setting _ and placing local developments in this wider context is crucial for understanding barriers and opportunities locally. In the absence of a detailed evidence base, front-line practice is often far ahead of the current research evidence. This means that local case studies like this are crucial in terms of sharing learning with other areas of the country, with policy makers and with researchers. While many case studies of joint working are small in nature, Birmingham is the largest local authority in Europe _ so this paper also contributes learning based on trying to develop joint working in very large, complex authorities. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/81   Joining up care around the individual: lessons from Vancouver; by John P Sloan.: Emerald.
Journal of Integrated Care, vol 22, no 2, 2014, pp 32-38.
The purpose of this paper was to describe lessons learned from a home care practice for frail older people. The study was written from the viewpoint of a general practitioner who, with the help of colleagues, set up a home care project known as HomeViVE, or Home Visits to Vancouver's Elders. This was strictly a description of the author's point of view in respect of care of frailty designed to avoid institution. Generally, frail older patients chose care focused on comfort and function as opposed to the traditional systematic healthcare goals of rescue and prevention. The author argues that this choice should be respected. Cost-saving as well as improvement in care is possible through team-based relationship-oriented home care of frail older people where that care emphasises comfort and function. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/82   New conversations between old players?: The relationship between general practice and social care; by Jon Glasby, Robin Miller.: Emerald.
Journal of Integrated Care, vol 23, no 2, 2015, pp 42-52.
General practice and adult social care have had to overcome various challenges to forge strategic relationships since GPs have taken over the lead role in commissioning local NHS services through Clinical Commissioning Groups (CCGs). Researchers at the University of Birmingham's Health Services Management Centre conducted this scoping review of evidence on joint working, which highlighted some key issues to be resolved, including the practical difficulties of engaging GPs in inter-agency collaborations; a lack of mutual understanding; different priorities and geographical boundaries; and turbulent policy contexts in both sectors. This review looked at evidence on `integrated working', at practice or operational team levels in relation to individuals and their families, and `partnership working', at organisational or strategic levels in relation to the needs of populations or sub-groups of populations. In the context of integrated working, the research suggested that GPs and social workers often do not understand the other profession's unique role, responsibilities and perspectives. In order for the key players to engage with each other, formal (e.g. shared forums) and informal (e.g. networking) opportunities are required. The report included an examination of the key terms (primary care, adult social care, integration and partnership); what was known from previous research; key themes from the literature and from interviews; and implications for policy, practice and research. The review identified nine empirical studies, none of which contained much information about costs and savings. There was still insufficient evidence to know what impact joint working might have on future spending. The interviews identified that recent changes have created opportunities for new relationships, but that progress may be difficult in a very complex policy environment. It is suggested that more

opportunities need to be given for GPs and social workers to understand their respective roles and professional perspectives, in order to develop a reciprocal acceptance of their differing practice, financial and performance contexts. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/83   Organizational innovation and integrated care: lessons from Buurtzorg; by Sharda Nandram, Nicole Koster.: Emerald.
Journal of Integrated Care, vol 22, no 4, 2014, pp 174-184.
The present study aimed to describe the case of Buurtzorg Nederland as a good practice example of integrated care, focusing in particular on the organisational aspects of its innovation. Drawing on a grounded approach, this case study was based on individual interviews with 38 respondents comprising staff, founder, co-founders, coaches, nurses, clients and a trainer and analysis of internal company reports. Based on the study the authors suggest an integrated approach as the main explanation of the good practice at Buurtzorg rather than a focus on one single concept such as management structure, information and communication technology, community-based care or a patient focus. Next to the multi-level approach it furthermore shows a multi-dimensional approach as explanation for its success. Buurtzorg Nederland has been awarded with several prizes for its good management practice in integrated care and attention internationally is growing. This paper provides the first case study write-up of the Buurtzorg model for an international audience. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/84   Practice-integrated care teams: learning for a better future; by Angela Beacon.: Emerald.
Journal of Integrated Care, vol 23, no 2, 2015, pp 74-87.
This paper presents a case study of one aspect of integrated work which has taken place in Central Manchester, the development of multi-disciplinary Practice-Integrated Care Teams (PICT). The paper shows how working together has become a practical reality for members of these teams, and is forming the building blocks for further integration across neighbourhoods. The paper draws on the author's experience of working in the PICT project from 2012 to 2014. The report draws on the evaluation work which took place during the project, and includes reflections from others involved in the project and members of the teams. The integrated care teams which have been developed in Central Manchester have started to make significant changes to the ways that professionals work together, to the experience that patients have and to the costs of urgent care provision. Whilst there is still a long way to go, there has been significant learning from the PICT. This includes improved patient outcomes and experience. There has been an overall reduction in secondary care activity for patients the teams have been working with, the largest reduction being in emergency admissions. Alongside this, patient feedback has reinforced the value of this personalised approach and increased overall satisfaction with the care and advice received from health and social care professionals and an improved professional experience. Evaluation has demonstrated that amongst professionals involved in the team there is a strong commitment to the principles of integrated care and that the confidence, skills and capacity of the teams have strengthened since this way of working has been introduced. As monitoring of financial impact continues to develop, cost savings from secondary care, particularly around emergency unplanned care, are encouraging. This paper draws on the recent experience of designing and delivering integrated care across a range of multi-agency, multi-professional partners. The model which has been developed centres around the role of general practice, and has enabled primary care to take a key role in the development of an out-of-hospital integrated care system. This has enabled community professionals such as nurses and social workers to build a much stronger relationship with general practice and enable system linkages which will be essential to the delivery of joined-up health and social care in the future. The project has been accompanied by thorough and ongoing evaluation to support the validity of the learnings which have been reported. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/85   Service user and carers perspectives of joint and integrated working between health and social care; by Ailsa Cameron, Lisa Bostock, Rachel Lart.: Emerald.
Journal of Integrated Care, vol 22, no 2, 2014, pp 62-70.
The purpose of this paper was to provide an update to a review of the joint working literature in the field of health and social care for adults, with particular emphasis given to the experiences of users and carers. The aims of the literature review remained largely the same as those of the original and aimed to identify: models of joint working, evidence of effectiveness and cost-effectiveness and the factors promoting or hindering the models. However, to reflect the growing interest in the experiences of users and carers a fourth aim was added to map these experiences. Given their prominence in terms of policy debates about integration, the review focused on jointly organised services for older people and people with mental health problems in

the UK only. The review demonstrates tentative signs that some initiatives designed to join up or integrate services can deliver outcomes desired by government. Importantly some studies that report the experiences of users of services and carers suggest that they perceive benefits from efforts to join up or integrate services. (JL)
ISSN: 14769018
<u>From</u> : www.emeraldinsight.com/jica.htm

227/86 Time for some home truths: exploring the relationship between GPs and social workers; by Catherine Mangan, Robin Miller, Jeremy Cooper.: Emerald.
Journal of Integrated Care, vol <u>22</u>, no 2, 2014, pp 51-61.
The purpose of this paper was to explore the relationship between general practitioners (GPs) and social care professionals by reflecting on a project which sought to improve joint working between general practice and social care though an action research process. The project, known as Home Truths and developed by iMPOWER Consulting, involved gathering local data regarding joint working in local areas and using this data as a catalyst for change. The Institute of Local Government Studies and the Health Services Management Centre at the University of Birmingham were asked to act as a critical friend to the project. This involved supporting the design of the data collection, offering advice on the process and carrying out a short evaluation of the impact of the first wave. This paper reflects on the collected data from the sites and information from the impact evaluation. The study highlights the poor quality of the relationship between GPs and social workers. Findings that illustrate this include GPs' poor knowledge of social care services; a perception that social care services were of poor quality and rating the quality of their relationships with social workers as poor. However GPs felt that knowing more about social care could help prevent their patients going into residential care earlier than necessary and wanted to work more closely with social care to exploit the benefits and opportunities. The interventions that have been put in place to try and improve relationships focus on the day-to-day working lives of the professionals rather than attempting to introduce new initiatives. The response rate from GPs in the areas was found to be low (average response rate was 10 per cent in each area) and it may be that only those GPs who were interested in working with social care responded. The initiatives that have been developed appear to be reasonable responses to the issues identified. However, a lack of discrete outcomes through which to measure improvement will make it difficult to demonstrate the impact of the interventions. (JL)
ISSN: 14769018
<u>From</u> : www.emeraldinsight.com/jica.htm

INTERGENERATIONAL ISSUES

227/87 Young against old?: What's really causing wealth inequality?; by James Lloyd, Trades Union Congress - TUC. London: TUC, 2015, 48 pp (Touchstone pamphlet, 14).
The idea that the fall in living standards experienced by some younger people in recent years are the result of 'older people hoarding all the wealth' is challenged. This discussion paper provides new insight and analysis for the UK debate on intergenerational fairness and how best to improve the long-term outlook for today's younger cohorts. It draws on research commissioned by the Trades Union Congress (TUC) from the Personal Finance Research Centre at the University of Bristol, using data from the UK Wealth and Assets Survey (WAS). It uses this evidence to critically examine some of the assumptions in public debate on intergenerational fairness and the wealthy old. For example, it asks whether pensioners are now the wealthiest group in society; whether age is the best predictor of household wealth; and can public spending on older people easily be cut or rationed? To sum up, would transfers from age-related public spending be an effective way of improving intergenerational fairness? The analysis concludes that although retirees are more likely to be wealthier than the youngest cohorts, it is adults in their 40s and 50s, high earners and homeowners who are most likely to be the wealthiest. Public policy should focus on measures that improve job security and earnings, and which distribute assets more fairly. (RH)
<u>Price</u>: £10.00 (Download FOC)
<u>From</u> : Trades Union Congress, Congress House, Great Russell Street, London WC1B 3LS. Download: https://www.tuc.org.uk/sites/default/files/YoungagainstOld.pdf

INTERNATIONAL AND COMPARATIVE

(See Also 227/4, 227/5, 227/10, 227/26, 227/40, 227/49, 227/52, 227/60, 227/68, 227/72, 227/83)

227/88 Facing the facts: the truth about ageing and development; by Kate Horstead, Ken Bluestone, Judith Escribano (et al) (eds), Age International. London: Age International, [2014], 85 pp.
There are currently 868m older people in the world; by 2050 this will have reached more than 2bn. Older people are vulnerable - but they are also incredibly valuable. The success of the world's future development depends on how we respond to ageing. This report is a compilation of 21 articles reflecting the views from 25 thought leaders, development experts and academics to

discuss the impact of an ageing world on international development. The articles are arranged in four sections which focus on: challenging preconceptions about ageing; understanding health and care needs; recognising that ageing is about more than older people; and taking action. A summary report (32 pp) is also available (http://www.ageinternational.org.uk/Documents/Exec%20Summary_Facing%20the%20Facts_Age%20International.pdf). (RH)
From : Age International, Tavis House, 1-6 Tavistock Square, London WC1H 9NA.
Website: ageinternational.org.uk http://www.ageinternational.org.uk/Documents/Age%20International%20Facing%20the%20facts%20report.pdf

227/89   Global AgeWatch index 2015: insight report; by Jane Scobie, HelpAge International. [London]: HelpAge International, 2015, 28 pp.
The Global AgeWatch Index ranks countries according to the social and economic well-being of older people, by measuring four key domains: income security, health status, capability, and the enabling environment. It compares and ranks 96 countries (out of 194 countries, covering 91% of the world's population), highlighting good practice and areas for improvement, as well as the many and large gaps in the data. It finds that inequality is increasing, and that austerity measures are hitting older people, women being particularly affected. Switzerland is at the top of this index: nearly 24% of its population is over 60, and the country has a range of policies and programmes on active ageing, promoting capability, health and the enabling environment for older people. At the other end of the scale, Afghanistan has only 4% of its population aged 60 and over, but with few local or national policies to promote older people's well-being. The website www.globalagewatch.org provides data sources, the full methodology report and more detailed country analysis. (RH)
From : HelpAge International, PO Box 70156, London WC1A 9GB.
Download: http://reports.helpage.org/global-agewatch-index-2015-insight-report.pdf

LIFE-LONG LEARNING

227/90   The effects of learning on wellbeing on older adults in England; by Andrew Jenkins, Tarek Mostafa.: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2053-2070.
There is growing interest in factors which can contribute to the well-being of older adults. Participation in learning could have beneficial effects, but to date research on the benefits of learning has tended to focus on young people or those in mid-life; and there is currently little evidence on the impact of learning on older adults' well-being. This paper provides new, quantitative evidence on the relationship between older adults' participation in learning and their well-being. This study used data from the English Longitudinal Study of Ageing (ELSA), a continuing, longitudinal survey of older adults. To measure well-being, the authors used the CASP-19 instrument, a subjective well-being measure which is available at all waves of the ELSA survey. Respondents were asked about four types of learning activity: obtaining qualifications; attendance at formal education/training courses; membership of education, music or arts groups or evening classes; and membership of sports clubs, gym and exercise classes. To take account of unobservable factors which might influence well-being, the authors applied fixed effects panel regressions to four waves of ELSA data. Learning was associated with higher well-being after controlling for a range of other factors. Evidence was found that more informal types of learning were associated with higher well-being. There was no evidence that formal education or training courses were associated with higher well-being. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

LONELINESS AND SOCIAL ISOLATION

227/91   Association of social isolation and health across different racial and ethnic groups of older Americans; by Christina E Miyawaki.: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2201-2228.
Social isolation is a social and public health problem that affects people of all ages, especially older people. Previous studies have found that social isolation in many industrialised countries is associated with negative health outcomes. However, it is unknown whether and how this association differs by race/ethnicity and age. This study examines the association of social isolation and physical and mental health among Black, White and Hispanic elders in the United States of America. Building on Cornwell and Waite's perceived isolation and social disconnectedness dimension model of social isolation, the author used multi-stage survey data from a nationally representative sample of 3,005 adults aged 57-85 living in the community from the National Social Life, Health, and Aging Project. Tests were conducted separately for association between health and age, gender, marital status, education and race/ethnicity. Multivariate logistic regressions were used to test the association of social isolation and health exclusively and separately for these three groups. Results showed that social isolation is strongly

associated with physical and mental health. Both perceived isolation and social disconnectedness had a significant negative association with physical and mental health among White older people. For Blacks, social disconnectedness is negatively associated with their physical health, while perceived isolation had a negative association with mental health. For Hispanic older people, there seemed to be no association between social isolation and physical health, but a significant negative association was found with their mental health. Despite various associated patterns, however, social isolation overall was associated with health outcomes that were similar across the three groups. By identifying factors influencing social isolation and health among minority older Americans, this study has relevance to the development of culturally sensitive health-care practice and services, which may be applicable to minority elders in different countries. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/92   Social isolation and cognitive function in Appalachian older adults; by Elizabeth A DiNapoli, Bei Wu, Forrest Scogin.: Sage.
Research on Aging, vol 36, no 2, March 2014, pp 161-179.
Investigating the relationship between social isolation and cognitive function will allow us to identify components to incorporate into cognitive interventions. Data were collected from 267 Appalachian older adults (M = 78.5, range 70-94 years). Overall cognitive functioning and specific cognitive domains were assessed from data of a self-assembled neuropsychological battery of frequently used tasks. Social isolation, social disconnectedness, and perceived isolation were measured from the Lubben Social Network scale-6.
Results indicate a significant positive association between all predictor variables (e.g. social isolation, social disconnectedness, and perceived isolation) and outcome variables (e.g. overall cognitive function, memory, executive functioning, attention, and language abilities). Perceived isolation accounted for nearly double the amount of variance in overall cognitive functioning than social disconnectedness (10.2% vs 5.7%). Findings suggest that social isolation is associated with poorer overall cognitive functioning, and this remains true across varied cognitive domains. (RH)
ISSN: 01640275
From : roa.sagepub.com

LONG TERM CARE

(See Also 227/73, 227/129)

227/93   Long-term care (LTC) protection for older persons: a review of coverage deficits in 46 countries; by Xenia Scheil-Adlung, International Labour Organization - ILO. Geneva: International Labour Organization, 2015, (Extension of social security series, Working paper no. 50).
Due to the global demographic ageing, all countries are challenged by growing long-term care (LTC) needs for older people. However, these needs are largely ignored and range very low on the policy agendas of most countries. This paper has developed global estimates on LTC protection of people aged 65 and over. It examines long-term care (LTC) protection in 46 developing and developed countries covering 80% of the world's population, and provides data on LTC coverage for the population aged 65+. It identifies access deficits for older people due to the critical shortfall of formal LTC workers. It presents the impacts of insufficient public funding, the reliance on unpaid informal LTC workers and high out-of-pocket payments (OOP). It calls for recognising LTC as a right, and mainstreaming LTC as a priority. (RH)
From: http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_407620.pdf

MEDICATION

227/94   Managing and administering medication in care homes for older people: a report for the project: 'Working together to develop practical solutions: an integrated approach to medication in care homes'; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, April 2012, 38 pp.
Older people in care homes are among the most vulnerable members of society, and are reliant on care home staff for many of their everyday needs. A combination of complex medical conditions may lead to the need to take multiple medications with care home residents taking an average of 7 or 8 medications. This 'polypharmacy' in turn increases the risk of medication error - which may occur as a result of a failure in prescribing, dispensing, administering or monitoring medication. This report focuses on the administering of medication in care homes, and is intended for care home owners, managers and senior staff. It draws together information from a variety of sources to describe the extent of the problem, identify common causes, and suggest simple and practical ways of reducing the risk of error when administering medication. One such example is the principle of the 5 Rs: right resident, right medication, right dose, right route, and right time. The report includes a review of the regulations, standards, guidance and codes of practice

produced by national bodies and some local NHS Trusts. (RH)

MENTAL HEALTH

227/95 A cognitive behavioural therapy group for carers of people with dementia; by Sarah Addison.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 28-33.
The prevalence rate of those with dementia is rising. The impact on informal carers of someone with dementia is well documented, and there is increasing recognition of the need to support informal carers for their own quality of life, the quality of life of the person they are caring for, and to prolong the time that someone with dementia is able to remain living at home. Evidence and national guidance have supported the provision of interventions for carers. However, there is limited detail of the precise nature such interventions should take. This article reports on a group programme of cognitive behavioural therapy (CBT) for carers of people with dementia delivered in routine care. An outline of the programme content is provided, and the results of an audit evaluating seven years of data are presented. Finally, the challenges in delivering such an invention are discussed. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/96 New patient assessment in old age psychiatry: the importance of risk assessment; by Svetlana Hemsley, Rebecca McKnight, Aneeba Anwar (et al).: Royal College of Psychiatrists.
British Journal of Psychiatry Bulletin, vol 39, 2015, pp 227-232.
In recent years, the role of non-medical community mental health team (CMHT) clinicians has widened to include new patient assessments. The authors report on a cross-sectional study across Oxfordshire older adults services, which was based on extracted from electronic notes and a complete audit cycle in South Oxfordshire Older Adults CMHT. The aim was to investigate which professionals are doing new assessments, evaluate their quality, and explore the assessors' unmet training needs. Most new assessments (72.4%) were done by non-medical clinicians; and the majority were missing important information, especially relating to medications and risk assessment. Only 75% of assessors felt at least 'partially confident' to do assessments: they found them stressful, and 86% were keen to undertake further training. Simple measures such as an assessment form, a programme of training seminars and adequate supervision delivered to all CMHT clinicians, can ensure high-quality assessment in diverse clinical environments. (OFFPRINT). (RH)
ISSN: 20564708
From : http://www.rcpsych.ac.uk

227/97 Noah syndrome: a variant of Diogenes syndrome accompanied by animal hoarding practices; by Alejandra Saldarriaga-Cantillo, Juan Carlos Rivas Nieto.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 27, no 3, June-July 2015, pp 270-275.
Noah syndrome is a variant of Diogenes syndrome that presents as hoarding a large number of animals. Predisposing factors for developing this disorder are situations of psychosocial stress and loneliness. However, the medical conditions of the sufferer, which can represent the organic substrate for the development of this psychopathology, should be considered. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

227/98 Older veterans, post-traumatic stress disorder and dementia; by Syd Hiskey.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 19-22.
This article considers evidence in two recent independent, large-scale studies that have indicated that post-traumatic stress disorder (PTSD) is a risk factor for dementia among veteran groups. It notes the extent to which the explanations in these studies are supported by studies published since 2010. While the focus has been on ex-military personnel, it remains to be seen whether findings will be similar for women who have experienced non-military-related traumatic events. Treating PTSD in a timely fashion may help reduce the risk of later dementia. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/99 Post-traumatic stress disorder and sub-threshold symptoms: prevalence and help-seeking among community dwelling older adults; by Syd Hiskey.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 14-18.
Accurate knowledge of the prevalence and expression of trauma-related problems among community-dwelling populations is needed. Older people living in England were surveyed about

traumatic events and current related symptoms. Of the 312 participants, 48% had experienced a trauma. An estimated 3.9% screened positive for current post-traumatic stress disorder (PTSD) and a further 74% reported sub-diagnostic threshold trauma-related symptoms. Most people seek support from friends and family or professionals in relation to their distress, yet a significant minority (27% of those with PTSD and 14% of those with sub-diagnostic threshold symptoms) do not seek help at all. Services must continue to encourage help-seeking among this vulnerable subset of the older adult population. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/100   The SPANS: a new neuropsychological test to be normed on older adults; by Gerald H Burgess.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 10-15.
The author plans to extend the upper range of the Short Parallel Assessments of Neuropsychological Status (SPANS) test from age 74 to 89. He considers the practicalities and the relevance of the SPANS index scores to the assessment of dementia. This development of SPANS requires the collection of data from healthy control norms. A supplementary test manual specifically for SPANS use with older people is to published (see: http://www.hogrefe.co.uk/spans.html). (RH)
ISSN: 13603671
From : www.bps.org.uk

MENTAL HEALTH CARE

(See Also 227/9, 227/33, 227/95, 227/137)

227/101   CMHTs for older people: team managers' views surveyed; by Michele Abendstern, Christian Brand, Val Harrington ... (et al).: Emerald.
Journal of Integrated Care, vol 22, no 5/6, 2014, pp 229-240.
The purpose of this paper was to identify features of community mental health teams (CMHTs) for older people valued by their managers, and those they would most like to change. Content analysis was used to analyse `free text' responses to open questions from a national survey about CMHTs' organisational structures and processes. Responses were sorted into statements which were categorised into content areas and higher level dimensions. Free text information was provided by 376 teams (an 88 per cent response rate). Eight higher level dimensions were identified. One related specifically to integration with social care services, whilst several more included material about other aspects of intra-team integration (e.g. documentation and location). The largest proportion of statements related to staffing and teamwork. Statements about inter-personal and inter-professional issues were largely positive, whilst statements about resources, bureaucracy and integration with social care services typically detailed desired changes. Overall comments suggested that managers supported the idea of integration, wanted to see it develop further and were critical where this was not happening. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

227/102   A typology of care-giving across neurodegenerative diseases presenting with dementia; by Kaitlyn P Roland, Neena L Chappell.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1905-1927.
The purpose of this study is to develop and extend our understanding of dementia care-giving by introducing a typology of informal care-giving across four different diseases. Care-giving factors were examined with respect to specific dementia presentation in mild cognitive impairment, Alzheimer's disease, dementia with Lewy bodies, and Parkinson's disease-associated dementia. Informal care-giving literature in the four diseases was systematically searched to identify specific disease symptoms and resultant care-giving strains and outcomes. Key concepts were extracted and grouped thematically. The first classification, 'role-shift', reflects care-giving where cognitive deterioration results in changing roles, uncertainty and relational deprivation among married partners. The second classification, 'consumed by care-giving', refers to those caring for persons with dementia-motor decline that greatly increases worry and isolation. Finally, in the 'service use' classification, formal support is needed to help care-givers cope with daily responsibilities and behaviour changes. In each case, the dementia presentation uniquely impacts care-giver strains. A major conclusion is that the same support to all care-givers under the umbrella term 'dementia' is unwarranted: the development of targeted support is required. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

MENTAL HEALTH SERVICES

227/103   Assistant psychologists' experience of a reflective practice group in an older people's psychology service; by Lenita Rankin, Justine Bush, Hannah Wilson.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 37-41.
The SEPT Older People's Psychology Service serves a population of some 120,000 older people and is delivered from five bases in South Essex, each staffed by one clinical psychologist and one assistant psychologist. The assistant psychologists are employed over a 12-month fixed-term contract. Every six weeks, the assistants meet for a reflective practice group facilitated by a designated qualified clinical psychologist in the team. The group meets for two hours and involves one of the assistants presenting a case study upon which the group reflects. Case presentations have included discussions on neuropsychological assessments and therapeutic work on both an individual and group basis. This is followed by a discussion of a journal article or book chapter relevant to the delivery of psychological services for older people. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/104   The development of a psychology service on an inpatient stroke ward; by Cathryn Evans-Roberts, Sian Pierce.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 130, April 2015, pp 47-54.
Stroke is one of the top three causes of death and a leading cause of adult disability in Wales, and thus the improvement of stroke services is a top priority for the Welsh Government in its Stroke Delivery Plan (2012). Survivors of stroke often have significant psychological needs that are the consequence of complex cognitive, emotional and behavioural changes they have experienced. The stroke psychology service aims to ensure that all stroke survivors and their families receive excellent psychological care from members of its multidisciplinary team while in hospital and preparing for discharge. This article describes development of a service based on the Stepped Model of Psychological Care following stroke. It also outlines an audit of referrals to the service and an evaluation project; this work was approved by the Betsi Cadwaladr University Health Board Audit Department. (RH)
ISSN: 13603671   From : www.bps.org.uk

NEIGHBOURHOODS AND COMMUNITIES

(See Also 227/65)

227/105   Age-friendly environments and self-related health: an exploration of Detroit elders; by Amanda J Lehning, Richard J Smith, Ruth E Dunkle.: Sage.
Research on Aging, vol 36, no 1, January 2014, pp 72-94.
While a number of organisations and government entities have encouraged the development of more "age-friendly" environments, to date there has been limited research linking these environment features to outcomes for older people. This study used a representative sample of older adults living in Detroit to examine the association between age-friendly environment factors and self-rated health. Results indicate that access to health care, social support, and community engagement were each associated with better self-rated health, while neighbourhood problems were associated with poorer self-rated health. Moreover, individual-level income and education no longer predicted self-rated health, once age-friendly environment factors were taken into account. These findings highlight the need for more research documenting the effects of age-friendly environments, particularly across diverse contexts and populations. (RH)
ISSN: 01640275   From : roa.sagepub.com

227/106   Companionship in the neighborhood context: older adults' living arrangements and perceptions of social cohesion; by Lea Bromell, Kathleen A Cagney.: Sage.
Research on Aging, vol 36, no 2, March 2014, pp 228-243.
This study investigated the impact of neighbourhood social cohesion on the perceived companionship of nearly 1,500 community-dwelling older adults from the Neighborhood, Organization, Aging and Health project (NOAH), a Chicago-based study of older adult well-being. The authors hypothesized that the relationship between neighbourhood-level social cohesion and individual residents' reports of companionship would be more pronounced among those who lived alone than those who resided with others. Controlling for age, gender, education, race, marital status, length of neighbourhood residence, and self-rated health, neighbourhood social cohesion predicted companionship among those who lived alone. For a one-unit increase in neighbourhood social cohesion, the odds of reporting companionship increased by half. In contrast, social cohesion did not predict the companionship of those who resided with others. The results suggest that older adults who live alone particularly profit from the benefits of socially cohesive neighbourhood environments. (RH)
ISSN: 01640275   From : roa.sagepub.com

227/107   Cumulative exposure to neighborhood context: consequences for health transitions over the adult life course; by Philippa Clarke, Jeffrey Morenoff, Michelle Debbink (et al).: Sage.
Research on Aging, vol 36, no 1, January 2014, pp 115-142.
Over the last two decades, research has assessed the relationship between neighbourhood socioeconomic factors and individual health. However, existing research is based almost exclusively on cross-sectional data, ignoring the complexity in health transitions that may be shaped by long-term residential exposures. The authors examine these limitations by specifying distinct health transitions over multiple waves of the Americans Changing Lives (ACL) survey, a 15-year study of American adults. They focus on transitions between a hierarchy of health states, (free from health problems, onset of health problems, and death), not just gradients in a single health indicator over time, and use a cumulative measure of exposure to neighbourhoods over adulthood. They find that cumulative exposure to neighbourhood disadvantage has significant effects on functional decline and mortality. Research ignoring a person's history of exposure to residential contexts over the life course runs the risk of underestimating the role of neighbourhood disadvantage on health. (RH)
ISSN: 01640275
From : roa.sagepub.com

227/108   Evaluation of the Bradford Dementia Friendly Communities programme; by Janet Dean, Kay Silversides, Janet Crampton, Julie Wrigley, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, September 2015, 42 pp (Ref: 3130).
An early adopter of the dementia friendly approach, Bradford has benefitted from programme funding from the council and JRF. This has enabled the Alzheimer's Society to provide a consistent resource to support and enable partners to develop skills and resources which support people with dementia and their partners. A particularly distinctive aspect of the Bradford approach is its focus on geographic communities and communities of interest and experience. This evaluation found that the first phase of the DFC in Bradford was largely successful, with visible strengths in local focus, addressing diversity and inclusion, supporting and networking between groups, and business engagement with key players. Support with transport, particularly for single people and those on lower incomes, has made a significant difference to quality of life and inclusion. A second phase has been funded. (NH)
From : https://www.jrf.org.uk/report/evaluation-bradford-dementia-friendly-communities -programme

227/109   Evaluation of the York Dementia Friendly Communities programme; by Janet Dean, Kay Silversides, Janet Crampton, Julie Wrigley, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, September 2015, 42 pp (Ref: 3131).
York is one of more than 80 places across the UK that are working towards becoming more dementia friendly. This evaluation found that the approach in York of encouraging 'many flowers to bloom' has led to a range of small initiatives which now need to be integrated into a more strategic programme to ensure sustainability. Sign-up at leadership level is evident, but middle managers and teams which connect strategic objectives to frontline services need more support and investment before the City of York can truly claim to be dementia friendly. More focus is needed on the integration of health and social care for people with dementia. Organisations need to consider how to use relevant legislation to protect people's rights and to enable people with dementia to engage in community life. (NH/RH)
From : https://www.jrf.org.uk/report/evaluation-york-dementia-friendly-communities-programme

227/110   How can we make our cities dementia friendly?: Sharing the learning from Bradford and York; by Philly Hare, Janet Dean, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, September 2015, 16 pp (Inspiring social change; Ref: 3138).
York and Bradford are just two of over 80 places across the UK that are working towards becoming more dementia friendly. Dementia friendly cities (DFCs) have been defined as places where people with dementia are understood, respected and supported, and confident that they can contribute to community life. This evaluation found that active, meaningful engagement of people with dementia and their families is fundamental. Both cities demonstrated the importance of awareness raising, training and positive media coverage together with local grassroots community activity. All activity needs to be supported by strong strategic planning, commissioning and leadership if DFCs are to flourish and be sustainable. (NH)
From : https://www.jrf.org.uk/report/how-can-we-make-our-cities-dementia-friendly

227/111   The ideal neighbourhood for ageing in place as perceived by frail and non-frail community-dwelling older people; by Hanna M Van Dijk, Jane M Cramm, Job Van Exel, Anna P Nieboer.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1771-1795.
Due to demographic changes and a widely supported policy of ageing in place, the number of

community-dwelling older people will increase immensely. Thus, supportive neighbourhoods enabling older people to age in place successfully are required. The authors used Q-methodology to examine older people's perceptions of the comparative importance of neighbourhood characteristics for ageing in place. Based on the World Health Organization's Global Age-friendly Cities guide, they developed 26 statements about physical and social neighbourhood characteristics. Thirty-two older people in Rotterdam, half of whom were frail, rank-ordered these statements. Q-factor analysis revealed three distinct viewpoints each among frail and non-frail older people. Comparisons within and between groups are discussed. Although both frail and non-frail older people strongly desired a neighbourhood enabling them to age in place, they had divergent views on such a neighbourhood. Older people's dependence on the neighbourhood seems to be dynamic, affected by changing social and physical conditions and levels of frailty. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/112   Lived realities of local community: evidence from a qualitative case study in Leeds; by Katy Wright.: Cambridge University Press.
Social Policy and Society, vol 14, no 4, October 2015, pp 555-568.
This article draws on case study research of a low-income neighbourhood in Leeds to explore experiences of, and attitudes towards, place-based community. The ways in which community is embedded in everyday activities and social interactions, and the social impact of socioeconomic change on local neighbourhoods, is demonstrated, by tracing social relations in the neighbourhood over time, from the early twentieth century to the present day. The author argues that the relentless and nostalgic focus on local communities as an idealised form of social solidarity has meant that the reasons why place-based community has declined over time have been overlooked. Her article challenges the assumption that social fragmentation on neighbourhood levels necessarily indicates antisocial trends or a lack of a sense of duty towards others, and draws attention to the constraints people face in developing relationships with others. Questions are raised about the viability of top-down attempts to shape social relations in particular ways. (RH)
ISSN: 14747464
From : journals.cambridge.org/sps

227/113   Silver linings: the active third age and the city; by Building Futures, Royal Institute of British Architects. London: Royal Institute of British Architects, [2013], 39 pp.
How could our ageing population come to shape the future of the city? This publication considers different ways in which an active older population could influence the way we all live and the way our cities evolve, whether in reviving the High Street or in supporting learning and skill sharing between generations. (RH)
From : RIBA, 66 Portland Place, London W1B 1AD. Website: www.buildingfutures.org.uk

OLDER OFFENDERS

227/114   'They just throw you out': release planning for older prisoners; by Katrina Forsyth, Jane Senior, Caroline Stevenson, Kate O'Hara, Adrian Hayes, David Challis, Jenny Shaw.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 2011-2025.
Older prisoners are the fastest growing incarcerated sub-group. They have more complex health and social care needs than both younger prisoners and their age-matched peers living in the community. Prisoners who have been recently released are at enhanced risk in terms of their physical and mental health. Consequently, there is a need for timely, multi-disciplinary release planning. The aim of this study was to explore the health and social care needs of older male adults discharged from prison into the community. Qualitative interviews were carried out with prisoners with four weeks left to serve (N=62), with follow-up interviews conducted four weeks after release (N=45). Participants were selected from nine prisons in the North of England. The constant comparison method was used to analyse the data. Older prisoners perceived release planning to be non-existent. There was a reported lack of formal communication and continuity of care, causing high levels of anxiety. Older prisoners experienced high levels of anxiety about the prospect of living in probation-approved premises. However, those who did go on to live in probation-approved premises had their immediate health and social care needs better met than those who did not move into such accommodation. Release planning for older prisoners is generally inadequate and there is currently a missed opportunity to address the needs of this vulnerable group. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

OLDER WOMEN

227/115   Older women and work: looking to the future; by Morag Alexander, Agnes Tolmie (co-chairs),
           Scottish Commission on Older Women - SCOW. Glasgow: Scottish Commission on Older
           Women, 2015, 49 pp.
           Women over 50 today are healthier and can expect to live longer lives. Older women need to work
           and want to work, but they also often have caring responsibilities for partners, ageing parents and
           grandchildren. This report examines issues relevant to older women in the workplace: access to
           and seeking employment; income discrimination; age discrimination; job quality and security; and
           self-employment. It also considers issues around working in rural areas, ethnicity, and balancing
           work and care. The report is based on a review of existing literature and new statistical analysis
           undertaken specifically for SCOW, as well as drawing on two years of consultations, roundtable
           meetings and conferences throughout Scotland. The report makes recommendations for
           Government, employers and trade unions. (RH)
           From : http://www.stuc.org.uk/files/Womens%20page/Older%20women%20report/SCOW%20
           Report%20FINAL%20Embargoed%20200815.pdf

OLDEST OLD

227/116   Health capital in everyday life of the oldest old living in their own homes; by Astrid Bergland,
           Ashild Slettebo.: Cambridge University Press.
           Ageing and Society, vol 35, no 10, November 2015, pp 2156-2175.
           As more people experience old age as a time of growth and productivity, more research is needed
           that explores how they master everyday life. This paper reports on a qualitative study that explored
           how ten older Norwegian women aged 90+ experience and cope with the challenges of everyday
           life with a salutogenic perspective. The findings suggest that health resources such as positive
           expectation, reflection and adaptation, function and active contribution, relations and home,
           contribute to the health capital of women. These health resources were of importance for the
           women's experience of comprehensibility, manageability and meaningfulness in daily life. Health
           capital is a meaningful concept for understanding coping in everyday life by older people. (RH)
           ISSN: 0144686X
           From : journals.cambridge.org/aso

PARTICIPATION

(See 227/18)

PENSIONS AND BENEFITS

(See Also 227/70, 227/71, 227/72, 227/74)

227/117   Defined capability: pensions, financial capability and decision-making among retirees; by James
           Lloyd, Chris Lord, Strategic Society Centre; NatCen; Joseph Rowntree Foundation - JRF. London:
           Strategic Society Centre, March 2015, 66 pp.
           The government's announcement in the 2014 Budget of a change in the taxation of Defined
           Contribution (DC) pension savings from April 2015 removed the obligation for individuals to
           convert DC savings into a secure pension income at retirement. Outcomes from these changes will
           depend on the behaviour, choices and financial capability of these individuals. Historically, there
           has been limited detailed, quantitative evidence on the financial capability of Defined Contribution
           (DC) pension savers approaching retirement, and on how financial capability changes through
           later life. This research, which analysed data from Wave 3 of the Wealth and Assets Survey,
           explored the characteristics of three specific groups; DC pre-retirees aged 55 to 64 with DC
           pension savings; DC retirees aged 65 and over with DC pensions savings or a DC pension income;
           and low-income DC retirees. The study found limited experience of financial products among DC
           savers approaching retirement, with one quarter of this group possessing neither a savings account
           nor an ISA; an age-related 'liquidity bias', with the amount individuals have in their current
           account increasing in older age groups, even as levels of financial wealth decline; and low levels
           of financial engagement - such as monitoring financial 'best-buy' tables - among DC savers, with
           engagement levels declining steadily with age. (NH)
           From : http://strategicsociety.org.uk/wp-content/uploads/2015/03/Defined-Capability-Pensions
           -financial-capability-and-decision-making-among-retirees.pdf

227/118   Pension pots and how to survive them; by Les Mayhew, David Smith, Douglas Wright, Faculty
           or Actuarial Science and Insurance, Cass Business School, City University London; International
           Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK,
           November 2015, 30 pp.
           In 2014, the UK Government announced proposals to allow people to withdraw money from their

pension pot from age 55, subject to their marginal rate of income tax in that year. The main effect of this change is to remove the obligation to annuitise funds at any future age. This paper looks at how individuals can best use their pension pots, and argues that most people are better off drawing down, rather than annuitising. The authors review the likely effects of the new flexibilities on the decision to buy an annuity by aligning that decision to a person's retirement strategies. They deal with two types of longevity risk - which they call the selection effect and longevity drift - and the difference that these will make to future financial planning. They provide two worked examples of different draw-down strategies, to illustrate whether the risk that a retiree will run out of money can be avoided without buying an annuity. The report also considers the timing and bequeathing of wealth; the integration of housing wealth into retirement planning; and the question 'what if the pot does run dry?' It highlights the need for people to take advice; also that too many pension pots are far too small. While autoenrolment seems to have been successful in bringing more people into saving, the next challenge is how to get people to save adequately.

The research finds that with careful management, moderate sized pension pots of £100,000 or more should not run out until at least the age of 80 or even older. Using a flexible rather than fixed drawdown approach can reduce the risk of running out still further.

From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available at: http://www.ilcuk.org.uk/index.php/publications/publication_details/pension_pots_and_how_to_survive_them

227/119 The shifting face of workplace pensions: the retreat of employers and growth of defined contribution; by Anthony Neuberger, British Academy. London: British Academy, 2014, 59 pp.
There has been a shift from defined benefit (DB) to defined contribution (DC) schemes for providing occupational pensions. This paper compares DB and DC pension schemes, highlighting the strengths and weaknesses of both types of schemes. It examines the economics of paying employees through pension rights rather than giving higher cash wages. It surveys DC schemes in selected countries around the world, noting the multiplicity of designs and the interactions between the different features. It looks at contribution rates, investment policy, documentation and scheme governance of occupational DC schemes. It makes observations on the current pensions debate in the UK. This document was originally produced as part of a European Commission (EC) funded project on uncertainty and sustainability in social policy. (RH)
From : British Academy, 10 Carlton House Terrace, London SW1Y 5AH. Website: www.britac.ac.uk

PERSONALISATION

227/120 Carers' roles in personal budgets: tensions and dilemmas in front line practice; by Wendy Mitchell, Jenni Brooks, Caroline Glendinning.: Oxford University Press.
British Journal of Social Work, vol 45, no 5, July 2015, pp 1433-1450.
Adult social care in England emphasises the service and support preferences of disabled and older people. Personal budgets (PBs) play a central role in this development. Carers in England have also secured rights to assessment and support in their care-giving roles. However, these policies have developed largely separately, with little consideration of the interdependencies between disabled and older people and their carers. There is limited evidence detailing current practice. This paper explores current practice, particularly how far social care practitioners recognise and balance the needs and interests of service users and carers, especially those with cognitive and/or communication impairments. The paper reports findings from nine qualitative focus groups (47 participants) conducted in 2012 with practitioners involved in service user personalisation and carer assessments from older people and learning disability teams across three English authorities. Findings indicate inconsistencies in practice. Although practitioners felt they sought to involve carers, practices varied between authorities, teams and colleagues in the same team. Clear and timely links between processes for service users and carers were absent. Practice was discussed most frequently around service user assessments; other stages of personalisation appeared ad hoc. Areas of confusion and tension are identified. Future policy and practice developments and challenges are also considered. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

PHYSICAL ACTIVITY

(See Also 227/125)

227/121 Activity and well-being of older adults: does cognitive impairment play a role?; by Justin D Johnson, Carol J Whitlatch, Heather L Menne.: Sage.
Research on Aging, vol 36, no 2, March 2014, pp 147-160.
Although the number of older adults with cognitive impairment continues to grow, few studies have examined the variation in activity and quality of life based on the older adults' cognitive

status. This analysis assesses the activity level of 324 older American adults (aged 50+) and the relationship of activity to quality of life, with a specific emphasis on the role of cognitive ability. Results indicate that cognitively impaired older adults were less active than their non-impaired peers; however, correlations revealed that regardless of impairment status, more activity was related to a higher quality of life. There was no support for the hypothesis that impaired older adults who have more cognitive ability will have a higher rated quality of life. These results should be considered in the development of activities for older adults. Regardless of impairment level, activity is paramount to maintaining quality of life. (RH)
ISSN: 01640275
From : roa.sagepub.com

227/122   An expanded framework to determine physical activity and falls risks among diverse older adults; by Maria Kosma.: Sage.
Research on Aging, vol 36, no 1, January 2014, pp 95-114.
Falling is a major health-related risk among older people, due to injuries, disability, and even death. Although physical activity (PA) can prevent falls, most older adults are inactive due to limited motivation. This study examined a motivational framework, whereby the stages of change (SOC) and PA mediated the relations between the theory of planned behaviour constructs and falls risks among 172 diverse older adults (M age = 72.36). The participants were assessed using standardized scales. Based on the path analysis, the hypothesized framework fit the sample data. The SOC and perceived control had significant path coefficients for PA (.48 and .43, respectively), and PA was linked to falls risks (-.54). Subjective norm was mostly associated with the SOC followed by attitude and perceived control. The variance explained in the SOC, PA, and falls risks were 28%, 59%, and 29%, respectively. Health promoters can use the proposed framework to promote PA and decrease falls risk. (RH)
ISSN: 01640275
From : roa.sagepub.com

227/123   Older adults' perceptions of adherence to community physical activity groups; by Sandra Elaine Hartley, Gillian Yeowell.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1635-1656.
Community physical activity (PA) groups have come in to being worldwide to inspire older adults to engage in PA. However, there is limited evidence that older adults adhere to these groups, particularly those of a lower socio-economic status, with health conditions, from black and minority ethnic (BME) groups and men. This study aimed to explore experiences of attending PA groups from the viewpoint of community-living older adults, including those sub-groups of the population highlighted above. The purpose was to gain an understanding of what would influence long-term adherence to community PA groups. Eighteen participants aged 65 and above took part in three focus groups carried out in North West England. Thematic network analysis was used for theme generation and interpretation. Low-cost, universal locations are essential to enable older adults to engage regularly in PA; however, it is the social space that is created within these physical settings that is most influential in fostering their long-term adherence. Facilitating cross-cultural relationships and supporting older adults to have more control in shaping the PA environment will ensure that these settings are more conducive to the long-term adherence of diverse groups of older adults. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

QUALITY OF LIFE

227/124   Previous employment histories and quality of life in older ages: sequence analyses using SHARELIFE; by Morten Wahrendorf.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1928-1959.
This article summarises previous employment histories and studies associations between types of histories and quality of life in older ages. Retrospective information from the Survey of Health, Ageing and Retirement in Europe (SHARE) was used and the occupational situation for each age between 30 and 65 of 4,808 men and 4,907 women aged 65 or older in Europe was considered. Similar histories were regrouped using sequence analyses, and multi-level modelling was applied to study associations with quality of life. To avoid reverse causality, individuals with poor health prior to or during their working life were excluded. Men's employment histories were dominated by long periods of paid employment that ended in retirement ('regular' histories). Women's histories were more diverse and also involved domestic work, either preceding regular careers ('mixed' histories) or dominating working life ('home-maker' histories). The highest quality of life was found among women with mixed histories and among men with regular histories and late retirement. In contrast, retirement between 55 and 60 (but not earlier) and regular histories ending in unemployment or domestic work (for men only) were related to lower quality of life, as well as home-maker histories in the case of women. Findings remain significant after controlling for

social position, partnership and parental history, as well as income in older ages. Results point to the importance of continuous employment for health and well-being, not only during the working life, but also after labour market exit. (RH)
ISSN: 0144686X
<u>From</u> : journals.cambridge.org/aso

REABLEMENT AND REHABILITATION

227/125   The effect of physical rehabilitation on activities of daily living in older residents of long-term care facilities: systematic review with meta-analysis; by Tom Crocker, John Young, Anne Forster (et al).: Oxford University Press.
Age and Ageing, vol <u>42</u>, no 6, November 2013, pp 682-688.
The worldwide population is ageing. One expected consequence of this is an increase in morbidity and an associated increased demand for long-term care. Physical rehabilitation is beneficial in older people, but relatively little is known about effects in residents of long-term care facilities. The authors report on a systematic review with meta-analysis of randomised controlled trials to examine the effects of physical rehabilitation on activities of daily living (ADL) in older residents of long-term care facilities. Included were studies that compared the effect of a physical rehabilitation intervention on independence in ADL with either no intervention or an alternative intervention in older people (over 60 years) living in long-term care facilities. 19 databases were searched, including the Cochrane Central Register of Controlled Trials, MEDLINE, EMBASE, CINAHL, AMED, Web of Knowledge and Google Scholar. Two researchers independently screened papers and extracted data. Outcomes of included studies were combined in a standardised mean difference random-effects meta-analysis. Thirteen of 14 studies identified were included in the meta-analysis. Independence in ADL was improved by 0.24 standard units (95% CI: 0.11-0.38; P = 0.0005). This is equivalent to 1.3 points on the Barthel Index (0-20 scale). No significant differences in effect were found based on participant or intervention characteristics. Larger sample size and low attrition were associated with smaller estimates of effect. All studies were assessed to be at risk of bias. The authors conclude that physical rehabilitation may improve independence for older long-term care facility residents, but mean effects are small. However, it is unclear which interventions are most appropriate. (RH)
ISSN: 00020729
<u>From</u> : www.ageing.oxfordjournals.org

RELATIONSHIPS (PERSONAL)

227/126   The intertwining of second couplehood and old age; by Chaya Koren.: Cambridge University Press.
Ageing and Society, vol <u>35</u>, no 9, October 2015, pp 1864-1888.
Second couplehood in old age is a growing phenomenon alongside increases in life expectancy. Lately, a shift has occurred in that individual diversity of ageing is perceived to depend on the physical and social contexts in which older people experience change. This paper reports on an Israeli qualitative study which used an existential-phenomenological theoretical orientation to examine second couplehood in the context of old age, and old age in the context of second couplehood. Twenty couples were recruited using criterion-sampling. Couples were men aged 65+ and women aged 60+, with children and grandchildren from a lifelong marriage that had ended in widowhood or divorce, living in second couplehood (married or not), in separate houses or cohabiting. Forty individual semi-structured interviews were tape-recorded, transcribed verbatim and analysed according to phenomenological tradition. Five sub-themes emerged, demonstrating couplehood and old age intertwining: (a) enjoying life while still possible; (b) living with health-related issues; (c) relationships with adult children: autonomy versus dependency; (d) loneliness: living as a couple is better than living alone; and (e) self-image: feeling young or feeling old. Findings support the existence of positive and negative aspects of old age. The authors' discussion suggests the need to replace perceptions of old age as either a negative burden or a positive asset towards a period of balancing between gains and losses. Furthermore, the authors acknowledge the role of second couplehood in older peoples' well-being on the personal-micro level through love, the familial-meso level through care-giving, and the social-macro level by reducing prejudice. (RH)
ISSN: 0144686X
<u>From</u> : journals.cambridge.org/aso

RESEARCH

227/127   Barriers and facilitators to senior centers participating in translational research; by Holly C Felix, Becky Adams, Carol E Cornell (et al).: Sage.
Research on Aging, vol <u>36</u>, no 1, January 2014, pp 22-39.
Senior centres are ideal locations to deliver evidence-based health promotion programs to the

rapidly growing population of older Americans to help them remain healthy and independent in the community. However, not much is known about barriers and facilitators for senior centres serving as research sites. To fill this gap and potentially accelerate research within senior centres to enhance translation of evidence-based interventions into practice, the authors invited senior centres to participate in a cluster randomised controlled trial (RCT). Primary barriers to participation related to staffing and perceived inability to recruit older adult participants meeting research criteria. The primary facilitator was a desire to offer programmes that were of interest and beneficial to seniors. Senior centres are interested in participating in research that provides benefit to older adults, but may need assistance from researchers to overcome participation barriers. (RH)
ISSN: 01640275
From : roa.sagepub.com

227/128   The role of mentors in integrating research and practice; by Juliet MacArthur.: Emerald.
Journal of Integrated Care, vol 22, no 3, 2014, pp 117-122.
This paper aimed to explore the concept of brokerage as a vehicle for integrating research and practice within the mentor role in the Practitioner Research: Older People Programme. The main component was a reflective analysis of the experience of mentoring three practitioners working within an NHS acute hospital environment. Mentors played a key role integrating research into the practitioner's work environment as well as supporting achievement of the programme objectives. Personal reflection highlighted four components: being a research advisor; supporting the practitioner; quality assuring the process; and championing practitioner research. A key element linking each of these components was that of being a knowledge broker, which accorded with the concept of 'boundary spanning', whereby the practitioners fulfilled a new role of being both practitioners and researchers. Mentors adopted different approaches, which were partly influenced by geographical proximity and their relative position in the partner organisation. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

RESIDENTIAL AND NURSING HOME CARE

(See Also 227/94)

227/129   Comparing the resident populations of private and public long-term care facilities over a 15-year period: a study from Quebec, Canada; by Gina Bravo, Marie-France Dubois, Nicole Dubuc (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2039-2052.
In the province of Quebec, Canada, long-term residential care is provided by two types of facility: privately owned facilities in which care is privately financed and delivered; and publicly subsidised accredited facilities. There are few comparative data on the residents served by the private and public sectors, and none on whether their respective population has changed over time. Such knowledge would help plan services for older adults who can no longer live at home due to increased disabilities. This study compared (a) the resident populations currently served by private and public facilities, and (b) how they have evolved over time. The data come from two cross-sectional studies conducted in 1995-2000 and 2010-2012. In both studies, the authors randomly selected care settings in which they randomly selected older residents. In total, 451 residents from 145 settings assessed in 1995-2000 were compared to 329 residents from 102 settings assessed in 2010-2012. In both study periods, older adults housed in the private sector had fewer cognitive and functional disabilities than those in public facilities. Between the two study periods, the proportion of residents with severe disabilities decreased in private facilities, while it remained over 80% in their public counterparts. Findings indicate that private facilities care today for less disabled older adults, leaving to public facilities the heavy responsibility of caring for those with more demanding needs. These trends may affect both sectors' ability to deliver proper residential care. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/130   Emergency department visits and resulting hospitalizations by elderly nursing home residents, 2001-2008; by Chun-Ju Hsiao, Esther Hing.: Sage.
Research on Aging, vol 36, no 2, March 2014, pp 207-227.
This study examines emergency department (ED) visits by nursing home (NH) residents aged 65 and over, and factors associated with hospital admission from the ED visit using data from the US National Hospital Ambulatory Medical Care Survey 2001-2008. Cross-sectional analyses were conducted on patient characteristics, diagnosis, procedures received, and triage status. On average, older NH residents visited EDs at a rate of 123 visits per 100 institutionalised persons. Nearly 15% of all ED visits had ambulatory care sensitive condition diagnoses. Nearly half of these visits resulted in hospital admission; chronic obstructive pulmonary disease, congestive heart failure, kidney/urinary tract infection, and dehydration were associated with higher odds of admission.

Previous studies suggested that adequate medical staffing and appropriate care in the NH could reduce ED visits and hospital admissions. Recent initiatives seek to reduce ED visits and hospitalisations by providing financial incentives to spur better coordination between NH and hospital. (RH)
ISSN: 01640275
From : roa.sagepub.com

227/131 Even further beyond street-level bureaucracy: the dispersal of discretion exercised in decisions made in older people's care home reviews; by Peter Scourfield.: Oxford University Press.
British Journal of Social Work, vol 45, no 3, April 2015, pp 914-931.
A central tenet of Street-Level Bureaucracy (Lipsky, 1980) is that, from the service user's point of view, the discretionary interpretation of policy by front-line practitioners effectively becomes the policy. The managerialisation of social services in the UK has sparked debates over whether it is still possible for practitioners to exercise 'professional' discretion in any meaningful way. However, Evans (2010) has argued that, in a managerialised world, not only do practitioners retain discretion in important areas of work, but managers also exercise significant discretion in how policy is implemented. Evans therefore claims that to understand policy implementation in social services requires going 'beyond street-level bureaucracy' as originally formulated by Lipsky. Based on a case study of how older people's care home placements are reviewed, it is proposed that, in a sector that has been fragmented by both marketisation and privatisation, to understand fully how policy is mediated at the point of delivery, there is a need to go even further beyond the examination of the practices within a single bureaucracy. In this specific setting, the exercise of discretion is multi-layered and dispersed among multiple stakeholders, blurring accountability for decision making and making the task of empowering older care home residents more complex. (rh)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

227/132 Holding the individual in mind: containing challenging behaviour in dementia care; by Rachel Butterfield.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 7-13.
Psychological approaches to challenging behaviour such as the Newcastle Model have conceptualised this behaviour as a communication of unmet need. The authors have implemented this approach in individual homes in London, and they have noticed that the success of their interventions appears to hinge around the ability of care staff to recognise and respond to the emotional needs of the person with dementia. This can be understood in terms of containment, specifically the way in which care staff can manage their clients' distressing and disturbing states of mind (and associated behaviour) through their understanding. This capacity is, in turn, related to the support available for staff within the organisation. The author describes adaptation of the model at St Ann's Hospital, Haringey, to highlight the emotional experience of the person with dementia. This is illustrated with a case example of a gentleman whose aggressive behaviour caused such anxiety it was initially almost impossible for staff to think about his needs. The intervention included a framework for staff to understand his fluctuating internal states and needs-based care plan through which to engage with him. (RH)
ISSN: 13603671
From : www.bps.org.uk

227/133 Improving quality of life in care homes through community visiting; by Chris Tanner, Bethany Morgan Brett, University of Essex; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2014, 4 pp (Inspiring social change; Ref: 3017).
A pilot Community Visitor (CV) scheme in three Essex care homes has shown potential to support community engagement in care homes and improve residents' quality of life. CVs visited care homes every week for a couple of hours, aiming to befriend older people and enhance communication between care home managers, staff, residents and their families. Key findings included: care home residents valued the company and conversation of CVs; they were less isolated and took part in a greater range of activities; CVs often made a big difference in addressing the 'little things' that mattered to older people; and CVs were able to make observations about the quality of care and helped care homes in developing a more personal, relationship-based approach, but had limited influence on the culture of care homes. (NH)
From : https://www.jrf.org.uk/report/improving-quality-life-care-homes-through-community -visiting

227/134 John Kennedy's care home inquiry; by John Kennedy, Joseph Rowntree Housing Trust; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, 2014, 81 pp.
This is the final report of a personal inquiry into the crisis in UK care homes for older people. Between May 2013 and May 2014, John Kennedy, the Joseph Rowntree Housing Trust's Director of Care Services, carried out an inquiry to discover how to address the crisis in the UK's care

homes, and to find out what makes a good care home. During his inquiry, which built on existing JRF research and newly commissioned research, he spoke to a range of people involved in the care sector, and used social media to broaden the range of views. The report seeks to achieve an open and evidence-informed debate around how to improve life in care homes for older people; to encourage sensible, streamlined and co-produced approaches to paperwork in care homes; and to suggest principles and makes recommendations for regulators, commissioners and providers so that care homes are good places for people to live and work in. (NH)
From : https://www.jrf.org.uk/report/john-kennedys-care-home-inquiry;

227/135
Re-conceptualising the status of residents in a care home: older people wanting to 'live with care'; by Glenda Cook, Juliana Thompson, Jan Reed.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1587-1613.
The construction of a meaningful life depends upon satisfying 'fundamental human needs'. These are broadly categorised as the physical, social and self-actualisation needs that every human experiences. Some fundamental human needs satisfiers, such as 'home', are synergic, and address more than one need. For an older person, the move to a care home compromises their ontological security (through disruption of identification with place and control over environment) that one's own 'home' provides. This paper explores the complex issues surrounding the residential status of care home residents in terms of fundamental human needs. The methodology utilised was hermeneutic phenomenology. Eight older residents participated in the study, and each resident was interviewed up to eight times over a period of six months. Narrative analysis was used to interpret how participants viewed their experiences and environment. Five themes emerged from the narratives that collectively demonstrate that residents wanted their residential status to involve 'living with care' rather than 'existing in care'. The five themes were: 'caring for oneself/being cared for'; 'being in control/losing control'; 'relating to others/putting up with others'; 'active choosers and users of space/occupying space'; and 'engaging in meaningful activity/lacking meaningful activity'. This study indicates that if care homes are to achieve synergic qualities so that residents are able to regard care homes as 'home', then care home staff may need to be more focused on recognising, acknowledging and supporting residents' aspirations regarding their future lives, and their status as residents. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/136
Service providers' perceptions of working in residential aged care: a qualitative cross-sectional analysis; by Michelle K Bennett, Elizabeth C Ward, Nerina A Scarinci, Monique C Waite.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1989-2010.
In Australia, a number of professional disciplines employed internally and externally provide services in Residential Aged Care Facilities (RACFs). Literature has long highlighted numerous workplace issues in RACFs, yet little progress has been made in addressing these. As such, there has been a call for greater understanding of shared issues among service providers. This study aims to explore and compare the perceptions of a cross-section of service providers regarding the challenges and motivators to working in RACFs. In-depth semi-structured interviews were conducted with 61 participants, including care managers, nurses, assistants in nursing, care, domestic and support staff, and speech pathologists. Analysis revealed few issues unique to any one service discipline, with four key themes identified: (a) working in RACFs is both personally rewarding and personally challenging; (b) relationships and philosophies of care directly impact service provision, staff morale and resident quality of life; (c) a perceived lack of service-specific education and professional support impacts service provision; and (d) service provision in RACFs should be seen as a specialist area. These data confirm there are key personal and professional issues common across providers. Providers must work collaboratively to address these issues and advocate for greater recognition of RACFs as a specialist service area. Acknowledging, accepting and communicating shared perceptions will reduce ongoing issues and enhance multidisciplinary care. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/137
A training model for psychologists working in a residential aged care facility: reflections on an Australian experience; by Sarah L MacPherson, Annaliese C Blair, Michael J Bird, Katrina N Anderson.: British Psychological Society.
Faculty of the Psychology of Older People (FPOP) Newsletter, no 129, January 2015, pp 15-23.
In Australia, some 10 to 15 percent of older people experience anxiety and depression, but prevalence can be as high as 50% for those living in residential aged care facilities (RACFs). Underfunding and lack of appropriately trained clinicians examines barriers to access to care. This paper was the topic of a short presentation given by Mike Bird at the Faculty of the Psychology of Older People (FPOP) conference in 2015 in Shrewsbury. It describes a model of training from a clinical psychologist which would enable RACF staff to provide individual therapy to people

manifesting mental health problems such as anxiety, depression and grief. It reflects on the experience and future demands for such training, in particular the benefits of having an in-house psychology team. (RH)
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RESILIENCE

(See Also 227/116)

227/138
Fostering resilience later in life: a narrative approach involving people facing disabling circumstances, carers and members of minority groups; by Goetz Ottmann, Margarite Maragoudaki.: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2071-2099.
Over the last two decades, the concept of resilience has become the focus of a growing body of gerontological research. However, there is a dearth of qualitative research that explores how socio-economic and socio-cultural factors shape older people's resilience. This study addresses this gap and explores the concept of resilience through the lens of 25 Australians from a variety of backgrounds, by investigating the resilience strategies they employed in the face of different challenging life events. A qualitative narrative methodology involving one focus group and semi-structured interviews were employed. A stratified convenience sample of 34 people aged 60 and over participated in semi-structured interviews between 2009 and 2011. The study describes the meaning participants assigned to the term resilience, and focuses on the range of resilience responses and strategies they employed, bringing to light some key commonalities and differences. The study's findings suggest that access to economic and cultural resources and the nature of the adversity older people face can shape and limit their resilience strategies. The article outlines how the concept of resilience could be incorporated into aged care practice. It argues that resilience-focused interventions that potentially broaden the resilience repertoire of older people should be explored within an aged care context. (RH)
ISSN: 0144686X
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RETIREMENT

(See Also 227/37)

227/139
Improving retirement outcomes: the role of resources, pre-retirement planning and transition characteristics; by Alexa Marie Muratore, Joanne Kaa Earl.: Cambridge University Press.
Ageing and Society, vol 35, no 10, November 2015, pp 2100-2140.
Retirement is an inherently complex process due to the multitude of variables that influence it. This article proposes that by combining our understanding of retirement phases (a conceptual framework) with a theory that specifies a general mechanism for retirement adaptation (a theoretical framework), we can improve how we research retirement. Accordingly, this study uses data collected from 550 Australian retirees, and proposes and tests a model exploring the antecedents and consequences of the retirement process across three stages: Pre-retirement, Transition and Adaptation. Multiple outcomes are explored, including adjustment, well-being and life satisfaction, as well as variables including planning, perception of wealth, resources and mastery. The model showed a significant influence of resources on both phases and outcomes, with mastery showing the strongest relationships of all the resources. Results suggest that outcomes in retirement may be improved by promoting retirement planning, improving exit conditions and building key resources, in particular, mastery. Overall, the model demonstrates the value of combining theory and conceptual frameworks to inform the specification of statistical models to research retirement. Research implications and alternative models are discussed. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

227/140
Revisiting the pathways to retirement: a latent structure model of the dynamics of transition from work to retirement; by Fengyan Tang, Jeffrey A Burr.: Cambridge University Press.
Ageing and Society, vol 35, no 8, September 2015, pp 1739-1770.
With real and perceived reductions in retirement income security and possible cutbacks in Medicare and Medicaid, many older Americans are following different pathways from work to full retirement.
This study identifies a dynamic latent structure model of the work-retirement transition process, which focuses on transitions of work and retirement status for men and women aged 51-74 years. Using data from the Health and Retirement Study (HRS) for 1998-2004, latent transition analysis was used to identify a best fitting model capturing work-retirement statuses in four samples defined by age and sex. The prevalence of each status was described and the dynamic transition

probabilities within the latent structure were examined. Using multinomial logistic regression, socio-demographic, health, family and occupational factors were assessed to determine how each was related to the likelihood of occupying a specific latent status at baseline. Results showed that study respondents were classified into distinct groups: full retiree, partial retiree or part-time worker, full-time worker, work-disabled, or home-maker. The prevalence of full retiree status increased, while the prevalence for full-time worker status decreased over time for both men and women. Membership rates in the work-disabled and partial retiree status were generally consistent, with decreased probabilities of the work-disabled status in the older age groups and increased probabilities of partial retirees among younger men. The findings indicated that many older Americans experience multiple transitions on the pathway to retirement. Future research on late-life labour-force transitions should evaluate the impact of the recent Great Recession and examine the role of larger socio-economic contexts. (RH)
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SENSORY LOSS

(See 227/12)

SEXUALITY

227/141   Growing old as a gay man: how life has changed for the gay liberation generation; by Anthony Lyons, Samantha Croy, Catherine Barrett, Carolyn Whyte.: Cambridge University Press.
Ageing and Society, vol <u>35</u>, no 10, November 2015, pp 2229-2250.
Men in the gay liberation generation are approaching or entering older age. Being at the forefront of gay rights movements since the 1970s and 1980s, this generation has experienced dramatic changes in gay life. The present study aimed to provide a greater understanding of this generation by examining some of the ways these men perceive their changing lives. Participants included 439 Australian gay-identified men aged 50 years and older who completed an online survey of their health and well-being. These men gave unrestricted open-ended responses to a question on how life had changed for them as a gay man since their twenties. Responses were analysed qualitatively using a thematic analysis approach to identify main themes. Participants expressed many positive changes to their lives, including greater public- and self-acceptance of their sexuality, greater confidence and self-esteem, and more freedom for same-sex relationships. However, some men expressed a loss of gay community compared to their younger years and a perception that the younger generation under-appreciated the struggles they had endured. Age- and HIV-related stigma from within the gay community, as well as a loss of sexual attractiveness, also emerged as concerns for some participants. These findings may assist researchers, health professionals and aged care services to further understand the needs and experiences of this older generation of gay men. (RH)
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From : journals.cambridge.org/aso

SOCIAL CARE

(See Also 227/50, 227/80, 227/82, 227/84)

227/142   Gerontological social work: reflections on its role, purpose and value; by Mo Ray, Alisoun Milne, Christian Beech (et al).: Oxford University Press.
British Journal of Social Work, vol <u>45</u>, no 4, June 2015, pp 1296-1312.
Over the last twenty years, successive welfare policies have undermined gerontological social work as a specialist area of social work practice. The UK's ageing population offers an opportunity for gerontological social work to rebuild itself. Increasing numbers of older people with long-term conditions, significant growth in the population of family carers and enhanced community-based living for people with long-term needs combine to reposition social work as, potentially, playing a crucial role in the achievement of key policy goals. The particular skill and knowledge set of social workers uniquely equips them to manage the intersection of issues that currently challenge health and welfare services: complex needs, risk, transitions, end of life, carer stress and frailty. That older service users value the approach, input and expertise of social workers and that social workers have greater capacity to deliver sustainable support are also relevant. For gerontological social work to have a future, not only is it required to reclaim its specialist role, but it must re-establish its commitment to social justice, invest in building an evidence base of effectiveness and embed ageing-related teaching in the social work curriculum. (RH)
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227/143   Gerontological social work: reflections on its role, purpose and value; by Mo Ray, Alisoun Milne, Christian Beech (et al).: Oxford University Press.
British Journal of Social Work, vol 45, no 4, June 2015, pp 1296-1312.
Over the last twenty years, successive welfare policies have undermined gerontological social work as a specialist area of social work practice. The UK's ageing population offers an opportunity for gerontological social work to rebuild itself. Increasing numbers of older people with long-term conditions, significant growth in the population of family carers and enhanced community-based living for people with long-term needs combine to reposition social work as, potentially, playing a crucial role in the achievement of key policy goals. The particular skill and knowledge set of social workers uniquely equips them to manage the intersection of issues that currently challenge health and welfare services: complex needs, risk, transitions, end of life, carer stress and frailty. That older service users value the approach, input and expertise of social workers and that social workers have greater capacity to deliver sustainable support are also relevant. For gerontological social work to have a future, not only is it required to reclaim its specialist role, but it must re-establish its commitment to social justice, invest in building an evidence base of effectiveness and embed ageing-related teaching in the social work curriculum. (RH)
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SOCIAL SERVICES

(See 227/144)

STATISTICS

(See Also 227/31)

227/144   Community care statistics: social services activity England 2014-15; by Health and Social Care Information Centre. London: HSCIC, 2015, unnumbered.
Based on a new national data collection from councils, covering short and long term social care and providing new information on the primary reason people need support. Of the 1,846,000 actioned requests for new clients, 72 per cent (1,327,000) related to adults aged 65 and over. For long term social care users over the age of 65, the most common primary reason for support was personal care (64 per cent or 384,000 in this group). (NH)
From : http://hscic.gov.uk

STROKE

227/145   Evaluating a third sector community service following stroke; by Linda Jenkins, Charlotte Brigden, Annette King.: Emerald.
Journal of Integrated Care, vol 21, no 5, 2013, pp 248-262.
The purpose of this paper was to evaluate the needs of stroke survivors and the impact of a Life After Stroke service on users, and to explore the effectiveness of a service provided by a third sector organisation working closely with other stroke service provision. This was a review of management documents and reports, polling views of 128 service users through a nationally recognised survey designed to assess the service impact, and using interviews and focus groups to gain a deeper understanding of the value and impact of the service from a range of professionals involved with delivering stroke care. Survey response rates were similar to that experienced nationally and the age/gender profile of respondents suggested they were representative. The service was highly regarded by service users as providing personal, practical and emotional support from people who were knowledgeable and accessible in acute hospitals. From the wider perspective, professionals involved in the stroke pathway saw the service as complementing the acute hospital provision and the stroke community nursing team. The organisation providing the support service worked effectively across health and social care boundaries and built on their existing links and trusted relationships. This study adds to the evidence that the personal impact of stroke is substantial, and on being discharged from acute care many survivors will still have considerable needs. For those responsible for meeting these needs, the particular model of delivering stroke support evaluated here has been found to have considerable merits and resilience in the changing landscape of tighter resources and NHS restructuring. (JL)
ISSN: 14769018   From : www.emeraldinsight.com/jica.htm

TRANSPORT

227/146   What are the impacts of giving up the driving licence?; by Anu Siren, Sonja Haustein.: Cambridge University Press.
Ageing and Society, vol 35, no 9, October 2015, pp 1821-1838.
Driving cessation is a gradual process, where driver's self-regulation plays an important role. Age-based licence renewal may interfere with this process and trigger premature driving cessation.

The present study compares Danish drivers (aged 69 years at the baseline) who either renewed or gave up their driving licence. Data were collected in 2009 (N=1,792) and in 2012 (N=863). The standardised interviews covered respondents' background information, health and well-being, and transportation patterns. Non-renewers had poorer health already at baseline, but did become more dependent on others in their activities after giving up their licence. Regarding travel frequency, neither the differences between renewers and non-renewers nor the changes over time within the groups were pronounced. The groups already differed in their use of transport modes at the baseline: the renewers drove, while non-renewers travelled as passengers, used public transport, walked or cycled. Not renewing the licence was a strong predictor of unmet mobility needs, especially in relation to leisure activities. The present study indicates that younger seniors' mobility is not likely to be affected by the strict renewal policies. However, given the positive economic and safety consequences of independent mobility in old age, society should try to prevent unwarranted mobility loss - which would be the consequence, were restrictive, ageist policies to be in place. (RH)

WELLBEING

227/147   'Wellness': prevention and the sustainability of health and well-being in older age; by Nat Lievesley, Eric Midwinter, Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, 2013, 107 pp.
Prevention and the pursuit of good health and wellü-being in older age is a broad and wide-ranging topic. This report does not claim to be exhaustive, but attempts to show as much as possible of the overall picture. It is arranged in four main sections, starting with background on the concept of wellness, preventive education, and focusing on the older person. Section Two, Prevention, covers many of the issues involved, for example, trends in health expectancy, assessing individual risk, and health inequalities. The report cites evidence from longitudinal studies and statistical series illustrative of adopting a healthy lifestyle, physical activity, life-long learning, volunteering, and moderating consumption. This section ends with medical interventions (preventive medication, screening and vaccination), falls prevention, and telehealth. In Section Three, practical programmes and solutions, the focus is on helping older people to stay well in their own homes. Conclusions and recommendations in Section Four cover individual initiative and societal support. The authors observe that while any proposed prevention strategy should be olderü-person focused, any longer term strategy must be a life-cycle one, starting with the healthy child. Based on research reviews carried out in 2011 and 2012, the report is aimed at a wide readership including policy makers, commissioners, health and social care professionals and interested lay people, many of whom may be directly affected by the topics discussed. Assistance from the Joseph Rowntree Foundation (JRF) as part of its Ageing Society programme, and from Bupa in funding this report is acknowledged. (RH)