

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

- 228/1 Financial abuse: evidence review; by Susan Davidson, Phil Rossall, Sarah Hart, Age UK. London: Age UK, November 2015, 31 pp (Age UK Research).
This evidence review is intended to sum up what is known about the financial abuse of older people. It aims to provide answers regarding the prevalence of financial abuse, who is at most risk, who the perpetrators are, the impacts, and the barriers against recognition and action on financial abuse. It also looks at the cues that indicate that financial abuse is happening; problems with detecting, reporting, and resolving financial abuse; and the additional problems can financial abuse bring. It outlines the problems faced by people with dementia and carers when managing money, and the impact of cultural values on determining behaviour. It also covers preventative measures that could be taken by financial institutions, and health and care staff. An appendix itemises other measures that have been suggested measures for the prevention and detection of financial abuse. It should be noted that commercial abuse (scams) is not covered in any detail. (RH)

From: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Financial_Abuse_Evidence_Review-Nov_2015.pdf?dtrk=true

- 228/2 Working at the frontline in cases of elder abuse: 'it keeps me awake at night'; by Jane Cairns, Anthea Vreugdenhil.: Wiley Blackwell.

Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 59-62.

The present study looked at the experiences of frontline health and welfare practitioners in working with older people experiencing abuse. In-depth interviews were conducted with 16 Tasmanian community-based health and welfare practitioners regarding their experiences of working in 49 recent cases of elder abuse. Interview transcripts were analysed using thematic analysis. All participants found working in cases of elder abuse challenging and the work itself was perceived as difficult, complex and at times dangerous. The cumulative effect of intimidating work contexts, practice dilemmas and a lack of support resulted in frustration and stress for many practitioners. Nevertheless participants were committed to providing ongoing services and support for older people experiencing abuse. Frontline practitioners working in cases of elder abuse face significant challenges and could be better supported through strengthening organisational elder abuse policies, increased management support and more age-inclusive family violence support services. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

ADVOCACY

(See Also 228/21)

- 228/3 The best things in life are free: community-powered advocacy; by Clare Wightman.: Emerald.
Working with Older People, vol 17, no 1, 2013, pp 25-31.

Advocacy practice is about being a corrective to failures in other services and an intermediary between service users and providers. It can be very vulnerable at times to being seen as an "add-on" of unproven value. This opinion piece explores fresh approaches to advocacy for older and disabled people, and suggests a new role for professional advocates. It uses the experiences of Grapevine in Coventry, and draws on the findings of a project conducted with advocacy organisations in the Midlands and South East, many of whom felt that professional advocacy was not getting to the root of the problem. The article asks practitioners to consider the new role advocates might play in developing and connecting networks of local people for mutual help and support. This "community-powered" advocacy could provide effective root cause help and protect the sector's legitimacy during unprecedented financial austerity. (RH)

ISSN: 13663666

From : www.emeraldinsight.com

AGEING (GENERAL)

- 228/4 Ageing in changing times: challenges and future prospects: 44th Annual BSG Conference, Wednesday 01 - Friday 03 July 2015: [abstract handbook]; by British Society of Gerontology - BSG; Newcastle University; Northumbria University Newcastle. [Newcastle-upon-Tyne]: British Society of Gerontology; Newcastle University; Northumbria University Newcastle, 2015, 192 pp. Abstracts of papers presented at the conference are organised in alphabetical order of chair's name for symposia, and (first named) author for oral presentations. There are also brief details of poster presentations. The conference covered the following themes: arts and culture; age friendly communities; technologies; society and economy; health and wellbeing; and methods. Some open paper sessions covered other subjects. (RH)

From : www.conferences.ncl.ac.uk/bsg2015/

- 228/5 Narratives in research: story as 'showing' the eminently ordinary experience of ageing; by Valerie A Wright-St Clair, Bevan C Grant, Elizabeth A Smythe.: Wiley.
Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 132-135.
The present study aimed to offer a perspective when research narratives about how ageing is lived in everyday life are the primary data. A literature search explored the garnering of narratives about everyday life in advanced age in qualitative research. Narrative examples from the authors' research, and supervised student research, were drawn on to illustrate the experiences of ageing when going about an ordinary day. Stories showed how the lived experience of ageing is both ordinary and complex. Notions revealed are: age as constructed, as assumed by others, as being engaged every day, and as living the day my way. Understanding what it means to be older is in part shaped by which stories are told, who tells the stories and what sense is made of them. In gerontology research, 'storytelling' can be a potent means of knowing what it means to be 'older' and of being worthy to self and others. (JL)
ISSN: 14406381 [From : wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

AGEISM AND AGE DISCRIMINATION

- 228/6 Achieving age equality in health and social care; by Caroline Bernard.: Emerald.
Working with Older People, vol 17, no 1, 2013, pp 19-24.
The subject of this paper is the ban on age discrimination in goods and services that came into force on 1 October 2012. It sets out the policy context, and details how the age equality recommendations were made through an independent review. It provides an overview of the Achieving Age Equality Toolkit (produced by the National Development Team for Inclusion, NDTi), to give the background to its development, and to advise readers of the ways in which it has already been successful in the health and social care arena. Older people have different experiences of health and social care services, but most want to be able to access support when they need it. Age as a barrier to treatment and screening in areas such as mental health and cancer continue to give cause for concern. Organisations need to ensure they are working in an "age equal" way across services.
Implications for further research could include an assessment of the extent of "institutional ageism" in services after the ban on age discrimination in goods and services on 1 October 2012. The article uses case studies to illustrate how use of the Toolkit enables an organisation to better identify where changes are needed towards embedding anti age discrimination practice. As well as obeying legal requirements, ending age discrimination in health and social care requires a change in hearts and minds towards encouraging society to think differently about the ways in which older people are supported by health and social care services. Since the review, there have been repeated cases of age discrimination in goods and services, illustrating the need for change. (RH)
ISSN: 13663666 [From : www.emeraldinsight.com](http://www.emeraldinsight.com)

- 228/7 Not in Australia: migration, work and age discrimination; by Simon Biggs, Marthe Fredvang, Irja Haapala.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 125-129.
Perceptions of older people are changing both nationally and internationally, with policy developments that emphasise the value of older workers and the extension of working life to accommodate a longer life-course. For national economies older workers produce benefits of increasing tax dollars and personal savings and reduce claims on the state through pensions. In terms of migration, older adults bring assets and other benefits generated elsewhere into the host economy, as skilled workers or as active retirees. It has also been argued that older societies may be more productive as a consequence of the contribution of older citizens. Nations that create barriers to older migration, such as is currently the case for Australia, run the risk not only of perpetuating age discrimination, but also of failing to take advantage of population change in a global context. The authors critically examine this area and raise a series of questions for future policy. (JL)
ISSN: 14406381
[From : wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

ARTS AND MUSIC

- 228/8 Creative dance improves physical fitness and life satisfaction in older women; by Ana Cruz-Ferreira, Jose Marmeleiral, Alexandra Formigo (et al).: Sage.
Research on Aging, vol 37, no 8, 2015, pp 837-855.
Fifty seven women, aged 65-80 years old, were randomised to either an experimental or a control group. The experimental group participated in a supervised creative dance programme for 24 weeks. After the intervention, this group was found to have improved physical fitness and life satisfaction. (NH)
ISSN: 15527573 [From : roa.sagepub.com](http://roa.sagepub.com)

- 228/9 The effect of music therapy compared with general recreational activities in reducing agitation in people with dementia: a randomised controlled trial; by A C Vink, M Zuidersma, F Boersma ... (et al.): Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 10, October 2013, pp 1031-1038.
This study aimed to compare the effects of music therapy with general recreational day activities in reducing agitation in people with dementia residing in nursing home facilities. In a randomised controlled design 94 residents with dementia were allocated to either music therapy or recreational activities. Both music therapy and general activities were offered twice weekly for four months. Changes in agitation were measured with a modified Cohen-Mansfield Agitation Inventory (CMAI) at four intervals on each intervention day. A mixed model analysis was used to evaluate the effectiveness of music therapy compared with general activities, on CMAI scores at four hours after the intervention, controlled for CMAI scores at one hour before the session and session number. Data were analysed for 77 residents (43 randomised to music therapy and 34 to general activities). In both groups the intervention resulted in a decrease in agitated behaviours from one hour before to four hours after each session. This decrease was somewhat greater in the music therapy group than in the general activities group but this difference was statistically not significant and disappeared completely after adjustment for Global Deterioration Scale stage. In conclusion, both music therapy and recreational activities led to a short-term decrease in agitation but there was no additional beneficial effect of music therapy over general activities. More research is required to provide insight in the effects of music therapy in reducing agitation in older people with dementia. (JL)
ISSN: 08856230
From : www.orangejournal.org
- 228/10 Evaluating the potential of group singing to enhance the well-being of older people; by Jane W Davidson, Beerley McNamara, Lorna Rosenwax ... (et al.): Wiley.
Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 99-104.
The aim of this study was to evaluate the effect of a singing programme developed specifically for community-dwelling older people on measures of health and well-being. An eight-week singing programme was developed and evaluated using standardised measures of health and well-being, measures designed to examine specific singing programme outcomes, and semi-structured interviews. Participants aged 70 years and older were recruited through a home care service provider and an advertisement in a community newspaper. Standard outcome measures indicated that the programme had little effect on health and well-being. However study-specific measures indicated that many participants had positive gains. Those in the home care group required more assistance to attend and continue in the programme than those in the general community. Participants reported that the community-based singing facilitator was essential to the programme's success. These findings show that well-structured community-based singing programmes have the potential to impact positively upon the well-being of older people, but programme viability depends on support with recruitment, transport and funding. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 228/11 The ripple effect: towards researching improvisational music therapy in dementia care homes; by Mercedes Pavlicevic, Giorgos Tsisis, Stuart Wood (et al.): Sage.
Dementia, vol 14, no 5, September 2015, pp 659-679.
Exploration of music therapists' strategies for creating musical communities in dementia care settings. Music therapy's ripple effect goes from person-to-person musicking to musicking beyond session time, both within and beyond the home. (NH)
ISSN: 14713012
From : dem.sagepub.com
- 228/12 Singing for successful ageing: the perceived benefits of participating in the Golden Oldies community-arts programme; by Barbra Teater, Mark Baldwin.: Oxford University Press.
British Journal of Social Work, vol 44, no 1, 2014, pp 81-99.
Study of a singing community-arts programme which found that it significantly contributed to participants' self-development, health and sense of community.
ISSN: 00453102
From : www.bjsw.oxfordjournals.org
- ASSISTIVE TECHNOLOGY**
- 228/13 Location tracking: views from the older adult population; by Lisa Thomas. Linda Little, Pam Briggs (et al.): Oxford University Press.
Age and Ageing, vol 42, no 6, November 2013, pp 758-763.
There has been a rise in the use of social media applications that allow people to see where

friends, family and nearby services are located. While uptake has been high for younger people, adoption by older adults is relatively slow, despite the potential health and social benefits. In this paper, the authors explore the barriers to acceptance of location-based services (LBS) in a community of older adults. Eighty-six older adults used LBS for one week and completed pre- and post-use questionnaires. Twenty available volunteers from the study also completed in-depth interviews after their experience using the LBS technology. The pre-use questionnaire identified perceptions of usefulness, individual privacy and visibility as predictive of intentions to use a location-tracking service. Post-use, perceived risk was the only factor to predict intention to use LBS. Interviews with participants revealed that LBS was primarily seen as an assistive technology and that issues of trust and privacy were important. The findings suggest older adults struggle to see the benefits of LBS and have a number of privacy concerns likely to inhibit future uptake of location-tracking services and devices. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

BLACK AND MINORITY ETHNIC GROUPS

(See 228/96)

CARERS AND CARING

(See Also 228/44, 228/100)

228/14

Between kith and kin and formal services: everyday help and support in the 'middle layer'; by Simon Anderson, Julie Brownlie, Elisabeth-Jane Milne, Work Foundation Alliance; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, May 2015, 36 pp (JRF programme paper; Ageing society).

This paper looks at acts and relationships of everyday help between the worlds of kith and kin and formal service provision. It focuses on the role of those groups and organisations which lack any formal remit for support but make an important contribution to an infrastructure of kindness.

It explores how such settings can facilitate - and sometimes constrain - small acts of kindness and variation in such dynamics across social and geographic contexts. The paper forms part of the Liveable Lives study, a large-scale qualitative research project examining views and experiences of everyday help and support. It presents examples from the Glasgow research in the three study areas of Maryhill, Hillhead and Bearsden, including a community library, a befriending service, community gardening, a healthy ageing group, and a Ramblers group. The paper was commissioned by the Joseph Rowntree Foundation (JRF) as part of its programme on ageing society, which works to understand how demographic changes will affect the way we live together. (NH/RH)

From : <https://www.jrf.org.uk/report/between-kith-and-kin-and-formal-services>

228/15

Carers and empowerment in the UK: a critical reflection; by Mary Larkin, Alisoun Milne.: Cambridge University Press.

Social Policy and Society, vol 13, no 1, January 2014, pp 25-38.

This article provides a critical reflection on carer empowerment in the UK, an issue which has received limited attention in policy and research. The arena is characterised by considerable conceptual confusion around key terminology (carer, care and caring), and by limited understanding of the meaning and outcomes of carer empowerment. Despite increased national acknowledgment of carers, a politically active carers' movement and a number of policies intended to enhance the recognition and rights of carers, many carers remain invisible and receive little support from services, to the detriment of their own health and well-being. Addressing these challenges, alongside developing a robust theoretical foundation for taking the 'carers' agenda' forward, is needed if carers are to move towards a more empowered status in the twenty-first century. (RH)

ISSN: 14747464

From : journals.cambridge.org/sps

CONTINENCE

(See 228/42)

COUNSELLING

228/16

Introduction of a university-based counselling service for older adults; by Sunil S Bhar, Mark Silver.: Wiley Blackwell.

Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 36-42.

Despite the growing number of older adults in Australia, many do not access counselling, partly

because of the lack of trained mental health professionals for older people. This paper describes an innovative solution for providing counselling services to older adults, and geropsychology training to postgraduate psychology students. A university-based counselling clinic for older adults was described: this was an outreach service for older adults living in the community or in residential aged care facilities in metropolitan Melbourne.

Over its first 13 months, the clinic provided a total of 266 sessions of counselling to 57 clients (41 living in residential aged care), and involved six postgraduate students.

This paper describes the potential benefits of the clinic for clients and students and the resources needed to support this model of service delivery. It can be seen as a blueprint for other universities developing similar services for older adults. (JL)

ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

DEATH AND DYING

228/17 The national survey of bereaved people (VOICES) 2014: [Views of Informal Carers - Evaluation of Services]; by Office for National Statistics - ONS. [Newport]: Office for National Statistics - ONS, 09 July 2015, 30 pp (Statistical bulletin).

The national survey of bereaved people (VOICES, Views of Informal Carers - Evaluation of Services) collects information on bereaved peoples' views on the quality of care provided to a friend or relative in the last 3 months of life, for England. The survey has now been run for 4 years and was commissioned by the Department of Health in 2011 and 2012, and NHS England from 2013. VOICES data provides information to inform policy requirements, including the End of Life Care Strategy (published by the Department of Health, July 2008). This set out a commitment to promote high quality care for all adults at the end of life and stated that outcomes of end of life care would be monitored through surveys of bereaved relatives. It presents a range of information regarding a person's quality of care, the dignity and respect afforded, coordination of care, relief of pain and overall level of care in the last three months of life. Also considered are: support for relatives, friends and carers; decision-making; and preferences and choices at the end of life. Links are provided to the previous surveys.

From : Download: http://www.ons.gov.uk/ons/dcp171778_409870.pdf

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DEMENTIA

(See Also 228/9)

228/18 Assessing quality of life of nursing home residents with dementia: feasibility and limitations in patients with severe cognitive impairment; by Maria Crespo, Carlos Hornillos, M Mar Gomez.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 10, October 2013, pp 1687-1695.

The Quality of Life-Alzheimer's Disease Scale (QOL-AD) is a reliable and valid self-report measure for assessing quality of life (QoL) in people with dementia in long-term care settings, but little is known yet about the number of patients with severe cognitive impairment who are able to complete this measure, and the characteristics of those unable to do so. The aim of the study was to advance knowledge of these issues. Data on residents with dementia were collected from 11 nursing homes. The QOL-AD residential version was directly applied to residents with dementia diagnosis and Mini-Mental State Examination scores under 27, randomly selected in each centre. Residents' QoL was further assessed from the perspective of some close relatives and some staff members. Altogether, 102 data sets from residents, 184 from relatives and 197 from staff members were collected. An analysis of the characteristics of completers versus non-completers regarding levels of cognitive impairment was carried out. Results showed that people with dementia in long-term care are able to report their QoL. The QOL-AD completion rate decreases as the cognitive impairment level increases; non-completion is associated with greater overall impairment. About 30% of residents with severe cognitive impairment could self-report on their QoL with acceptable reliability. In conclusion, QoL self-rating should be the first line option when assessing residents with severe cognitive impairment. For those who are not able to complete self-report measures, proxies' report could be an alternative although the development of other assessment procedures (e.g. observational) should be considered. (JL)

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

228/19 Community pharmacists and people with dementia: a cross-sectional survey exploring experiences, attitudes, and knowledge of pain and its management; by Heather E Barry, Carole Parsons, A Peter Passmore, Carmel M Hughes.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 10, October 2013, pp 1077-1085.

The present study aimed to explore community pharmacists' experiences with and attitudes towards people with dementia, and to determine the knowledge they have about pain and its

management in this patient population. A questionnaire comprising five sections, including the Approaches to Dementia Questionnaire, was mailed on two occasions during February and March 2011, to all community pharmacies in Northern Ireland. The response rate was 34.3%. A greater proportion of pharmacists provided pharmaceutical care to people with dementia living at home (91.2%) than those living in care homes (40.1%). Respondents most frequently encountered queries relating to starting and stopping medications, compliance with medication and availability of formulation types. The mean total score for the Approaches to Dementia Questionnaire measure was 72.8, indicating a positive attitude towards people with dementia, and respondents demonstrated a strong person-centred approach towards this patient population. The majority of respondents recognised the difficulty of assessing pain in people with dementia. However younger pharmacists and pharmacists who provided pharmaceutical care to people with dementia were more likely to be aware of the pain assessment tools for use in people with dementia. Pharmacists appeared uncertain about how to appropriately manage pain in people with dementia. This study shows that community pharmacists often encounter people with dementia, especially those living in their own homes, and they have positive attitudes towards the patient population. However training in the assessment and management of pain in people with dementia must be developed to further improve their knowledge in this area. (JL)

ISSN: 08856230

From : www.orangejournal.org

- 228/20 Dementia: through the eyes of women; by Nada Savitch, Emily Abbott, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, November 2015, 4 pp (Inspiring social change; Ref 3156).

Dementia disproportionately affects women, but their experiences and voices are missing from research and literature. Using stories and reflections from individual women, the report shows that there is often resistance to talking about dementia as a women's issue; that research needs to focus on the voices, experiences and perceptions of women affected by dementia; that service provision needs to reflect the needs, skills and attributes of women with dementia, female carers and the female care workforce; and that the way women experience dementia is affected by gender, but also by many other factors including education, ethnicity, sexuality, class, age, and disability. (NH)

From : <https://www.jrf.org.uk/report/dementia-through-eyes-women>

- 228/21 Dementia advocacy in a time of austerity; by Geraldine Brown, Nicola Standen, Kanwal Khilji.: Emerald.

Working with Older People, vol 17, no 2, 2013, pp 58-64.

An exploratory study on the provision of dementia advocacy adopted a qualitative approach. Data is based on 17 semi-structured interviews with a range of key stakeholders, and on observations of the practice of advocates working in third sector organisations in five localities across the UK. The study draws attention to the benefits of advocacy as a means of supporting older people with dementia; and illuminates internal and external challenges encountered by third sector organisations providing this type of support. The study captures the additional dimension that austerity brings to third sector organisations working in this field and the ways in which financial constraints are shaping the field of dementia advocacy. This paper contributes to ongoing debates in relation to a contradiction between the coalition government's Big Society ideas and the reality as it unfolds in a specific part of the third sector. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/wwop.htm

- 228/22 Dementia-friendly communities: what the project "Creating a dementia-friendly York" can tell us; by Janet Crampton, Ruth Eley.: Emerald.

Working with Older People, vol 17, no 2, 2013, pp 49-57.

The number of people with dementia is expected to double over the next 30 years. This paper outlines findings from a research and development project to determine how York might become a more dementia-friendly city. The project team worked with existing groups and individuals, including people with dementia and family carers; established a cross sector operational group formed of statutory and non-statutory sectors; and developed a wider network to share news and ideas. The project was primarily concerned with the experience of people with dementia, generally post diagnosis, exploring their normal everyday lives as well as the contact they had and interventions from the statutory agencies. Reaching people with dementia who had not yet been diagnosed, or those on the margins of society, especially those living alone, proved hard to achieve. In order to realise a more dementia-friendly community, the project proposes a model - People, Places, Networks and Resources - for analysing the suitability and helpfulness of existing arrangements or features of a place or an organisation. The concept of "dementia-friendliness" is not the exclusive domain of the health and social care world. On the contrary, the research reveals that it is with the daily attrition of everyday life where help is most needed. People with dementia and family carers find routine activities - shopping, managing finances, using transport, keeping

active - most difficult, causing them to withdraw. There are moral, economic and business reasons why we should support people to live well with their dementia, as well as reasons of health and well-being. The proposed model can be applied anywhere to support the creation of dementia-friendly communities that understand how to help. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/wwop.htm

- 228/23 Describing perceived stigma against Alzheimer's disease in a general population in France: the STIG-MA survey; by Leslie Cartz Piver, Philippe Nubukpo, Angélique Faure ... (et al): Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 9, September 2013, pp 933-938.
Alzheimer's disease (AD) is responsible for an important social and economical burden in many nations. People suffering from AD may experience health-related stigma that influences their attitudes towards seeking assistance. The STIG-MA survey describes perceived stigma against AD in a French population. A questionnaire was completed anonymously by people attending an awareness campaign about AD in Creuse, France, in September 2010. Participants answered 10 questions about how they would feel or react if they had AD. Stigma scores were compared by age, activity and interest in AD. 33% of people attending the campaign filled out the survey. Most were women (85%) younger than 50 years (59%); 10% were older people over the age of 75. 21% worked in health or social care fields. Interest in AD was professional (48%), related to family (41%) or personal (11%). Professionals in health fields expressed the highest levels of stigma, while low stigma was most frequent in older people. Type of interest did not influence stigma. Shame, loss of self-esteem and fear of exclusion were expressed the most. The STIG-MA survey confirms that AD is a stigmatising condition in France. The difference between perceived stigma of older people, those most exposed to AD and that of health professionals may influence attitudes towards screening and care. Further studies of perceived stigma in these populations are necessary to adapt intervention strategies. (JL)
ISSN: 08856230 From : www.orangejournal.org
- 228/24 Developing a national user movement of people with dementia: learning from the Dementia Engagement and Empowerment Project (DEEP); by Rachel Litherland, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, September 2015, 17 pp (Inspiring social change; Ref 3129).
The Dementia Engagement and Empowerment Programme (DEEP) is a growing user movement across the UK. It connects local groups and individual activists through a national network, engaging and empowering people with dementia and supporting opportunities for working together to set priorities about dementia and to shape political agendas. This paper describes the growth of DEEP over a three-year period from 2012 to 2015. (NH)
From : <https://www.jrf.org.uk/report/developing-national-user-movement-people-dementia>
- 228/25 Executive functioning and Alzheimer's disease: patient and carer experience; by Alison Campbell, Sandy McAfee.: British Psychological Society.
FPOP Newsletter, no 122, January 2013, pp 91-96.
This pilot study used the DEX questionnaire (P W Burgess et al, 1996), part of the Behavioural Assessment of Dysexecutive Syndrome battery (BADs) to investigate executive functioning difficulties faced by patients diagnosed with Alzheimer's disease (AD). Sixteen patients and 16 carers rated the difficulties they face. The questionnaires were completed anonymously during routine attendance at a memory clinic. The patient group rated their impairment, on average, as significantly less impaired than the carer group, $t(30)=3.4$, $p<.005$. The implications for the care of patients with AD and their carers are discussed. Possible future areas of research are outlined.
ISSN: 13603671 From : www.bps.org.uk
- 228/26 A family living with Alzheimer's disease: the communicative challenges; by Danielle Jones.: Sage. Dementia, vol 14, no 5, September 2015, pp 553-573.
Draws on a UK data set of 70 telephone calls recorded over a two-and-a-half year period between an elderly woman with Alzheimer's disease and her daughter and son-in-law. Results found that whilst there are clearly communicative difficulties, these arise due to the contingencies that are generated by the other's contributions in the interaction. This finding is a departure from the assumption that deficits are intrinsic to the individual with the disease and focuses rather on the communicative challenges that arise in the interaction itself. (NH)
ISSN: 14713012 From : dem.sagepub.com
- 228/27 On the journey to becoming a dementia friendly organisation: sharing the learning for employers and organisations; by Sarah Frost, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, September 2015, 17 pp (Inspiring social change; Ref 3147).
JRF's Dementia without Walls programme started in 2012 with a vision of the UK as a good place for people with dementia to live. Working with the Joseph Rowntree Housing Trust, the JRF

committed to becoming a more dementia friendly organisation, both as a provider of services and as an employer. The work sought to achieve a number of specific objectives: to involve people with dementia in this process of change; to engage with staff and influence/challenge perceptions and understanding of the experience of living with dementia; to support individual staff who are directly affected by dementia themselves; and to have a practical and permanent influence on all their service provision. This paper uses examples of projects and activities to share the lessons that have been learnt. (NH/RH)

From : <https://www.jrf.org.uk/report/journey-becoming-dementia-friendly-organisation>

228/28

Screening for dementia in general hospital inpatients: a systematic review and meta-analysis of available instruments; by Thomas A Jackson, Syeda Huma Naqvi, Bart Sheehan.: Oxford University Press.

Age and Ageing, vol 42, no 6, November 2013, pp 689-695.

Dementia is common and often undiagnosed. Improving rates of diagnosis has become a key part of current dementia guidelines. Older people admitted to hospital are a potential target population for screening for dementia. The objective was to report whether instruments advocated in screening for dementia had been validated in hospital inpatients, and to make recommendations on evidence-based screening for dementia in this population. A systematic review was performed by an initial electronic database search using three key search criteria. Studies were then selected in a systematic fashion using specific predetermined criteria. Pooled meta-analysis was performed. Inclusion criteria were studies where the study group were inpatients in general hospitals, including a clearly defined group of older people (60 or older); they used a recognised screening instrument compared with a reference standard; and included at least 10 cases of dementia. Demographic data as well as sensitivity and specificity were recorded from the selected studies. In total, nine studies describing validation of six discreet instruments satisfied all our criteria. The authors were able to perform meta-analysis with one instrument, the Abbreviated Mental Test Score (AMTS). With a cut-off of 7, pooled analysis of the AMTS showed a sensitivity of 81%, a specificity of 84% and an area under the curve (AUC) of 0.88. A small number of instruments have been validated for screening for dementia in general hospital. Understanding strengths and weaknesses of currently available instruments allows informed decisions about screening in this setting. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

DEMENTIA CARE

(See Also 228/11)

228/29

Designing garments for people with dementia: innovative practice; by Britta Friederike Schulte.: Sage.

Dementia, vol 14, no 5, September 2015, pp 691-695.

Describes the project, No place like home, which aimed to design clothing that would be more aesthetically appealing and practical for people with dementia and argues that since clothing is often an important part of a person's identity, it should be taken into account by designers and clothing manufacturers. (NH)

ISSN: 14713012 From : dem.sagepub.com

228/30

The end as a beginning: life story work on an older adult in-patient dementia ward; by Michelle Hacking.: British Psychological Society.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 14-19.

The author reflects on her experiences of completing life story work on a hospital in-patient dementia care ward. The aim is to share some of the qualitative examples of how life story work can be used to give people a sense of regaining their identity and feeling valued. She reflects on the importance of life story work in improving the quality of life and well-being for older people as well as giving staff a sense of pride and meaning in their work. She also reveals some of the challenges she faced in embedding life story work into the ward and how she overcame some of these difficulties. (RH)

ISSN: 13603671 From : www.bps.org.uk

228/31

The impact of dementia on length of stay in acute hospitals in Ireland; by Sheelah Connolly, Eamon O'Shea.: Sage.

Dementia, vol 14, no 5, September 2015, pp 650-658.

People with a recorded diagnosis of dementia were found to have a significantly longer stay in hospital than those with no recorded dementia. Multiplying the excess length of stay by the number of dementia-related admissions gave an estimate of 246,908 additional hospital days per year due to dementia at an associated additional annual cost of over 199 million Euros. (NH)

ISSN: 14713012 From : dem.sagepub.com

228/32 Implementation of a baby doll therapy protocol for people with dementia: innovative practice; by Barbara A Braden, Phyllis M Gaspar.: Sage.
Dementia, vol 14, no 5, September 2015, pp 696-706.
Baby doll therapy is a nonpharmacologic therapy that can affect agitated behaviour in dementia patients but to date no protocol for the therapy exists. An implementation protocol was developed and implemented with 16 residents in a dementia care centre. Positive outcomes on participant's behaviour included increased levels of happiness, activity/liveliness, interaction with staff and others, and ease of giving care. There was also a reduction in levels of anxiety. (NH)
ISSN: 14713012
From : dem.sagepub.com

228/33 Toward integrated services for dementia: a formal carer perspective; by Ryan Woolrych, Judith Sixsmith.: Emerald.
Journal of Integrated Care, vol 21, no 4, 2013, pp 208-220.
Policy has identified the need for integrated dementia services for older people. However the role of the formal carer within an integrated framework of service delivery has not been well articulated in practice. The aim of this paper was to understand the experiences of formal carers working with the context of an integrated dementia service by exploring findings from a research-based evaluation. The evaluation captured the experiences of formal carers working within the service via observations, semi-structured interviews and focus groups. Findings from the study showed that working with an integrated service brings about individual, social and organisational challenges to the role of the formal carer, in terms of: delivering flexibility and responsiveness, providing continuity of care, ensuring cross-organisational working and acquiring skills, knowledge and expertise. To facilitate the successful delivery of integrated care, the emerging role of the formal carer needs to be more clearly articulated and supported within a service context. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 228/37)

228/34 Global population aging: unequal distribution of risks in later life between developed and developing countries; by Masa Higo, Hafiz T A Khan.: Sage.
Global Social Policy, vol 15, no 2, August 2015, pp 146-166.
Based on documentary analysis of literature and findings from survey data drawn from the Organisation for Economic Co-operation and Development (OECD), the United Nations, and the World Health Organization (WHO), the authors discuss the four main areas of unequal distribution of risks in later life: burden of disease in epidemiological transition; financial security in retirement; familial resources for elderly care; and the care workforce. (NH)
ISSN: 14680181 From : gsp.sagepub.com

DEPRESSION

(See 228/105)

DIET AND NUTRITION

228/35 Perceived barriers to optimum nutrition among congregate (sheltered) housing residents in the USA; by Meena Mahadevan, Heather Hartwell, Charles Feldman, Emily Raines.: Sage.
Health Education Journal, vol 73, no 6, July 2014, pp 477-490.
Malnutrition, secondary to decreased food intake, is a public health problem of epidemic proportions among older adults in the United States of America (USA). Compared to community-dwelling senior citizens, congregate (sheltered) housing residents are found to be frailer, with documented deficiencies in several major and minor nutrients, and associated health complications. While studies have quantified these problems, translational research examining the perceived factors influencing their daily food habits is lacking. Using a qualitative approach, this study was undertaken to further and enhance understanding of this complex, under-researched area, and to form the basis for better nutritional management of this group. Participants (n = 46) were convenience sampled from four sheltered housing settings located in the suburbs of northern New Jersey, USA. Data were collected using a brief demographic questionnaire, and a focus group guide designed utilising constructs derived from socio-ecological theory. Content analysis of the transcripts identified several themes suggesting that a repertoire of individual, interpersonal, and organisational factors may serve as barriers to optimum nutritional health among residents. With an emphasis on utilising their perspectives to explain and interpret behaviour, the qualitative

approach adopted offered a perfect vehicle for shifting the focus from measuring dietary outcomes to clarifying how participants arrive at the decisions they made. This study is a step forward in providing the empirical foundations necessary to design a comprehensive intervention with effective strategies to motivate and encourage sheltered housing residents to make healthier food choices and improve their overall health. (RH)
ISSN: 00178969 From : hej.sagepub.com

DISABILITY

(See Also 228/128)

- 228/36 In sight: a review of the visual impairment sector; by Abigail Rotheroe, Sally Bagwell, Iona Joy, New Philanthropy Capital. London: New Philanthropy Capital, November 2013, 75 pp.
The number of people with sight loss is expected to double by 2050 as the population ages and underlying causes such as diabetes and obesity increase. This report, commissioned by the Clothworkers' Foundation, reviews the visual impairment sector and medical research, considers the main issues for older people, and makes recommendations for funding. An accessible version (134 pp), developed according to RNIB's Clear Print design guidelines, is also available (<http://www.thinknpc.org/wp-content/uploads/2013/11/IN-SIGHT-CLEAR-PRINT-REPORT.pdf>). (RH)
From : [http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-\(2\).pdf](http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-(2).pdf)

EMPLOYMENT

- 228/37 Avoiding the demographic crunch: labour supply and the ageing workforce; by Chartered Institute of Personnel and Development - CIPD; International Longevity Centre UK - ILC-UK. London: Chartered Institute of Personnel and Development - CIPD; International Longevity Centre UK - ILC-UK, June 2015, 31 pp (Policy report).
This policy report predicts that, unless employers improve their recruitment, development and retention of older employees, the UK will face a shortfall of about one million workers by 2035. There are currently 9.4 million workers in the UK who are over the age of 50; and while the employment rate of older workers has increased significantly in recent years, there is still a 64 percentage point drop in the employment rate between the ages of 53 and 67. Health and social work, education and public administration are most at risk of skills shortages, because they are not only highly reliant on older workers, but also struggle more than other sectors to remain attractive places to work for older workers. The report also found that the manufacturing, construction and transport and storage sectors all have at least a third of workers aged over 50, and typically see at least a 50% fall in the number of people employed between the ages of 45-49 and 60-64. The report outlines five essential components that should form an organisation's strategy to address the ageing workforce challenges: ensuring they have inclusive recruitment practices; improving the capability of line managers; investing in training and development; supporting employee health and wellbeing; and moving towards more flexible working. (NH)
From: http://www.ilcuk.org.uk/index.php/publications/publication_details/avoiding_the_demographic_crunch

END-OF-LIFE CARE

(See Also 228/96)

- 228/38 10 questions to ensure good end of life care in your area; by Simon Chapman, Dying Matters Coalition; National Council for Palliative Care - NCPC; Marie Curie Cancer Care. London: National Council for Palliative Care; Marie Curie Cancer Care, 2013, 18 pp.
This document is published with the implementation of health and social care reforms in April 2013 and how they are made to work for the benefit of people approaching the end of life and the people caring for them. It asks why each of the ten questions is important, what else to ask, and suggests further information sources. Local provision on end of life care is considered with questions about: where people are dying and where they are being cared for before they die; the quality of care received; the systems that identify people approaching the end of life and how plans about care can be coordinated; services "at any time of day and night" to enable people to be cared for in the place they want to be; support for carers, including into bereavement; services that are genuinely available and accessible to all; training in end of life care for staff; end of life care as a priority, including leadership and accountability; raising public awareness about death, dying and bereavement; and involving local people and those with personal experience in shaping and evaluating services. (RH)
Price: £10.00 From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk

228/39 Time for action: why end of life care needs to improve, and what we need to do next; by Simon Chapman, National Council for Palliative Care - NCPC.: National Council for Palliative Care, 2015, 11 pp.
Published in anticipation of the work of the Ambitions Partnership, a group of national organisations across the voluntary and statutory sectors that has come together to develop a new five-year vision and a fresh set of ambitions for end of life care over the coming Parliament. This short report elucidates four key themes which emerged from reports (published 2014 or 2015) by the Parliamentary and Health Ombudsman, the House of Commons Health Committee, and the Choice in End of Life Care Programme Board ('Choice Review') on end of life care. The key themes are: the need for leadership to give end of life care greater priority; an increase in well-coordinated community-based care; support for the workforce to enable them to deliver compassionate and competent care; and fairness and equality in the access and quality of end of life care. The National Council for Palliative Care (NCPC) calls for a review into how dying, death and bereavement are dealt with across government departments and public bodies. (NH/RH)
From : www.ncpc.org.uk

228/40 Towards a social model of end-of-life care; by Louise Brown, Tony Walter.: Oxford University Press.
British Journal of Social Work, vol 44, no 8, 2014, pp 2375-2390.
Challenges the social work profession to consider whether the hospice and palliative care model of end-of-life care needs to be rethought and argues for the development of a more community engagement model.
ISSN: 00453102 From : www.bjsw.oxfordjournals.org

ETHICAL ISSUES

228/41 Ignorance is bliss?: Ethics of withholding information; by Oliver O'Mara.: British Psychological Society.
FPOP Newsletter, no 122, January 2013, pp 69-74.
This short essay highlights some of the dynamics that can occur in ethical decision-making with older people. To illustrate a course of action that might be taken, the author uses a fictitious example of an older man with dementia whose partner had died a year before. The hope is that informed, objective decisions are being made about individual cases, and removing or at least noticing a person's feelings from the situation. The Nuffield Council on Bioethics report, 'Dementia: ethical issues' (2009) highlights differences of opinions about whether being truthful or telling white lies are adopted as a course of action. (RH)
ISSN: 13603671 From : www.bps.org.uk

FALLS

228/42 Do continence management strategies reduce falls?: a systematic review; by Frances A Batchelor, Briony Dow, May-Ann Low.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 4, December 2013, pp 211-216.
Urinary incontinence is associated with increased fall risk, and fall prevention programmes include recommendations to manage continence as one component of fall reduction. However the evidence to support this recommendation is unclear. The aim of this study was to identify continence management interventions that are effective in decreasing falls. A systematic review of the literature was conducted. Studies were included if they evaluated the effect of any type of continence management strategy on falls in older adults. The included studies were assessed for quality, and data relating to participants, interventions and outcomes were extracted by two independent reviewers. Four articles met the inclusion criteria. Two studies were randomised controlled trials, one a retrospective cohort study and one an uncontrolled intervention study. Interventions included pharmacological agents, a toileting regime combined with physical activity and an individualised continence programme. Only the study evaluating the combination of physical activity and prompted voiding found an effect on falls. It is surprising that there has been so little research into continence management interventions that include fall outcomes. A toileting regime combined with physical activity may reduce falls in residential care. There is a need for further studies investigating the impact of continence management on falls. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

228/43 Falls prevention education for older adults during and after hospitalization: a systematic review and meta-analysis; by Den-Ching A Lee, Elizabeth Pritchard, Fiona McDermott, Terry P Haines.: Sage.
Health Education Journal, vol 73, no 6, September 2014, pp 530-544.
The effectiveness of patient education in reducing falls, promoting behavioural change and the uptake of prevention activities in older adults during and after hospitalisation is assessed in this

systematic review and meta-analysis. A systematic search of five health science databases was performed up to November 2012. Studies that investigated patient education as a single intervention or in a multifactorial falls prevention programme in the hospital and/or post-discharge community settings, were eligible for inclusion. Standard meta-analysis methods were used to assess the effectiveness of patient education compared to usual care. Tests for heterogeneity, subgroup meta-analyses and a priori subgroup meta-analyses were performed for primary outcomes, where appropriate. Primary outcomes were incidence of falls, falls-related injury and healthcare use due to falls. Secondary outcomes were mechanisms of behavioural change in falls prevention. Qualitative data were analysed by narrative review. Falls prevention programmes that contained patient education were effective in reducing fall rates amongst hospital inpatients and post-discharge populations (risk ratio [RR] 0.77, 95% confidence interval [CI] 0.69 to 0.87), and in reducing the proportion of patients who became fallers in hospital (RR 0.78, 95% CI 0.7 to 0.87). Patient education generally increased knowledge about falls and awareness of prevention strategies. The uptake of strategies may be dependent on the activities being targeted. Falls prevention education should be recommended for older adults while in hospital and following discharge. Falls education programmes should consider the use of intensive face-to-face patient education with multimedia materials in preference to provision of written information alone or brief amounts of interpersonal contact. (RH)

ISSN: 00178969

From : hej.sagepub.com

FAMILY AND INFORMAL CARE

(See Also 228/14)

228/44

An evaluation of health and well-being checks for unpaid carers; by Angela Burrows, Kenneth Gannon.: Emerald.

Journal of Integrated Care, vol 21, no 3, 2013, pp 148-156.

The purpose of this study was to evaluate the efficacy of providing health and well-being checks and six months support to unpaid carers. Changes in carer stress were measured between baseline and final assessment. This was a cross sectional, correlational study of 394 recruited carers and a sub-group of 348 carers who received support for six months. A T-test measured mean change in the carers' GHQ-12 scores between baseline and final assessment. A chi-squared test was used to measure movement in the GHQ-12 scoring quartiles between the baseline and final assessment. Study findings showed that the 348 carers receiving support for six months reported a statistically significant small reduction in their baseline and final assessment scores. The carers identified by the GHQ as having less severe stress scores did better than those with more severe stress levels. As there was no control group it was not possible to compare these outcomes with the outcomes of a group of carers receiving care as usual. It was therefore possible that there were other factors at play for the intervention group over the six month period of support, other than the intervention itself, which influenced the change in carer stress. There is limited research available on the outcomes of carers' interventions, particularly those which involve holistic interventions, such as health and well-being checks being delivered by a multi-agency partnership. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

FRAILITY

(See 228/49)

GRANDPARENTS

228/45

Grandparents raising grandchildren: towards recognition, respect and reward; by Deborah Brennan, Bettina Cass, Saul Flaxman (et al), Social Policy Research Centre - SPRC, University of New South Wales. Sydney, Australia: Social Policy Research Centre, University of New South Wales, August 2013, 193 pp (SPRC report no 14/13).

Grandparents have long played a major role in the lives of their children and grandchildren. In Australia, grandparents are raising their grandchildren because children have been the subject of care and protection orders; private family arrangements; or that grandparents assume responsibility for their grandchildren following orders of the Family Court or Federal Magistrates Court. Reasons for placement include substantiated abuse or neglect, often associated with domestic violence and parental substance misuse and mental illness; and irretrievable breakdown in the relationship between children and parents. This study of grandparents raising grandchildren draws on multiple sources of data. These include a literature review, analysis of Australian Bureau of Statistics (ABS) statistics including Census 2006, a survey of grandparent carers, interviews with Indigenous grandparents, and focus groups and interviews with policy makers and service providers. The 335 grandparents participating in the survey were drawn from every state and the

ACT; and the 20 Indigenous grandparents who took part in interviews came from New South Wales, South Australia and the Northern Territory. The 55 policy makers (drawn from Commonwealth, state and territory agencies) and service providers who participated in focus groups were from New South Wales, South Australia, the ACT and the Northern Territory. (RH)
From : https://www.sprc.unsw.edu.au/media/SPRCFile/Grandparents_Raising_Grandchildren_Towards_Recognition_Respect_and_Reward.pdf

228/46

Social workers' use of power in relationships with grandparents in child welfare settings; by James W Gladstone, Kerri-Ann J Fitzgerald, Ralph A Brown.: Oxford University Press.

British Journal of Social Work, vol 43, no 6, September 2013, pp 1073-1091.

This paper focuses on ways in which social workers use power in their relationships with grandparents who are caring for grandchildren involved with child welfare agencies. Also examined are the ways in which grandparents perceive this use of power. Qualitative data were gathered from 43 social workers and 32 grandparents in kinship care settings in south-western Ontario, Canada. Findings showed that social workers' expression of power falls into three main categories. Workers 'dispense resources', which include the provision of material support and services, the use of clinical skills and their influence over the middle generation. Workers can be 'directive', which involves their controlling interaction and defining the meanings of help. They also 'manage negotiations', which can occur in both an open and an implicit manner. Findings showed that workers' use of power can be beneficial to grandparents. A central issue for grandparents is whether there is reciprocity in their relationships with workers. The authors' conclusion is that being less directive and engaging in negotiations will result in collaborative relationships in which the needs of grandparents, as well as the agency, are more likely to be met. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

HEALTH AND WELLBEING

(See Also 228/57, 228/107, 228/108, 228/109, 228/119)

228/47

HAPI life model for the new older generation in Korea; by Jeeyeon Kim.: Wiley Blackwell.

Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 135-141.

The aim of this South Korea-based study was to estimate the overall success of services at Gangnam Senior Plaza (GSP), determine the effect of GSP on users, and ascertain local demand for services. GSP used as its underlying principle the HAPI Life Model (Healthy Body, Active Mind, Productive Lifestyle and Integrative Ageing), taking into account both the physical and mental health of members, as well as making their lives more productive and their ageing process integrative. A four-week survey including 1188 participants aged over 50 years old was conducted. Participants included 498 GSP members and 690 older non-members (Gangnam residents). Six GSP members were interviewed to substantiate the survey findings. Results indicated a high level of user satisfaction in terms of accessibility to services and facilities, availability of community services and educational programmes, staff friendliness and facility cleanliness. GSP service delivery could be further improved by involving highly educated and experienced older people. Health promotion, education and recreation activities inspiring a vibrant lifestyle have been recognised as the success factors for GSP service delivery. Thus GSP's HAPI Life Model can be considered an appropriate one for other welfare services in South Korea. (JL)
ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

228/48

Inequalities in social capital by age and sex; by Veronique Siegler, Rittah Njeru, Jennifer Thomas, Office for National Statistics - ONS. [Newport]: Office for National Statistics - ONS, July 2015. Recent government evidence, submitted by the Cabinet Office to the UK Parliament's Environmental Audit Committee as part of their inquiry on well-being, highlighted the need for better evidence and further in-depth research to better understand social capital. This article provides an analysis of inequalities in social capital by age and sex in the UK, using the latest available data. The data are based on 25 headline measures, which cover 4 key aspects of social capital: personal relationships; social network support; civic engagement and trust; and cooperative norms. This article explores inequalities in social capital by looking at differences in age and sex in the UK using the latest available data. It follows a baseline analysis of social capital in the UK published earlier in 2015. It allows policy makers to identify the areas where action may be best targeted to address differences in social capital by age and sex. As part of the ONS's Measuring National Well-being Programme, it is helping to better understand social capital, using data from existing sources.

From : Download: http://www.ons.gov.uk/ons/dcp171766_410190.pdf

- 228/49 Life satisfaction and frailty in community-based older adults: cross-sectional and prospective analyses; by Philip D St John, Suzanne L Tyas, Patrick R Montgomery.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 10, October 2013, pp 1709-1716.
Frailty may be associated with reduced life satisfaction (LS). The objectives of this paper were to determine whether (1) frailty is associated with LS in community-dwelling older adults in cross-sectional analyses; (2) frailty predicts LS five years later; and (3) specific domains of LS are preferentially associated with frailty. The paper presented analysis of an existing population-based cohort study of 1,751 persons aged 65+ who were assessed in 1991, with follow-up five years later. LS was measured using the terrible-delightful scale, which measures overall LS and LS in specific domains. Frailty was measured using the Brief Frailty Instrument. Analyses were adjusted for age, gender, education and marital status. Results showed that frailty was associated with overall LS at time 1 and predicted overall LS at time 2. This was seen in unadjusted analyses and after adjusting for confounding factors. Frailty was associated with all domains of LS at time 1, and predicted LS at time 2 in all domains except housing and self-esteem. However the effect was stronger for LS with health than with other domains for both times 1 and 2. The study concludes that frailty is associated with LS, and the effect is strongest for LS with health. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 228/50 Living longer living stronger: a community-delivered strength training program improving function and quality of life; by Freda Vratsidis, Keith Hill, Betty Haralambous ... (et al.): Wiley Blackwell.
Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 22-25.
This study investigated changes in function and quality of life for older adults participating in Living Longer Living Stronger, a community-delivered strength training programme for people aged over 50. Assessments were conducted at baseline, and then at four and eight months using measures of function, balance, mobility, strength, mental health and quality of life. 35 participants (mean age 66 years, 69% female) completed four months of the programme; 24 completed eight months. Using repeated measures, significant improvements were found at four and eight months for step test, gait stride length, six-minute walk test, timed sit to stand, physical performance test and reported health transition. At four months vitality, quality of life and left shoulder abductor strength significantly improved; at eight months, role physical and mental health and gait velocity significantly improved. The programme appears to be an effective one in strength training for older adults. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 228/51 Measuring national well-being: an analysis of social capital in the UK; by Veronique Siegler, Office for National Statistics - ONS. [Newport]: Office for National Statistics - ONS, 29 January 2015, 36 pp.
This paper uses the latest available data to provides a baseline analysis of social capital in the UK. The data are based on 25 headline measures proposed by the Office for National Statistics (ONS) in July 2014, which cover four key aspects of social capital: personal relationships, social network support, civic engagement and trust, and cooperative norms. They have been further developed following user consultation. The report covers issues such as loneliness; caring and family support; civic engagement, including activities such as volunteering; and issues to do with trust. Among the findings are that 11% of people in the UK reported feeling lonely all, most, or more than half of the time in 2011/12. Just over a third of people in the UK reported that they wish they could spend more time with their family and have more social contacts (36%) in 2011/12. Nearly 1 in 5 people (19%) in the UK reported looking after or giving special help to someone sick, disabled or old inside their household (7%), outside their own household (10%) or both (1%) in 2012/13. ONS will continue to develop and refine its measures of social capital based on feedback from users; and plans to carry out further analysis to highlight inequalities in social capital. (RH)
From : Download: http://www.ons.gov.uk/ons/dcp171766_393380.pdf
- 228/52 A narrative review of Men's Sheds literature: reducing social isolation and promoting men's health and well-being; by Nathan J Wilson, Reinie Cordier.: Wiley Blackwell.
Health and Social Care in the Community, vol 21, no 5, September 2013, pp 451-463.
Men's Sheds are community-based organisations that typically provide a space for older men to participate in meaningful occupation such as woodwork. Men's Sheds are considered an exemplar for the promotion of men's health and well-being by health and social policy-makers. This literature review aimed to determine the state of knowledge about the potential for Men's Sheds to promote male health and well-being. There is a limited body of research literature about Men's Sheds, which consists of either descriptive surveys or small qualitative studies. The range of variables that might contribute towards best practice in Men's Sheds has not yet been adequately conceptualised, measured, tested or understood. Future research should be focused on the health

and well-being benefits of Men's Sheds: it needs to incorporate social determinants of health and well-being within the study designs to enable comparison against other health promotion research. Without this research focus, there is a danger that the potential health and well-being benefits of Men's Sheds as supportive and socially inclusive environments for health will not be incorporated into future male health policy and practice. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

228/53 Successful transition to later life: strategies used by baby boomers; by Kay Wilhelm, Liesbeth Geerligs, Carmella Peisah.: Wiley.

Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 81-85.

The present study sought to understand strategies employed by baby boomers to maintain well-being and facilitate transition to later life. A non-clinical cohort of 139 participants provided qualitative data about well-being strategies. Thematic data analysis provided insights for those with high and low life satisfaction (based on Satisfaction with Life Scale) and quantitative data from previous waves provided predictors of life satisfaction decades later. Longitudinal predictors were depression history (cognitive trait and repeated episodes) and quality of partner's care. 'Highly satisfied older people' reported proactive strategies, contrasted with lack of planning by 'dissatisfied older people'. 'Resilient older people', with high life satisfaction despite repeated depressive episodes, reported benefit from strategies dealing with adversity, including depression. Strategies of 'satisfied older people' support theories of proactive coping and demonstrate the importance of developing adaptational skills to support later life satisfaction. In 'resilient older people' adaptive strategies can lead to achievement of life satisfaction despite repeated depressive episodes. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

228/54 Well-being and older people: the place of day clubs in reconceptualising participation and challenging deficit; by Barbara Fawcett.: Oxford University Press.

British Journal of Social Work, vol 44, no 4, 2014, pp 831-848.

Draws from research carried out in Australia into the relationship between the use of day centres and enhanced social connectedness, resilience and mental and physical health. Connections are made with policy and practice in the United Kingdom.

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

HEALTH SERVICES

228/55 Continuing cancer screening later in life: attitudes and intentions among older adults in England; by Christian von Wagner, Ana Macedo, Christine Campbell (et al.): Oxford University Press.

Age and Ageing, vol 42, no 6, November 2013, pp 770-775.

The rise in life expectancy, together with age-related increase in the incidence of most cancers, has led to mounting interest in cancer screening in older people. In England, those aged 71 to 76 may 'opt-in' to request breast and colorectal screening. This study examined public attitudes to the current policy of stopping routine screening at age 70, and information preferences and intentions to request screening beyond the age of routine invitations. 927 participants (age 60-74 years) were recruited as part of a TNS Research International survey and took part in home-based, computer-assisted interviews. Measures included: attitudes towards current stoppage policy; preference for communications about screening after the end of the routine invitation period; and intention to opt-in. The majority of respondents (78%) did not agree with age-based stoppage policies. Most (83%) wanted a strong recommendation to opt-in after this age, although the number who thought they would follow such a recommendation was much lower (27%). A majority of participants (54%) thought information on screening at older ages should come from their general practitioner (GP). This survey indicates that older people in England wish to continue to be actively invited for cancer screening, although only a minority think that they would ultimately take up the offer. Primary care may play a role in negotiating a shared decision that is based on individual circumstances. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

228/56 Making our health and care systems fit for an ageing population; by David Oliver, Catherine Foot, Richard Humphries, King's Fund. London: The King's Fund, 2014, 88 pp.

Our fragmented health and care system is not meeting the needs of older people, who are most likely to suffer problems with co-ordination of care and delays in transitions between services. This report sets out a framework and tools to help local service leaders improve the care they provide for older people across nine key components. These components are: healthy, active ageing and supporting independence; living well with simple or stable long-term conditions; living

well with complex co-morbidities, dementia and frailty; rapid support close to home in times of crisis; Good acute hospital care when needed; good discharge planning and post-discharge support; good rehabilitation and re-ablement after acute illness or injury; high-quality nursing and residential care for those who need it; and choice, control and support towards the end of life. For each of these components of care, the report sets out the goal the system should aim for, presents key evidence about works, gives examples of local innovations, and lists key reviews and guidance. Key issues across these components include comprehensive geriatric assessment at the right time, and the effective provision of co-ordinated primary, community and social care services close to home. A final section discusses how to make integrated care happen, that is centred on the needs of older people and their families.

From : http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/making-health-care-systems-fit-ageing-population-oliver-foot-humphries-mar14.pdf

228/57

Micro-enterprise: community assets helping to deliver health and well-being and tackle health inequalities; by Sian Lockwood.: Emerald.

Journal of Integrated Care, vol 21, no 1, 2013, pp 26-33.

This article explores the potential of micro-enterprises to assist local health and well-being boards in delivering their strategies, especially in relation to tackling health inequalities, prevention and community support. It draws on experience gained by Community Catalysts from its work supporting social care and health micro-enterprise across the UK. There has been little formal research into social care and health micro-enterprise and so the paper relies heavily on data gathered by Community Catalysts in the course of its work and uses local case studies to illustrate points. The article explains the importance of social care and health micro-enterprise to the work of health and well-being boards, emphasising its potential to help tackle health inequalities and contribute to effective health and well-being strategies. The author concludes that there are no examples as yet of imaginative health and well-being boards engaging effectively with micro-providers, but boards can draw on learning from local authorities actively stimulating and supporting local micro-enterprise. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

HEALTHY AGEING

228/58

Healthy and active ageing: social capital in health promotion; by Eleni Koutsogeorgou, John Kenneth Davies, Kay Aranda (et al.): Sage.

Health Education Journal, vol 73, no 6, November 2014, pp 627-641.

This paper examines the context of health promotion actions that are focused on or contributing to strengthening social capital by increasing community participation, reciprocal trust and support as the means to achieve better health and more active ageing. Using a literature review/research synthesis, and a thematic analysis, four core themes emerged from the analysis: a) active ageing; b) the relationship between social capital and ageing; c) the importance of social capital in health promotion; and d) policy implications. The role of social capital in health promotion stresses empowerment, intergenerational support, the building of social trust, and the need to tackle loneliness among older adults. The importance of community/social participation emerged from the literature review as a key contributor to the maintenance and promotion of a healthier ageing population. Supporting long-term social capital building within communities can lead to improved public health and well-being for an ageing population. (RH)

ISSN: 00178969

From : hej.sagepub.com

HOME CARE

(See 228/121)

HOSPITAL CARE

(See 228/28, 228/31, 228/43)

HOUSING WITH CARE

(See Also 228/35)

228/59

Considering relocation to a retirement village: predictors from a community sample; by Dimity A Crisp, Tim D Windsor, Kaarin J Anstey, Peter Butterworth.: Wiley Blackwell.

Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 97-102.

The present study aimed to identify characteristics distinguishing older adults who have considered relocation to a retirement village in the future from those who have not. 517

community-living residents aged 55 to 94 and randomly selected from the Australian Capital Territory completed a postal survey. Consistent with prior research, the majority of respondents had not considered relocation to a retirement village. Retired persons, those aged 55-64 years and persons reporting sufficient financial resources, poorer physical health and poorer current neighbourhood cohesion were most likely to have considered future relocation. The identification of factors characterising older adults seeking retirement village housing in the future is important in developing an understanding of the needs and expectations of the older population, and may allow aged care providers to better target the development of services to population needs (e.g. health care supports). Further investigation into the specific expectations of the 55-64 year cohort is required. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

228/60

Integrated housing with care for older people; by Imogen Blood.: Emerald.
Journal of Integrated Care, vol 21, no 4, 2013, pp 178-187.

The research explored the way in which different services, providers and other key players work together in housing with care (HWC) schemes and the impact of this on the quality of life of the older people living in them, especially those with high support needs. This was a qualitative study which included interviews with 47 residents and five relatives at 19 private and not-for-profit schemes across the UK and 52 professionals from provider, statutory and other relevant organisations. Most participants were very satisfied with the services in HWC but a third described problems linked to 'boundary' issues, where gaps, delays or confusion had arisen at the interface between teams, organisations or professional groups. Gaps often occurred where tasks were relatively small: they affected the quality of life of older people with high support needs but did not necessarily outweigh the benefits of living in HWC. This study identifies ways of improving integrated working in HWC and beyond. The paper is relevant to those commissioning and providing services to older people and to all those with an interest in integrating care and housing. It is the first UK-wide, cross-sector study to focus specifically on the boundaries between roles and responsibilities and their impact on residents in HWC. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

228/61

What are older adults seeking?: factors encouraging or discouraging retirement village living; by Dimity A Crisp, Tim D Windsor, Kaarin J Anstey, Peter Butterworth.: Wiley Blackwell.

Australasian Journal on Ageing, vol 332, no 3, September 2013, pp 163-170.

Main aims of this study were : (i) to identify factors that older adults find encouraging or discouraging about the prospect of relocation to a retirement village; and (ii) to identify features or facilities often associated with retirement communities that are most appealing to prospective residents. 517 randomly selected community residents aged 55_94 years from the Australian Capital Territory completed postal surveys to identify the characteristics associated with retirement villages that influence relocation decisions. The provision of outdoor living areas, support in maintaining independence, assisted living facilities and accessibility to medical facilities were identified as factors that would encourage relocation. Luxury services (e.g. heated swimming pools) were indicated as least likely to encourage relocation. Negative perceptions most influential in discouraging relocation reflected a fear of losing independence and privacy. Through identifying the expectations of prospective residents, retirement village providers may better tailor facilities to the needs of their target demographic. (JL)

ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

INCOME AND PERSONAL FINANCE

228/62

At a cross-roads: the future likelihood of low incomes in old age: a white paper from the ILC-UK; by Centre for later Life Funding; International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, June 2015, 19 pp.

In this "White Paper", the ILC-UK argues for a strategy for later life funding to secure effective funding for adult social care; implement the Dilnot reforms; find ways of ensuring the provision of mass market financial advice; develop default options for those who 'sit on their pension pots and do nothing'; provide clarity around what constitutes the deliberate deprivation of assets within the context of the new pension freedoms; incentivise downsizing; support innovation in the equity release market; and support policy which extends working lives. A particular focus is on these effects for the post-war "baby boomer" and "post-boomer" generations, who will soon have to deal with these issues. This report is the first publication from the Centre for Later Life Funding, which is, in part, a continuation of the Care Funding Advice Network (CFAN), a coalition of organisations and individuals seeking to improve on provision of financial advice, as recognised by the Care Act 2014. (NH/RH)

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

- 228/63 The UK Equity Bank: towards income security in old age; by Les Mayhew, David Smith, 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, June 2014, 25 pp.
With shrinking pension pots and longer life expectancy, retirement incomes look set to come under increasing pressure unless alternative sources of income become available. This paper looks at the current market for equity release. It proposes an Equity Bank, which would be a state agency which helps people release income from their homes in the form of a lifelong annuity in return for selling a portion of the equity in their homes to the state, in which the value of the annuity is recovered on the death of the recipient. This paper describes how it could work in practice, by giving examples and estimates of the size of target population and the consequent cash flows both for the individual and the state. The UK Equity Bank would allow people to exchange a fixed proportion of the equity in their home for a lifetime income linked to inflation. Providing people with a secure income by unlocking the equity in housing assets could improve standards of living for the benefit of the people themselves, the local community and society as a whole. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available at: http://www.ilcuk.org.uk/index.php/publications/publication_details/the_uk_equity_bank_towards_income_security_in_old_age

INFORMATION AND COMMUNICATION TECHNOLOGY

- 228/64 Keeping silver surfers on the crest of a wave: older people's ICT learning and support needs; by Leela Damodaran, Wendy Olphert, Stephen Phipps.: Emerald.
Working with Older People, vol 17, no 1, 2013, pp 32-36.
There is recognition that digital information and communication technologies (ICTs) have the potential to support older people to live independently, to "age well", to promote social inclusion, and to facilitate access to commercial and government services. Research conducted by the Sus-IT project under the New Dynamics of Ageing Programme has focused on how to help older ICT users to remain digitally engaged, given the barriers that they can face and which can quickly erode their confidence or capability. Access to appropriate learning and support resources is a key issue for sustaining older ICT users. This paper investigates older people's ICT learning and support needs. Older people themselves have been central to the research. More than 1,000 older people have participated in this research through open workshops, established formal and informal panels and groups across the UK, and through contacts with a number of organisations working with older people. Key research users (e.g. organisations representing older people and those providing services and products to be used by older people) also collaborated in the research. Findings show that older people value very highly the benefits and independence that computer use gives them, and they are often exceptionally tenacious in trying to remain digitally connected - persisting in the face of many obstacles, and often without awareness or use of existing aids to accessibility. If disengagement begins, it is usually a gradual process, rather than a single event, and likely to result from a combination of factors - changes in physical and cognitive abilities, in support, in technology and in personal circumstances. The availability of help and support emerges as a factor of paramount importance to sustaining digital connection. The conceptual model of the risks of sustaining digital engagement of older people arising from the research has significant implications for both policy and practice - for instance, in relation to "digital by default". A user-generated strategy for provision of sustainable, community-based ICT learning and support for older people is a key output from Sus-IT. The issues surrounding sustaining digital inclusion in older age are multi-faceted and complex. Addressing these will have significant benefits not only for older people but also for the economy and society. (RH)
ISSN: 13663666 From : www.emeraldinsight.com

- 228/65 Silver surfers search for gold: a study into the online information-seeking skills of those over fifty; by Renee Morrison.: Springer.
Ageing International, vol 40, no 3, September 2015, pp 300-310.
Literature review scoping the influence of age on internet search behaviour. (NH)
ISSN: 1936606x From : springer.com/journal

INTEGRATED CARE

(See Also 228/33)

- 228/66 Care management in the twenty-first century: persistent challenges in implementation in the context of the emergence of self-care; by Ailsa Stewart, Gillian MacIntyre.: Emerald.
Journal of Integrated Care, vol 21, no 2, 2013, pp 91-104.
The purpose of this paper was to examine the persistent challenges in implementing care management within the context of integration. In addition the appropriateness of the care management model was considered within the current, personalisation focused, health and social

care policy landscape. The paper drew upon a recent evaluation of a care management and assessment pilot project within a health and social care partnership in Scotland. A multi-method approach was adopted, including interviews, vignettes and focus groups, in order to capture data around expectations in relation to the pilot as well as exploring processes and outcomes for those involved. The authors argue that whilst progress has been made with regard to care management, specific and persistent challenges remain. Professional and organisational boundaries, communication and information sharing remain key challenges. Policy imperatives have shifted the emphasis in community care services towards self-care, co-production and personalisation contributing to a lack of clarity over the place of care management within the broader integration agenda. This research was undertaken in one partnership locality in Scotland and as such the findings are related to that particular area. However the key messages arising from this paper resonate with the broader academic literature on care management and as such are likely to be of interest to a broader audience. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

228/67

Integrated care in Herefordshire: a case study; by Michael Coupe.: Emerald.

Journal of Integrated Care, vol 21, no 4, 2013, pp 198-207.

This paper draws on the experience of the health and social care system in Herefordshire to answer what, when and how improvements in cost and quality can be realised through service integration. The three stages in the evolution of integrated health and social care services within the county and the establishment of Wye Valley NHS Trust are described. An overview of the new model of integrated care is provided. The baseline performance of the health and social care system in 2010/2011 is compared with the projected future performance in 2014/2015 and the current performance in 2012/2013. Reasons for underperformance of the new model of care are listed. It is concluded that integration will improve the effectiveness of care and the patient experience but is unlikely to deliver material savings. Service integration requires pump priming monies and short-term double running costs, the close involvement of GPs and a robust change management approach. The implication of these conclusions is that the current emphasis on the cost benefits of service integration have been overstated and the difficulties of maximising cost and quality benefits underestimated. The paper provides a 'real world' contribution to what remains a live debate amongst NHS clinicians and managers, and those with an interest in policy development and analysis. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

228/68

Putting personalisation and integration into practice in primary care; by Michael Clark ... (et al.): Emerald.

Journal of Integrated Care, vol 21, no 2, 2013, pp 105-120.

The purpose of this study was to discuss the policy developments of integration and personalisation within the context of primary care, specifically an innovative memory service provided within a general practice. It examined how these policies worked together in this context to deliver a high quality service that was responsive to individual needs in an area of care: memory disorder or dementia, which had often relied heavily on secondary care services. This was a case study analysis of integration and personalisation in primary care, allowing for examination and elaboration of both concepts as applied in this setting and their contribution to a better quality care memory service. This innovative memory service operated as a person-centred facility, integrating expertise into the surgery that would traditionally be locked into secondary care health services. It made maximum use of locally available knowledge of the patient, their family and formal and informal sources of support and therapy through links which crossed agency boundaries. These links were identified and utilised in tailored support for individuals by the practice-based dementia advisor. Outcomes included improved dynamics of identification, diagnosis and after care, high satisfaction amongst patients and families and reduced utilisation and expenditure of other healthcare facilities. The authors conclude that personalisation and integration can be united in the development of innovative and improved memory services centred in primary care. Maintaining a focus on the needs of people within their social contexts (being person-centred) is a powerful means of driving better integrated care in primary care for people living with dementia and related disorders. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

228/69

Reforming care legislation in England and Wales: different legislative approaches to promoting integrated care; by Ed Mitchell.: Emerald.

Journal of Integrated Care, vol 21, no 3, 2013, pp 164-170.

This study aims to identify different approaches to integrated care taken by separate proposed care services legislation for England and Wales with a view to informing debate on the legislation. In particular it looks at the draft Care and Support Bill for England (July 2012) and the Social

Services and Well-being (Wales) Bill (January 2013) and outlines similarities in the legal architecture of the two Bills. Similarities and differences are then examined between the two Bills under the headings of general and specific co-operative duties, co-operation, the local authority-NHS divide, safeguarding vulnerable adults, children's services and diversification of providers. The author argues that the Bills fail to provide a mechanism for resolving cross-border disputes. Overall the paper offers no view on whether the English or Welsh Bill is likely to prove more effective in promoting integrated care, but rather aims to identify differences between them with the aim of informing debate on the Bills. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

INTERGENERATIONAL ISSUES

(See Also 228/131)

228/70

Winning the intergenerational wars?: Intergenerational fairness, welfare reform and families; by Stephen Burke.: Emerald.

Working with Older People, vol 17, no 1, 2013, pp 37-40.

This paper examines public spending cuts and welfare reforms, in order to assess winners and losers amongst older people, children, young people and families. It reviews and analyses spending and policy plans from 2010 onwards; and proposes ways in which intergenerational fairness could be achieved through taxing wealthier older people. The paper concludes that children, young people and families are the relative losers of government spending cuts and reforms; older people have been relatively protected: the focus should be on taxing wealthier older people. Research tends to focus on one age group, so there have not been many studies which contrast the impact of public policy on different age groups. The concept of intergenerational fairness is only beginning to be discussed. (RH)

ISSN: 13663666

From : www.emeraldinsight.com

INTERNATIONAL AND COMPARATIVE

(See Also 228/78, 228/103, 228/126)

228/71

The expansion of the Korean welfare state and its results: focusing on long-term care insurance for the elderly; by Yongho Chon.: Wiley Blackwell.

Social Policy and Administration, vol 48, no 6, December 2014, pp 704-720.

Since the early 2000s, there has been considerable expansion of the Korean welfare state. In particular, a new compulsory long-term care insurance (LTCI) for older people was introduced in 2008, facilitating the socialisation of long-term care (LTC) services at a national level. This study aims to examine how the Korean welfare state has coped with the increasing LTC needs of older people caused by introducing and implementing a new LTCI system and reforming it. This study argues that the LTCI was designed to meet limited objectives, such as providing minimal coverage and affording private for-profit market forces a predominant role in the provision of LTCI services. Owing to the implementation of the insurance, a number of achievements and shortcomings with respect to the LTCI have become evident. To address the challenges that have emerged, the Korean government announced a reform plan in 2012, which emphasised changes such as increasing coverage and improving the quality of services. Although the reform plan also shows a number of fundamental limitations, it is expected to contribute to the development of the Korean LTCI to a certain extent. (RH)

ISSN: 01445596

From : <http://www.wileyonlinelibrary.com/journal/spol>

228/72

Special issue on aging in Muslim and Middle Eastern populations.: Springer.

Ageing International, vol 40, no 1, March 2015, pp 1-79.

Articles cover health care in countries in the Middle East, including Kuwait, and Africa; health beliefs of community dwelling older adults in the United Arab Emirates; attitudes of elderly Egyptian nursing home residents towards advance directives; and the utilisation of outpatient services by elderly people in Dubai.

ISSN: 01635158

From : <http://link.springer.com/journal>

LEGAL ISSUES

(See 228/69)

LONELINESS AND SOCIAL ISOLATION

- 228/73 Insights into loneliness, older people and well-being, 2015; by Jennifer Thomas, Measuring National Well-being Programme, Office for National Statistics - ONS.: Office for National Statistics - ONS, 01 October 2015, 10 pp.
This report focuses on older people's well-being, loneliness and some of the risk factors associated with loneliness, such as living alone, housing tenure, marital status, ill health and support networks. The ONS Measuring National Well-being programme aims to produce accepted and trusted measures of the well-being of the nation - how the UK as a whole is doing. The report uses the latest personal well-being dataset for financial year ending 2015 (see: <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2014-15/index.html>), and new analysis from the Opinions and Lifestyle Survey financial year ending 2015 to explore some of these characteristics in regard to age, well-being and loneliness. (RH)
From : Download: http://www.ons.gov.uk/ons/dcp171766_418058.pdf

LONG TERM CARE

(See Also 228/126)

- 228/74 Access to long-term care services in Spain remains inequitable; by Pilar Garcia-Gomez, Cristina Hernandez-Quevedo, Dolores Jimenez-Rubio, Juan Oliva-Morena.: European Observatory on Health Systems and Policies.
Eurohealth, vol 21, no 2, 2015, pp 30-33.
Spain's Dependency Act 2006 provides universal access to long-term care services for those with certain levels of dependency. However, evidence suggests the existence of horizontal inequity in access to long-term care services, both in terms of use and unmet needs across socioeconomic groups. In particular, formal care appears to be disproportionately concentrated among the rich, while unmet needs and intensive use of informal care services seems to be concentrated among the relatively less well-off. (NH)
ISSN: 13561030
From : <http://www.healthobservatory.eu>
- 228/75 The INTERLINKS framework for long-term care of older people in Europe; by Jenny Billings.: Emerald.
Journal of Integrated Care, vol 21, no 3, 2013, pp 126-138.
The present study aimed to describe the methodological approach to and outcomes of a European multi-consortium EU 7th Framework funded project entitled 'INTERLINKS'. The project sought to develop a concept and method to describe and analyse long-term care (LTC) and its links with the health and social care systems, and formal and informal care. Through the development of a template, it accumulated and validated practice examples that described good policy and practice, transferable across EU member states. The outcome was to assemble a range of themes, sub-themes and 135 key issues into a web-based framework for LTC that was illustrated by over 100 examples of validated practice in LTC for older people. Key messages emanating from the project were provided, with an emphasis on the need for greater investment and pluralist evaluation of initiatives that sought to address the interfaces and links between care services. This project was unique in that it provided a comprehensive and accessible interactive European database of policy and projects that directly addressed the problems of interfaces between service provision for older people, and contributed towards the evidence base in discrete areas of LTC. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm
- 228/76 Long-term care reform in the Netherlands: too large to handle?; by Ewout van Ginneken, Madelon Kroneman. Brussels: European Observatory on Health Systems and Policies.
Eurohealth, vol 21, no 3, 2015, pp 47-50.
The Exceptional Medical Expenses Act (AWBZ) underwent major reform in 2015 with the aim of saving costs and keeping people self-sufficient for as long as possible. Most forms of non-residential care were transferred to the municipalities and added to the Social Support Act and Youth Act, and insurers were made responsible for home nursing. Residential long-term care will be available under the new Long Term Care Act, which will replace the AWBZ. This article looks at the problems that implementation has faced, including late payments and shortfalls in provision. (NH)
ISSN: 13561030
From : www.euro.who.in/en/who-we-are/partners/observatory/eurohealth

- 228/77 New strategies for the care of older people in Denmark and Norway; by Richard B Saltman, Terje P Hagen, Karsten Vrangbaek.: European Observatory on Health Systems and Policies. Eurohealth, vol 21, no 2, 2015, pp 23-26.
Examines the national programme of structural and fiscal reforms that Denmark and Norway have recently put in place in order to alleviate the growing pressure from increasing numbers of chronically ill older people. Municipalities have received financial incentives to reduce unnecessary hospital referrals by caring for chronically ill older people at the primary care level, and have established local acute care coordination units inside hospitals. At a national government level, there has been substantial investment in rural primary care and encouragement for hospital consolidation. (NH)
ISSN: 13561030
From : <http://www.healthobservatory.eu>
- 228/78 Predictors of eligibility for long-term care funding for older people in Japan; by Shingo Moriya, Ayumi Murata, Shinji Kimura ... (et al.): Wiley Blackwell. Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 79-85.
The purpose of the present study was to determine the predictors of Japanese long-term care insurance system (LTCI) certification. Care needs of 784 persons aged 65-84 were followed through LTCI over five years. Each participant's score was divided into quartiles according to handgrip strength and one-leg standing time with eyes open. Cox proportional hazard models were conducted for the onset of certification of LTCI. Over the five-year period 64 women (14%) and 30 men (9%) were certified. Adjusted hazard ratios for certification were significantly higher for those of the lowest groups of one-leg standing time with eyes open at baseline than those in the highest groups, but no significance was found for handgrip strength. Other predictors were age and low social activity for women, and living alone and diabetes for men. The study concludes that one-leg standing time with eyes open predicts the onset of care need certification in older people. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 228/79 Producing and funding welfare services for seniors in the future; by Minna Kaarakainen, Sanna Suomalainen, Virva Hyttinen.: Emerald. Working with Older People, vol 17, no 2, 2013, pp 74-84.
The Finnish welfare state is investigated from the point of view of the production and funding of care services. The authors examine the views of different generations as to which agency should be responsible for providing care services, and how such services should be financed. Data was gathered in May 2011 from 1,011 informants aged 18 to 74. Statistical methods used were analysis of variance (ANOVA), cross tabulation and multinomial logistic regression analysis (MLRA). Results show that most of the respondents hoped to be able to take care of themselves in their senior years. If this were impossible, the public sector was seen as the primary service provider. As expected, most of the respondents thought that the service system should be funded with tax revenue. Nevertheless, the results show that younger people are more willing than older people to take personal responsibility for funding the care services they need in their old age. The findings indicate that, in the future, respect and the role of individual preparedness will be stronger. The fact that younger generations react seriously to individual preparedness may be vital for the whole system, since public economic resources are limited. At the same time, research results exert pressure on decision-makers and current systems to create new, innovative options for funding and organising services. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm
- 228/80 Too ashamed to complain: cuts to publicly financed care and clients' waiving of their right to appeal; by Ellen Grootegoed, Christian Broer, Jan Willem Duyvendak.: Cambridge University Press. Social Policy and Society, vol 12, no 3, July 2013, pp 475-486.
This article examines how Dutch citizens with long-term care needs have used existing legal opportunities to respond to cuts in publicly financed care. Unexpectedly, most did not make use of their right to appeal the reduction or elimination of their previous entitlements, even when this led to marked problems in daily life. Thirty interviews with disabled and older people and their care-givers revealed that specific social norms on how to feel about the cuts inhibited the lodging of appeals. Given the new policy's stated intention of preserving care for the most needy, many affected clients felt they had no right to be angry. Despite their (often objectively warranted) grievances, they did not appeal, as breaking with the new moral code would trigger feelings of shame - of not being autonomous, of demanding too much when others are worse off, and of appearing ungrateful. (RH)
ISSN: 14747464
From : journals.cambridge.org./sps

- 228/81 Waiting times for aged care packages: the need to know; by Maria Griffiths, Robyn Russell, Gillian Brunner ... (et al): Wiley Blackwell.
 Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 26-28.
 The aim of the present study was to establish local waiting times for access to Aged Care Packages (ACPs). In Australia ACPs are federally funded and designed to support older people to remain independent in their own homes for as long as possible. Access to an ACP is via the Aged Care Assessment Services (ACAS) process. Initial investigations suggested that significant waiting times existed locally. Analysis of ACAS data was undertaken retrospectively and prospectively to identify type of ACP and date of approval. Date of provision was obtained from ACP providers. 285 ACPs were approved, but only 35 were provided. At up to 12 months after approval, 88% of the cohort were still waiting to receive an appropriate package. Long waiting times exist, which has implications both for the individual and the care/health sectors. It is suggested that monitoring waiting times should be a requirement for the future. (JL)
 ISSN: 14406381
 From : wileyonlinelibrary.com/journal/ajag
- MENTAL CAPACITY**
- 228/82 Carer levels of concern on driving and other activities in older people that put others at risk; by Edward Helmes, Nancy A Pachana.: Wiley Blackwell.
 Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 50-54.
 Early signs of dementia may raise concerns in family members as to the safety of the affected person when engaged in common activities. This study reported on the relative frequency of such concerns using data from the three waves of the Canadian Study of Health and Aging (CSHA). The main focus was on driving, cooking and paying bills, with a prediction that most carers' concerns would be over driving. Study participants were 2,780 Canadians over 65 years, who underwent the first wave of CSHA and were subsequently followed during the next two waves. As predicted, concerns about driving were relatively more common than concerns about cooking and handling finances in the cognitively intact group, with the opposite order observed in the group with dementia. Carer concerns for those diagnosed with dementia shift with the progression of cognitive changes, with concerns declining over a ten-year period. (JL)
 ISSN: 14406381
 From : wileyonlinelibrary.com/journal/ajag
- 228/83 Promoting the use of enduring powers of attorney in older adults: a literature review; by Leander K Mitchell, Nancy A Pachana, Jill Wilson ... (et al): Wiley Blackwell.
 Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 2-7.
 This review aims to identify factors that facilitate the establishment of enduring powers of attorney (EPOAs), and those that create a barrier to their establishment. The primary aim was to provide guidance about how to encourage future planning while people are cognitively able to make such important decisions. A detailed search of the literature was conducted to identify research looking at the motivating factors behind putting future-planning strategies in place. The literature highlighted a number of broad areas motivating the establishment of EPOAs, including: demographic factors; intrapersonal and personality factors; health and psychological factors; cognitive factors; and socio-emotional factors. While a number of factors play a role in determining whether or not a person establishes an EPOA, the factor most malleable to change is the awareness and knowledge of older adults and their families regarding the utility of EPOAs. (JL)
 ISSN: 14406381
 From : wileyonlinelibrary.com/journal/ajag
- 228/84 Self-regulation of older drivers with cognitive impairment: a systematic review; by Anna Devlin, Jane A McGillivray.: Wiley Blackwell.
 Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 74-80.
 Cognitive decline contributes significantly to the safety risk of older drivers. Some drivers may be able to compensate for the increased crash risk by avoiding complex driving situations or restricting their driving. As part of this study a comprehensive English-language systematic review was conducted to determine the level of evidence for older adult drivers with cognitive impairment engaging in self-regulation. Twelve studies were included in the review. The majority of studies investigated driver avoidance, followed by driver restriction. Few studies ascertained the reasons for changing driving behaviour. The evidence supports the view that drivers with cognitive impairment do restrict their driving and avoid complex driving situations. However, it remains to be determined whether the drivers who engage in self-regulation have insight into their own driving abilities or whether external factors result in self-regulation of driving behaviour. (JL)
 ISSN: 14406381
 From : wileyonlinelibrary.com/journal/ajag

MENTAL HEALTH

(See Also 228/84, 228/105, 228/117)

- 228/85 Assessing mental well-being in family carers of people with dementia using the Warwick-Edinburgh Mental Well-being Scale; by Vasiliki Orgeta, Elena Lo Sterzo, Martin Orrell.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 9, September 2013, pp 1443-1451.
Understanding and measuring mental health and well-being among carers of people with dementia has become an important public health issue. The present study used the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) to identify predictors of positive mental health in a convenience sample of family carers of people with dementia using a cross-sectional design. Study results showed a negative correlation with anxiety and depressive symptoms and a positive correlation with physical health status. Regression analyses indicated that overall nearly 70% of the variance in mental well-being in carers could be attributed to caregiver's age, physical health, stress specific to caregiving and social support. Preliminary data show that the WEMWBS demonstrates strong internal consistency. Confirmatory factor analysis demonstrated one underlying factor of positive mental well-being. In conclusion, WEMWBS is a psychometrically strong measure of mental well-being and can be used to identify factors that promote positive mental health in family carers of people with dementia. Current results provide preliminary data supporting the usefulness of the scale as an overall indicator of population mental health and well-being for carers of people with dementia. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 228/86 Cognitive stimulation therapy in community health, social and voluntary care settings; by Charlotte Marriott, Caroline Sincock.: British Psychological Society.
FPOP Newsletter, no 122, January 2013, pp 18-25.
This article describes an evaluation of a collaborative project with Worcestershire Health and Care NHS Trust, Adult and Community Services, and Voluntary agencies to provide an evidence-based psychological therapy. This joint working venture is influenced by the National Dementia Strategy (2009) to improve intervention and quality of care in dementia services. The article contributes to the recent, limited evidence base reporting client and carer feedback, service provision and implementation of cognitive stimulation therapy. (RH)
ISSN: 13603671
From : www.bps.org.uk
- 228/87 Do dietary patterns influence cognitive function in old age?; by Janie Corley, John M Starr, Geraldine McNeill, Ian J Deary.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 9, September 2013, pp 1393-1407.
Evidence from observational studies to date suggests that healthy dietary patterns are associated with better cognitive performance in later life. The present study examined the extent to which childhood intelligence quotient (IQ) and socioeconomic status account for this association. Analyses were carried out on 882 participants in the Lothian Birth Cohort 1936 Study. Four dietary patterns were extracted using principal components analysis of a food frequency questionnaire, namely 'Mediterranean-style', 'health aware', 'traditional' and 'sweet foods'. Cognitive function was assessed at the age of 70 years, including general cognitive ability, processing speed, memory and verbal ability. Before adjustment for childhood IQ and socioeconomic status, the 'Mediterranean-style' dietary pattern was associated with significantly better cognitive performance, and the 'traditional' dietary pattern was associated with poorer performance on all cognitive domains measured in old age. After adjustment for childhood IQ (measured at the age of 11 years) and socioeconomic status, statistical significance was lost for most associations, with the exception of verbal ability and the 'Mediterranean-style' pattern. These results suggest a pattern of reverse causation or confounding: a higher childhood cognitive ability (and adult socioeconomic status) predicts adherence to a 'healthy' diet and better cognitive performance in old age. These models show no direct link between diet and cognitive performance in old age, but rather they are related via the lifelong-stable trait of intelligence. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 228/88 High socio-economic status and conversion from mild cognitive impairment: a preliminary study; by Anna V Orchard, Syd Hiskey, Leanne Andrews.: British Psychological Society.
FPOP Newsletter, no 122, January 2013, pp 50-55.
Mild cognitive impairment (MCI) is thought to be a prodromal phase in dementia, which most of those with MCI eventually develop. However, almost a third do not, and some even revert to normal functioning. Understanding facts associated with conversion is therefore important. This

study explored whether high socio-economic status (SES) among individuals seen within an Essex-based memory clinic differentially affected whether they remained in the MCI range or converted to dementia at one-year follow-up. Forty people aged 65+ given a diagnosis of MCI at initial assessment and subsequently reassessed one year later, were included. Individual SES was retrospectively rated according to postcode. Chi square analyses failed to find a significant difference between the conversion rates of those with low and high SES. However, just 15% of the sample were classified within the lowest two SES categories. This preliminary study suggests that high SES does not reduce the rate of conversion from MCI to dementia. Moreover, individuals with low SES were poorly represented within the sample. (RH)

ISSN: 13603671

From : www.bps.org.uk

MENTAL HEALTH CARE

228/89 A systematic review and meta-analysis of group psychotherapy for sub-clinical depression in older adults; by Murali Krishna, Abhijit Honagodu, Rajgopal Rajendra ... (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 9, September 2013, pp 881-888.

Studies investigating the effectiveness of group psychotherapy intervention in sub-threshold depression have shown varying results with differing effect sizes. A systematic review of randomised controlled trials of group psychotherapy in older adults with sub-threshold depression was conducted to present the best available evidence in relation to its effect on depressive symptomatology and the prevention of major depression. Following a trawl through the literature four clinical trials met the full inclusion criteria. Group cognitive behavioural therapy (CBT) was found to be an effective intervention for reducing depressive symptoms in older adults with sub-threshold depression in comparison to waiting list. Computerised CBT was at least as effective as group CBT in reducing depressive symptoms. The benefit of group CBT at follow-up was not maintained. Group psychotherapy did not appear to reduce the risk of depressive disorder during follow-up. There were fewer drop outs from group psychotherapy when compared with control conditions. Overall these findings demonstrate that group psychological interventions in older adults with sub-threshold depression have a significant effect on depressive symptomatology which is not maintained at follow-up. Group psychotherapy does not appear to reduce the incidence of major depressive disorders. (JL)

ISSN: 08856230

From : www.orangejournal.org

MENTAL HEALTH SERVICES

228/90 An evaluation of clinical psychology input into older people's mental health intermediate care teams; by Sarah Mitchell, Gina Wills.: British Psychological Society.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 126, April 2014, pp 19-30.

The Leeds Mental Health Intermediate Care Team (MH ICT) was a home-based crisis service for older people and part of Leeds and York Partnership Foundation Trust. The aims of this article are two-fold. Following a brief introduction to the project's context, Part One outlines a work analysis that was conducted to consider the development of psychological interventions within the remit of alternative to admission services. Part Two details the project evaluation itself, including an overview of key initiatives, findings and implications for future service planning. (RH)

ISSN: 13603671

From : www.bps.org.uk

228/91 The evolution of the Leeds Care Homes Service: from nurse-led team to MDT; by Emily Hallworth, Phillip Heffer-Rahn, Kathryn Atkins (et al).: British Psychological Society.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 126, April 2014, pp 34-43.

Since its inception, the Leeds Care Homes Service has consisted of community mental health nurses working as lone practitioners in three care home sectors across the city. In 2001, a pilot multidisciplinary team (MDT) was introduced with a specific remit: to reduce antipsychotic prescriptions for people with dementia, by working intensively with a small number of care homes using an MDT approach. This article describes the results of the pilot project, followed by subsequent developments within the Care Homes Service. (RH)

ISSN: 13603671

From : www.bps.org.uk

228/92 GPs' perceptions of the barriers to referring older adult patients to mental health services in NHS Dumfries & Galloway; by Rebecca Cathers, Fionnuala Edgar.: British Psychological Society.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 124, October 2013, pp 44-50.

Older people have been found to be under-represented relative to working-aged adults in referrals received by Dumfries & Galloway' psychology service. Previous research has suggested various reasons why older people may not be referred on to psychology services which can be grouped

into two main categories: those not discussing their problems with general practitioners (GPs); and GPs failing to refer on. Given GPs' important role as gatekeepers to services, this study aimed to investigate this under-representation by exploring GPs' opinions of the barriers to older people accessing mental health services locally. An outline survey was distributed to all GPs in the region investigating presentation rates and routine treatment options for memory problems, depression and anxiety and the perceived barriers to onward referrals to mental health services. The survey was completed by 31% of GPs. The majority reported being "unlikely" to refer to mental health services if the main complaint was anxiety and "somewhat likely" or "unlikely" to refer on if this was depression. "Preoccupation with physical explanations for symptoms" was received to be the main barrier to older people accessing services. "Waiting lists" also seen as a significant barrier. Overall, the results suggest that improved communication between GPs and mental health services may have a positive influence on access to mental health services for older people. (RH)

ISSN: 13603671

From : www.bps.org.uk

MENTAL ILLNESS

(See 228/89)

NEIGHBOURHOODS AND COMMUNITIES

(See Also 228/97)

228/93

Supported housing and neighbourhoods for healthy ageing: findings from the Housing and Independent Living Study (HAIL); by Julie E Byles, Lynette Mackenzie, Sally Redman ... (et al.): Wiley Blackwell.

Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 29-35.

The present study aimed to identify the extent to which homes and neighbourhoods of older community-dwelling people are 'supportive'. A cross-sectional survey, in-home observation and interviews involving 202 participants aged 75-79 years were all carried out. Measures included SF-36 health-related quality of life and Late Life Function and Disability Instrument (LLFDI) scores, and self-reported home usability, access, safety and neighbourhood. Associations between home and neighbourhood characteristics were also assessed. Results showed that older people rated neighbourhood satisfaction highly. Many homes failed objective adaptability and safety ratings, particularly bathrooms (80% did not have a shower grab rail, 77% did not have non-slip floors); 27% of homes scored 8 or more of 25 possible hazards. There were significant correlations between perceptions of housing and neighbourhood and SF-36 and disability scores. The study concludes that many homes and neighbourhoods may not accommodate increased frailty or disability of older people into the future. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

228/94

Toward an age-friendly city: the constraints preventing the elderly's participation in community programs in Akita city; by Yoshihiko Kadoya.: Emerald Publishers.

Working with Older People, vol 17, no 3, 2013, pp 101-108.

The inclusion of older people in community life is a major factor in achieving an age-friendly city; but there has been little research investigating the constraints preventing their interaction with society. With that in mind, this paper is pioneering the investigation of such constraints. It uses results from the Questionnaire towards an Age-Friendly City by Japan's Akita City, a member of the World Health Organization (WHO)'s Global Network of Age-friendly Cities and Communities. The paper reveals two constraining factors. First, living solo discourages older people to interact with society. Second, older people who cannot drive a car tend to be reluctant to participate in social activities. To be age-friendly in ways that encourage older people to participate in community life, municipalities may apply the following "implementations for practice": implementing regular visits to older people who live alone; giving young people some incentives (e.g. tax reductions) to live with their aged parents/relatives; increasing the number of community buses in order to encourage older people to go out; and increasing community taxis by deregulating the industry. This paper contributes significantly to the study of older people's inclusion in community life, which is a major component of an age-friendly city. Although little research has analysed the constraints preventing the elderly's social interaction due to data limitations, this pioneering paper identifies at least some of the constraints. This research can help to improve the health and wellbeing of older people in our society, and it can help to create more age-friendly cities. (RH)

ISSN: 13663666

From : www.emeraldinsight.com

228/95

Village life: independence, loneliness, and quality of life in retirement villages with extra care; by Brian Beach, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, August 2015, 37 pp.

Findings from this survey of residents living in retirement villages showed that village living can promote greater independence and provide greater choice in planning for later life than would otherwise be available. The communal environment has the potential to reduce social isolation, particularly for residents who move from more rural or remote homes. The average person in a retirement village experiences half the amount of loneliness (12.17%) than those in the community (22.83%); nearly two thirds of respondents living in retirement villages (64.2%) could be classified as not at all lonely, and over four out of five (81.7%) said they hardly ever or never felt isolated. Over half (54.7%) often felt in tune with those around them, and nearly four in five (79.1%) hardly ever or never felt left out. People living in this type of accommodation also reported a strong sense of control over their daily lives, nearly 10% higher than those living in the community. Control is a crucial component of quality of life measurement: respondents also felt secure in their homes, 97% of whom agreed that they felt safe where they lived. The research calls on the government to: identify ways of working with the private sector to stimulate the building of new good quality retirement housing; encourage people in early older age to consider making such a move; and, in the light of the new pensions freedoms, consider offering information and advice on such housing opportunities to people who make enquiries into how to manage their retirement finances. (NH/RH)

http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Village_Life_ILC-UK_Report.pdf

OLDEST OLD

(See 228/129)

PALLIATIVE CARE

228/96

Palliative and end of life care for Black, Asian and minority ethnic groups in the UK: demographic profile and the current state of palliative and end of life care provision; by Natalia Calanzani, Jonathan Koffman, Irene J Higginson, Cicely Saunders Institute, King's College London. London: Marie Curie Cancer Care; Public Health England; King's College London, June 2013, 77 pp.

The End of Life Care Strategy highlights that inequalities still exist in the care that different groups of people receive at the end of life. This report uses data from the 2001 and 2011 Censuses to look at the current and projected profile of Black, Asian and Minority Ethnic (BAME) populations living in the UK by ethnicity, religion, language and characteristics of the foreign born population. Figures are provided separately for England, Wales, Scotland and Northern Ireland. The report examines the extent to which the BAME populations are expected to increase and grow older in the next few decades according to the most recent population projections. The report then draws on a review of the current literature on the state of palliative and end of life care provision for BAME groups. The focus is on access to, and receipt of care; also a recognition of the importance of social inequalities when analysing unmet needs. The report was commissioned by Marie Curie Cancer Care and Public Health England to provide evidence for key stakeholders and policy makers planning future care for BAME groups, and it makes recommendations accordingly. (RH)

From : https://www.mariecurie.org.uk/globalassets/media/documents/who-we-are/diversity-and-inclusion-research/palliative-care-bame_full-report.pdf

PARTICIPATION

228/97

Participatory and evidence-based recommendations for urban redevelopment following natural disasters: older adults as policy advisers; by Michael Annear, Sally Keeling, Tim Wilkinson.: Wiley Blackwell.

Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 43-49.

The present study aimed to develop community-generated recommendations to inform urban environmental remediation following earthquakes in Christchurch, New Zealand, and share these with local decision-makers during a participatory action research process. The study employed three focus group discussions to critique mixed-methods and multiphase results and develop evidence-based recommendations. Participants included 30 volunteers and eight knowledgeable advisers aged 65 years and older. Participant recommendations addressed the remediation of earthquake-affected suburbs, access to transportation, age-friendly design, safer communities, resilient support agencies and restoration of resources for social and cultural activities. These older collaborators identified salient barriers to active ageing and options for post-earthquake redevelopment that had not previously been considered in research or policy. Independently living older adults are well placed to work with researchers to develop recommendations to improve the urban environment following natural disasters as well as in times of relative stability. (JL)

ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

PENSIONS AND BENEFITS

- 228/98 Irish citizens' attitudes to pension reform and redistribution; by Yosr Abid, Cathal O'Donoghue.: Cambridge University Press.
Social Policy and Society, vol 13, no 2, April 2014, pp 203-220.
In order to assess people's preferences regarding potential reforms of the Irish state pension system, a sample of the Irish adult population was surveyed about their opinion on a selection of measures and issues related to the redistributive principles and parameters of the pension scheme. Even though very few people are well-informed about the pension system, this article's authors observe a kind of homogeneity regarding perceptions about the way public pension benefits should be provided. As far as is known, this article represents the first attempt to elicit people's preferences for reforming the state Irish pension system using stated preferences techniques. (RH)
ISSN: 14747464
From : journals.cambridge.org/sps
- 228/99 The politics of public and private pension generosity in advanced democracies; by Frieder Wolf, Reimut Zohlnhofer, Georg Wenzelburger.: Wiley Blackwell.
Social Policy and Administration, vol 48, no 1, February 2014, pp 86-106.
The quantitative strand of social policy research suffers from a triple deficit: analyses of aggregate expenditure dominate; most of the few studies of replacement rates focus on unemployment or sickness benefits while pensions are excluded; and the interdependence between public and private pension plans is often ignored. This article addresses the said deficits, first, by discussing the pension sectors' theoretical peculiarities and by proposing two hypotheses: one on the role played by political parties in implementing public pension retrenchment, and the second on their role in extending private pension plans. Second, the article presents regression results of public pension replacement rate changes in 18 developed democracies. The findings show considerably smaller cuts to pensions than to unemployment or sickness benefits, and striking differences regarding partisan effects between the sectors. Lastly, the article assesses partisan effects on private pension plans, detecting some rather surprising effects. Most noteworthy is the fact that those parties which reduced public pension generosity during the 1990s (i.e. Social Democrats) cannot claim responsibility for compensating these cuts by eliciting higher private engagement. (RH)
ISSN: 01445596 From : <http://www.wileyonlinelibrary.com/journal/spol>

PERSONALISATION

(See Also 228/68)

- 228/100 Carers and personalisation: what roles do carers play in personalised adult social care? What roles do carers and service users want carers to play?; by Wendy Mitchell, Jenni Brooks, Caroline Glendinning, Social Policy Research Unit - SPRU, University of York; NIHR School for Social Care Research. London: National Institute for Health Research, 2013, 4 pp (Research findings, 12).
From January 2011 until December 2012, the Social Policy Research Unit (SPRU) examined how current English adult social care practice balances the interests of service users and family carers, in assessment, planning, on-going management and reviews of personal budgets (PBs), particularly when budget-holders have cognitive or communication impairments. A survey of councils in two typical English regions examined senior local authority perspectives, everyday practice by frontline staff and experiences of service users and carers. Although managers and practitioners reported that they informed carers of their rights to separate assessments, there was otherwise little consistency, and practice. There was little evidence that separate carer assessments were routinely conducted or linked to service user assessments, personal budget levels and support plans. However, carers were routinely involved in planning how the service user's PB would be used. Wider debate is needed, within on-going resource constraints, about delivering support to service users and carers that recognise both their independent aspirations for choice and control and their interdependent relationships. Such debate should inform further development of the 2013 Care Bill and subsequent practice guidance. (RH)
From : http://sscr.nihr.ac.uk/PDF/Findings/SSCRResearchFindings_12_.pdf
- 228/101 How far do managed personal budgets offer choice and control for older people using home care services?; by Social Policy Research Unit - SPRU, University of York; NIHR School for Social Care Research. London: National Institute for Health Research, 2013, 4 pp (Research findings, 11).
Research commissioned by the School for Social Care Research from the Social Policy Research Unit (SPRU) at the University of York suggests that many older people may be missing out on the benefits of personal budgets (PBs), because they have limited opportunities to shape services to their personal preferences and circumstances. Older people are often unwilling to take on

responsibility for managing a cash direct payment and employing their own carers. Therefore, most older people who used to pay for council-commissioned services (most commonly home care) have their PB managed by the local council. This in-depth study of three English councils (two unitary boroughs and one shire county) with large older populations and large proportions of people using managed PBs found that the main restriction on older people's choice and control was the level of the PB, which usually covered only essential personal care needs. The study also found that councils were retaining much of the decision-making power. Some restricted the tasks that home care agencies could undertake to personal care only, while others required any changes to care plans be approved by them. Flexible options for PBs such as time banking or Individual Service Funds were not fully utilised. Time banking, where time is saved from routine visits to use later on for alternative activities, was restricted in both availability and scope. This was due to fears by some home care agencies and older people that a PB would be reduced if the council perceived there was spare capacity that could be banked. Individual Service Funds, where budgets are held by home care agencies and managed in direct negotiation with users, did not appear to be fully operational in the study councils, as budgets were all still held by councils. (RH)
From : http://sscr.nihr.ac.uk/PDF/Findings/SSCRResearchFindings_11_.pdf

PHYSICAL ACTIVITY

(See Also 228/8)

- 228/102 Exploring the effect of aquatic exercise on behaviour and psychological well-being in people with moderate to severe dementia: a pilot study of the Watermemories Swimming Club; by Christine Neville, Tim Henwood, Elizabeth Beattie, Elaine Fielding.: Wiley.
 Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 124-127.
 The aim of the present study was to explore the effects of a dementia-specific, aquatic exercise intervention on behavioural and psychological symptoms in people with dementia (BPSD). Residents from two aged care facilities in Queensland, Australia, received a 12-week intervention consisting of aquatic exercises for strength, agility, flexibility, balance and relaxation. The Psychological Well-Being in Cognitively Impaired Persons Scale (PW-BCIP) and the Revised Memory and Behaviour Problems Checklist (RMBPC) were completed by registered nurses at baseline, week 6, week 9 and post intervention. Ten women and one man (median age = 88.4 years, interquartile range = 12.3) participated. Statistically significant declines in the RMBPC and PW-BCIP were observed over the study period.
 Preliminary evidence suggests that a dementia-specific, aquatic exercise intervention reduces BPSD and improves psychological well-being in people with moderate to severe dementia. With further testing, this innovative intervention may prove effective in addressing some of the most challenging aspects of dementia care. (JL)
 ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag
- 228/103 Physical activity among older people living alone in Shanghai, China; by Yu Chen, Alison E While, Allan Hicks.: Sage.
 Health Education Journal, vol 74, no 2, March 2015, pp 156-167.
 The physical activity of older people living alone in Shanghai, People's Republic of China, and key factors contributing to their physical activity were investigated. A cross-sectional questionnaire survey was administered in nine communities in Shanghai, using a stratified random cluster sample. 521 community-dwelling older people living alone (aged 60 years and above) completed a structured questionnaire through face-to-face interviews. Their physical activity was measured using their self-reported frequency of engaging in different types of activities. Other data collected included self-rated health, number of chronic diseases, depression, functional ability, loneliness, social support and socio-demographic variables. Only 16.7% of participants reported adequate physical activity, defined as performing at least 30 minutes of moderate/strenuous exercise on at least 5 days per week. A younger age, a lower level of education, better functional ability and walking outside the home 5-7 days per week increased the likelihood of adequate physical activity. Gender, self-rated health, number of chronic diseases, depression and social support also had relationships with physical activity levels. The prevalence of adequate physical activity in older people living alone in Shanghai was low. In this population, appropriate health education interventions to promote physical activity levels are needed. (RH)
 ISSN: 00178969 From : hej.sagepub.com
- 228/104 Physical activity levels across adult life and grip strength in early old age: updating findings from a British birth cohort; by Richard Dodds, Diana Kuh, Avan Aihie Sayer (et al.): Oxford University Press.
 Age and Ageing, vol 42, no 6, November 2013, pp 794-798.
 Observational studies do not always find positive associations between physical activity and muscle strength, despite intervention studies consistently showing that exercise improves strength in older adults. In previous analyses of the MRC National Survey of Health and Development

(NSHD), the 1946 British birth cohort, there was no evidence of an association between leisure time physical activity (LTPA) across adulthood and grip strength at age 53. This study tested the hypothesis that cumulative benefits of LTPA across mid-life on grip strength will have emerged by age 60-64. Data from the MRC NSHD were used to investigate the associations between LTPA at ages 36, 43, 53 and 60-64 and grip strength at 60-64. Linear regression models were constructed to examine the effect of activity at each age separately and as a cumulative score, including adjustment for potential confounders and testing of life course hypotheses. There were complete longitudinal data available for 1,645 participants. There was evidence of a cumulative effect of LTPA across mid-life on grip strength at 60-64. Compared with the third of participants who reported the least LTPA participation across the four time points, those in the top third had on average 2.11 kg (95% CI: 0.88, 3.35) stronger grip after adjustments. Increased levels of LTPA across mid-life were associated with stronger grip at age 60-64, in both men and women. As these associations have emerged since age 53, it suggests that LTPA across adulthood may prevent decline in grip strength in early old age. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

- 228/105 Physical exercise for late-life depression; by M Belvederi Murri, M Amore, M Menchetti (et al.): Royal College of Psychiatrists.
British Journal of Psychiatry, vol 207, no 3, September 2015, pp 235-242.
Augmenting sertraline therapy with physical exercise for primary care patients with major depression was found to help improve outcomes.
From : www.bjp.rcpsych.org

- 228/106 Prevalence of physical activity behaviour in older people: findings from the Dynamic Analyses to Optimise Ageing (DYNOPTA) project and Australian national survey data; by Jane Sims, Carole L Birrell, Susan Hunt ... (et al.): Wiley.
Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 105-113.
Many older people lead sedentary lives. In Australia, National Health Survey physical activity prevalence data provide limited coverage of the 'old old', or people aged 75 years and above. In the present study the Dynamic Analyses to Optimise Ageing (DYNOPTA) project's dataset provided physical activity data for 13,420 participants. Physical activity (walking, moderate- and vigorous-intensity activities in the previous week) was measured. Data were weighted and prevalence was calculated. The frequency of walking in DYNOPTA was similar to that in the national sample. Walking remained relatively stable until a decline among persons aged 80 years and over; moderate and vigorous activity declined in all but a minority of persons aged 70 years and over. Although DYNOPTA participants reported more physical activity than those in the contemporary national survey, the rates of sedentary behaviour were high. The study concludes that more information is required about the 'oldest old' (i.e. persons aged 85 years and above). There is great scope for increasing physical activity, even walking, among older people. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

PUBLIC HEALTH

- 228/107 Health and wellbeing boards: policy and prospects; by Richard Humphries.: Emerald.
Journal of Integrated Care, vol 21, no 1, 2013, pp 6-12.
This review explores the role of health and wellbeing boards in the context of the Government's reforms introduced by the Health and Social Act 2012, and the fundamental challenges facing the NHS and local government. The review draws on an analysis of the policy literature and on telephone interviews with representatives of 50 health and wellbeing boards from a cross section of English local authorities. Early experience of the boards in shadow form indicates there is considerable optimism about their prospects to achieve greater success in achieving integrated services but they face formidable challenges arising from a hostile financial climate and unchanged national policy fault lines that have hindered effective integration to date. Five factors that are likely to determine the effectiveness of boards are identified. Their biggest single challenge arises from the role of local government in delivering strong, credible and shared leadership which engages people in transforming local services. (JL)
ISSN: 14769018
From : www.emeraldinsight.com/jica.htm

- 228/108 Health and wellbeing boards and service transformation; by John Wilderspin.: Emerald.
Journal of Integrated Care, vol 21, no 1, 2013, pp 13-18.
This paper provides an overview of issues being faced, and likely to have to be faced, in establishing effective health and wellbeing boards. It is based the perspective of the Department of Health's lead for implementation of these boards. Set in the context of national policy expectation, it draws on the early experiences of board development all over the country, and on

discussions and seminars held to test their practical implications. The paper suggests that transformation of the current pattern of services is needed to meet the preferred needs of the public. This is a major challenge at local level, and the leadership capacity and style of the new boards, and their communication skill, will be vital to the creation of responsive integrated services. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

228/109

Making health and wellbeing boards a success: engaging providers; by Bill Mumford.: Emerald. Journal of Integrated Care, vol 21, no 1, 2013, pp 42-46.

This article draws attention to the current level of engagement of care service provider organisations with shadow health and wellbeing boards. It argues that full engagement of provider organisations will improve the effective working of the future health and wellbeing boards, both in the creation of good commissioning strategies and in their subsequent implementation. A survey of Voluntary Organisations Disability Group (VODG) members was undertaken, and analysed alongside other reports of progress in implementation. Findings show that currently there is a very low level of engagement of provider organisations. A notable exception is in Coventry which is an exemplar for good engagement: a case study is provided. A connection is made between emerging government policy on market facilitation in social care and its implications for health and wellbeing boards. (JL)

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QUALITY OF LIFE

(See 228/18, 228/50)

RESIDENTIAL AND NURSING HOME CARE

(See Also 228/11, 228/18)

228/110

The care collapse: the imminent crisis in residential care and its impact on the NHS; by Emily Crawford, Claire Read. London: Respublica, 2015, 14 pp.

This interim report assesses the state of the residential care industry in England, including an analysis of its future financial viability, and projects a funding gap of over £1 billion for older people's residential care alone by 2020/21, which could result in the loss of around 37,000 beds. The report states that 'given the perilous state of the industry, there is no private sector provider with the capacity to take in the residents who would be affected by the loss of other providers' beds. Consequently the author believe the worst outcome is the most likely: that the vast majority of care home residents will end up on general hospital wards. They project that if all these care home lost beds were to flow through to hospitals in this way, the annual cost to the NHS would total £3 billion'. (NH/RH)

From : <http://www.respublica.org.uk/wp-content/uploads/2015/11/ResPublica-The-Care-Collapse.pdf>

228/111

Dancing as a psychosocial intervention in care homes: a systematic review of the literature; by A Guzman-Garcia, J C Hughes, I A James, L Rochester.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 9, September 2013, pp 914-924.

There is a need to find meaningful and engaging interventions to improve mood and behaviour for residents of care homes. Evidence suggests that dancing as an activity improves mood in residents and staff, hence the importance of investigating what dancing brings to the care home social environment. The aim of the present study was to provide a systematic review of the evidence from studies related to dancing interventions for older people with dementia living in care homes. Inclusion criteria considered study methodology and evidence that the impact of the dance intervention had been measured. Ten studies were identified that satisfied the inclusion criteria: seven qualitative and three quantitative. Studies used different approaches such as therapeutic dance, dance movement therapy, dance therapy, social dancing and psychomotor dance-based exercise. There was evidence that problematic behaviours decreased, while social interaction and enjoyment in both residents and care staff improved. A few adverse effects were also acknowledged. The evidence on the efficacy of dancing in care homes is limited in part owing to the methodological challenges facing such research. This review aims to raise awareness of the possibility of implementing dance work as an engaging activity in care homes. The study also considers options for future dance work research as a means to encourage relationships and sensory stimulation for both residents and staff. (JL)

ISSN: 08856230

From : www.orangejournal.org

- 228/112 Learning for care homes from alternative residential care settings; by Liz Burtney, Davina Figgett, Deirdre Fullerton (et al), Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, April 2014, 4 pp (Inspiring social change; Ref: 2988).
This review explores the learning from delivery of care in residential services for children and young people, residential services and supported housing for people with learning disabilities and hospice care, and considers how this can be applied in care homes for older people. The report finds that, while evidence of effectiveness is limited, there are promising ideas that could improve the culture of care homes, experiences of care and support for staff. It presents evidence of how residential care homes in other sectors have created positive organisational cultures and increased relationship-based care to improve the quality of care offered, and looks at how greater involvement of people who use services and their families can improve experiences of care. (NH)
From : <https://www.jrf.org.uk/report/learning-care-homes-alternative-residential-care-settings>
- 228/113 Older adults' views and experiences of doll therapy in residential care homes; by Heidi Alander, Tim Prescott, Ian A James.: Sage.
Dementia, vol 14, no 5, September 2015, pp 574-588.
Four men and 12 women from three residential care homes were recruited to take part in either a focus group or an individual interview. The residents, eight of whom had dementia, generally supported the use of dolls, believing that they can have a positive impact on some users. (NH)
ISSN: 14713012
From : dem.sagepub.com
- 228/114 Out of sight, out of mind?: a review of data available on the health of care home residents in longitudinal and nationally representative cross-sectional studies in the UK and Ireland; by Danielle Collingridge Moore, Barbara Hanratty.: Oxford University Press.
Age and Ageing, vol 42, no 6, November 2013, pp 798-803.
Although many care home residents have multiple co-morbidities and low levels of functioning, the UK has no routinely available, national data on health in care homes. This study aims to identify longitudinal or nationally representative cross-sectional sources of information on the health and wellbeing of older adults residing in care homes in the UK and Ireland. Searches were made of health databases (Medline, Embase), websites of the Economic and Social Data Service and UK Office for National Statistics (ONS), and selected journals. On-going longitudinal or repeated cross-sectional studies were sought in the UK and Ireland that included participants aged over 65 and reported one or more health-related variable. Data were extracted on studies that included older adults in care homes. If necessary, study teams were contacted for information. The authors identified 42 longitudinal cohort or repeated cross-sectional studies in the UK that involved older adults. Of these, 17 studies provided data from care home residents. The time period of data collection ranged from 2 to 40 years. Proxy interviews were used to capture the majority of data in care homes. In the UK and Ireland, most longitudinal and nationally representative cross-sectional studies do not include or follow-up older adults in care homes. Systematic data collection on the health of older adults in care homes should be a priority, to inform policy development and enable monitoring of care delivery and health outcomes. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org
- 228/115 Perceived factors which shape decision-making around the time of residential care admission in older adults: a qualitative study; by Claire P Heppenstall, Sally Keeling, H Carl Hanger ... (et al).: Wiley Blackwell.
Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 9-13.
The aim of this New Zealand study was to understand the perceived factors that shape decision-making around the time of residential care admission in older people. Two qualitative methods (telephone interviews at intervals post discharge from geriatric inpatient care and face-to-face interviews with older people and their family carers) were used as part of a multiphase mixed methods study of a cohort of 144 older people discharged from medical wards in a subacute assessment, treatment and rehabilitation facility. Key topics and themes were derived from interviews: the role of the informal carer and other community supports, attitudes to decision-making and loneliness were key aspects of social context. Physical health, the experience of repeated hospital admissions and health professionals' attitudes to repeated admissions were also seen as important. Social context as an essential component of older people's decisions to enter aged residential care is highlighted in this qualitative study. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag
- 228/116 Residential aged care: the de facto hospice for New Zealand's older people; by Martin J Connolly, Joanna B Broad, Michal Boyd ... (et al).: Wiley.
Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 114-120.
The present study aimed to describe short-term mortality among residential aged care (RAC) residents in Auckland, New Zealand. This was a census-type survey of all residential aged care

facilities in the Auckland region, conducted during 2008. 861, or 12.6% of participants died within six months of taking the survey. Survival related to RAC length of stay before the survey: those resident for less than one month (subgroup 380) having 80.0% survival, 1-6 months 83.2% and six or more months 87.4%. In those admitted to private hospital from acute hospital (104 of the subgroup of 380), six-month mortality was 36.5%. Significant mortality predictors were: private hospital admission from acute hospital, unscheduled GP visit during the prior two weeks, personal care disability and acute hospital admission during the previous two years. These findings show that RAC mortality (especially post admission) is high. Training and resource in the sector should reflect this. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

228/117

The undercurrent of grief and loss in care homes; by Andy Bradley.: Emerald Publishers.

Working with Older People, vol 17, no 3, 2013, pp 130-132.

Beginning with a real world example of an older person who felt suicidal at the prospect of moving into a care home, this paper analyses the common experience of older people in care homes who are often left to deal with loss and grief without the explicit emotional validation and support needed.

The paper goes on to describe a new paradigm of care giving ("the compassionate community"). It highlights the need for a shift of culture and leadership thinking in the care homes. Older people need more opportunities to share their losses and grief. Staff teams must develop their role so that it moves beyond physical caring to embrace the emotional and spiritual aspects of the lives of the people they care for. This paper issues a radical call for a shift in thinking and values. It suggests a route map which will enable full expression of the emotional lives of the people being cared for.

(RH)

ISSN: 13663666

From : www.emeraldinsight.com

RESPITE CARE

228/118

Residential respite care is associated with family carers experiencing family strain; by Christina Aggar, Susan Ronaldson, Ian D Cameron.: Wiley.

Australasian Journal on Ageing, vol 33, no 2, June 2014, pp 93-98.

Care services for frail older people are provided with the expectation of supporting carers in their caregiving role. The aim of this study was to investigate the association between the utilisation of care services by older people and the caregiving experience. This was a cross-sectional design involving a cohort of 119 family carers of frail older people aged 70 or over enrolled in a clinical trial of frailty treatment in metropolitan Sydney from 2008 to 2011. The caregiving experience was measured in five domains: health, daily schedule, finance, family support and self-esteem (Caregiver Reaction Assessment tool). Multivariate regression analysis demonstrated an association between the utilisation of residential respite care and financial strain after controlling for functional ability, co-residence and age. The study concludes that there is a need to consider carers' financial barriers and concerns in regards to the utilisation of respite care services. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

SEXUALITY

228/119

Health, body image, gender, and migration status: their relationship to sexuality in old age; by Darya Shkolnik, Esther Iecovich.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 10, October 2013, pp 1717-1727.

The aim of this study was to assess the relationships between gender, migration status, perceived health, body image, and sexual activity and satisfaction among older adults. It was hypothesised that men and those who are long-standing residents in Israel would report better perceived health, a positive body image, and these would be associated with greater sexuality, compared with women, new immigrants with poorer perceived health and a negative body image. The sample included 200 respondents who were 60 years and older, functionally independent and living with a spouse or a partner for at least one year, heterosexual, and living in the community in Israel. Respondents were recruited through community-based services for older persons and snowballing. Multivariate analyses were performed to examine differences by groups of respondents and to identify the best predictors of the outcome variables. The majority had some kind of sexual activity. No significant differences were found between men and women with regard to perceived health, body image, sexual activity and satisfaction, but significant differences were found between new immigrants from former Soviet Union countries and long-standing residents in Israel. Mental health, age and migration status were significant in explaining sexual activity, while age, education, and sexual activity were significant in explaining sexual satisfaction. The study concludes that a variety of factors play a role with regard to sexuality in old age, in particular

immigration status. Appropriate interventions can help older adults cope with the determinants that negatively affect their mental health and sexual life. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

- 228/120 Prepare for impact?: Reflecting on knowledge exchange work to improve services for older LGBT people in times of austerity; by Andrew King.: Cambridge University Press.
Social Policy and Society, vol 14, no 1, January 2015, pp 15-27.
This article reflects on the experience of undertaking a knowledge exchange project with a local authority to improve services for older lesbian, gay, bisexual and trans (LGBT) adults. It frames this project in terms of local government equality work, existing research and initiatives concerning older LGBT people, and the coming of austerity. It details the project methodology, including discussion of the generation and measurement of impact. Some critical issues that arose during the project are considered, including suggestions that these may have been related to economic austerity. The article concludes that although knowledge exchange work with older LGBT people faces challenges in such times, future research and initiatives are warranted. (RH)
ISSN: 14747464
From : journals.cambridge.org/sps

SOCIAL CARE

(See Also 228/14, 228/56, 228/79)

- 228/121 Choice, competition and care: developments in English social care and the impacts on providers and older users of home care services; by Ricardo Rodriques, Caroline Glendinning.: Wiley.
Social Policy and Administration, vol 49, no 5, September 2015, pp 649-664.
With the expansion of competition and choice in the home care market and increased control by older people over the public resources for their care, this article suggests that whilst there are small increases in user agency and in opportunities for people to receive more personalised home care, there is early evidence of increases in risk and costs associated with the expansion of competition and choice, both for organisations providing home care services and for individual older service users. (NH)
ISSN: 14679515
From : <http://onlinelibrary.wiley.com>
- 228/122 Finding out about social care: what information seekers want; by Les Bright, Alison Clarke, Gillian Dalley.: Emerald.
Working with Older People, vol 17, no 2, 2013, pp 85-94.
High quality, accurate information is an essential element in enabling individuals to make appropriate choices about the care they seek for themselves or their loved ones. Service providers, councils and commercial undertakings each have a part to play in facilitating that choice. The research reported here aims to explore the problems facing individuals searching for information about available options in choosing care services. It presents data drawn from an on-line survey, follow-up telephone calls and a focus group, which reveals the preferences people have in searching for information about care services and the difficulties encountered. It finds that people need information, but find it complicated, unwieldy and inaccessible. In addition to using on-line sources, people value person-to-person contact and information tailored to meet their specific needs. This research highlights issues that confront both information searcher and provider, making recommendations about overcoming them. The concept of individual choice is a cornerstone of social policy; but findings reveal the complexity facing individuals, providers and practitioners in making this a reality. The importance of information in making decisions about care is under-researched; this study raises issues and presents findings which open the topic for further exploration. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/wwop.htm

- 228/123 How to achieve more effective services: the evidence ecosystem; by Jonathan Shepherd, What Works Network, Cabinet Office; Cardiff University. Cardiff: Cardiff University; Cabinet Office, June 2014, 55 pp.
The What Works initiative, or movement, concerns the generation and use of better evidence. The author states that "the creation and adoption of effective policies, programmes and interventions depends on a functional evidence ecosystem". This report describes use of this approach and the stages taken: evidence generation and synthesis, formulation of policy and practice guidelines informed by evidence, and evidence implementation. It outlines the requirements for adoption of evidence-based interventions and programmes: a literature search strategy; a useful and relevant body of knowledge; supportive structures; a workforce able and eager to use evidence; approaches and readjustment; and targeted interventions. Characterising the evidence ecosystem, its evidence

sources, transmission lines, problems and incentives are examined in relation to: crime reduction; health and social care; education; early intervention; ageing better; and local economic growth. Recommendations made regarding the evidence ecosystem should look like and what could be done to improve it in relation to the six policy areas. (RH)

From : Jonathan Shepherd, Cardiff University. Email: shepherdjp@cardiff.ac.uk

Download: http://www.vrg.cf.ac.uk/Files/2014_JPS_What_Works.pdf

- 228/124 Improving later life: services for older people - what works; by Susan Davidson, Phil Rossall, James Goodwin (eds), Age UK. London: Age UK, 2014, 85 pp.
Age UK and leading researchers in ageing summarise evidence on what is proven to be effective in improving older people's lives. Among themes examined by contributors to Part 1 are: service cost-effectiveness; partnership working (i.e. integrating health and care services); dignity; safeguarding; supporting older people and carers; and council-managed personal budgets. Other contributions look at some other countries' approaches to funding and paying for social care; involving older people in evaluation and research; and Perfect Ageing - the contribution of assessment. Contributors to Part 2, on addressing needs, look at evidence in the round on these issues: preventing social isolation and loneliness; promoting inclusion in rural communities; home telecare; supporting older people in the community rather than in hospital; and preventing falls with older people living in the community. While some services may be suited to all potential users, thought should be given to suitability for groups such as older men; and the example used is the gender-specific Men in Sheds movement that originated in Australia in the 1990s. The needs of people with dementia are looked at in relation to assistive technology, cognitive stimulation therapy (CST), and memory services. (RH)
From : Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Download: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Services-what_work_s_spreads.pdf?dtrk=true
- 228/125 On the edge of a new frontier: is gerontological social work in the UK ready to meet twenty-first century challenges?; by Sally Richards, Mary Pat Sullivan, Denise Tanner (et al): Oxford University Press.
British Journal of Social Work, vol 44, no 8, 2014, pp 2307-2324.
Evidence from findings of a survey of qualifying master's programmes in England suggests widespread neglect of ageing in teaching content and practice learning.
ISSN: 00453102
From : www.bjsw.oxfordjournals.org
- 228/126 Social support and health of older people in Middle Eastern countries: a systematic review; by Maryam Tajvar, Astrid Fletcher, Emily Grundy, Mohammad Arab.: Wiley Blackwell.
Australasian Journal on Ageing, vol 32, no 2, June 2013, pp 71-78.
The aim of this study was to review quantitative studies exploring the association between social support (SS) and the health of older people in Middle Eastern countries. 16 databases and other resources were searched to identify studies that met the inclusion criteria of the review. Of these, 22 studies met the criteria. Even allowing for the diversity of the studies included, this review offered strong and consistent evidence for a positive relation between SS and mental health, while there was inconsistent evidence of an association between SS and other health outcomes. The limited evidence for the Middle Eastern region confirms findings from other settings on the importance of SS for mental health in later life. Current evidence is inadequate to assess whether SS is associated with physical health. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 228/127 Using online reviews in social care; by Lisa Trigg.: Wiley Blackwell.
Social Policy and Administration, vol 48, no 3, June 2014, pp 361-378.
The emphasis placed on choice of social care provider means that there is an increasing need to furnish service users with reliable and up-to-date information on provider quality. In England, encouraging users to leave online feedback on providers is seen as one of the ways of improving the supply of information. However, using these channels for social care raises a number of issues, for example, the challenge of generating enough content to be of value, and the need to protect the anonymity of potentially vulnerable users. This article aims to summarise these issues, by drawing upon the experience of an established ratings site (TripAdvisor), and of health service rating systems, as well as literature on decision-making and behaviour across social care and related sectors. The article concludes that online ratings can assist users to choose providers, however, they will need to be supported by carefully designed processes to maximise their usefulness. (RH)
ISSN: 01445596
From : <http://www.wileyonlinelibrary.com/journal/spol>

SOCIAL NETWORKS

228/128

Trajectories of social activities from middle age to old age and late-life disability: a 36-year follow-up; by Neda Agahi, Carin Lennartsson, Ingemar Kareholt (et al.): Oxford University Press. Age and Ageing, vol 42, no 6, November 2013, pp 790-793.

Data from the Swedish Level of Living Survey (LNU) and the Swedish Panel Study of the Oldest Old (SWEOLD) were used to examine the association between 34-year trajectories of social activity, from middle age to old age and late-life disability. LNU data from 1968, 1981, 1991 and 2000 were merged with SWEOLD data from 1992, 2002 and 2004, to create a longitudinal data set with five observation periods. Trajectories of social activities covered 1968-2002, and late-life disability was measured in 2004. The sample consisted of 729 individuals aged 33-61 at baseline (1968), who participated in at least four observation periods and who were free from mobility limitations at baseline. Four trajectories of social activity were identified and used as predictors of late-life disability.

Reporting low/ medium levels of social activity from mid-life to old age was the most common trajectory group. Those reporting continuously low/medium or decreasing levels of social activity had higher odds ratios for late-life disability (OR = 2.33 and OR = 2.15, respectively) compared with those having continuously high levels of activity, even when adjusting for age, sex and mobility limitations, and excluding those with baseline mobility limitations. Results suggest that the disability risk associated with social activities is related to recent levels of activity, but also that risk may accumulate over time, as indicated by the higher disability risk associated with the continuously low/medium level social activity trajectory. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

SOCIAL SERVICES

(See 228/46)

STATISTICS

(See Also 228/114)

228/129

80 at eighty: an ILC-UK factpack; by International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, 2015, 22 pp.

Inspired by ILC-UK Chief Executive and founder, Baroness Sally Greengross, who became 80 on 29th June 2015, this factpack gives 80 facts about reaching 80. Internationally, the number of people aged 80 plus has increased from 15 million in 1950 to 110 million in 2011. By 2050 the number aged over 80 is estimated to reach 400 million. In England, many 80-year-olds remain very active; over 16,000 people aged 80+ are still in paid employment; people aged 80+ may be more satisfied with their sex lives; and 21% of women and more than half (55%) of men aged 80+ are married or in a civil partnership. As regards their health, around 16% of those aged 80-84 have already survived a heart attack; 49% of women and 38% of men aged 80+ are often troubled with physical pain; 50.8% of men and 56.7% of women aged 80 and over report having a limiting long standing illness; and over one in ten of those aged 80-84 have some form of dementia. (NH)

From : www.ilcuk.org.uk

SUICIDE

228/130

Suicide in older adults: risk factors, interventions and clinical considerations; by Thomas Richardson.: British Psychological Society.

FPOP Newsletter, no 122, January 2013, pp 32-42.

Suicide represents one of the main causes of death globally, with nearly one million suicides a year (World Health Organization, 2002). This paper reviews recent research on the epidemiology of suicidal behaviour and suicidal ideation in older adults. The focus is on risk factors and clinical implications. Unless specified otherwise, all of the research discussed relates specifically to older people. (RH)

ISSN: 13603671

From : www.bps.org.uk

TRANSPORT

(See 228/82, 228/84)

VOLUNTEERING

- 228/131 The contribution of volunteering and a wider asset based approach to active ageing and intergenerational solidarity in Europe; by Guy Robertson.: Emerald.
Working with Older People, vol 17, no 1, 2013, pp 7-18.
The author outlines learning and good practice across Europe on the deployment of asset-based approaches for promoting active ageing and intergenerational solidarity. He draws on a wide-ranging review of good practice across Europe distilled from desktop analysis and two European roundtable sessions with key stakeholders. He analyses the current level of volunteering by older people across Europe, and the evidence for its benefits to their health and wellbeing. An analysis and good practice examples provide resources for developing effective asset-based approaches to promoting active ageing and intergenerational solidarity, or for addressing the social exclusion faced by people with dementia. (RH)
ISSN: 13663666
From : www.emeraldinsight.com
- 228/132 Valuing older workers in the voluntary sector; by Nick Wilson.: Emerald Publishers.
Working with Older People, vol 17, no 3, 2013, pp 109-116.
Earlier research on the employment of older workers has usually focused on the private and public sectors. The South East England Forum on Ageing (SEEFA) wanted to focus specifically on the voluntary sector. This paper reports on research into the employment of older workers, paid and unpaid, in the voluntary sector. It draws on six case studies which were the research focus. The research was designed to test the hypothesis that the voluntary sector has been in the forefront of utilising the knowledge, skills and talents of older workers and to draw out practical guidance for other organisations in this and other sectors. The author consulted more than 30 people with a known interest in older workforce issues and/or employment in the voluntary sector and, from these discussions, identified six organisations to be the subject of structured telephone interviews. The interviewees were all at chief executive or senior management level. The research confirmed that older workers, whether they are paid employees or volunteers, are of great value to the voluntary sector. This is because of their life experience and skills and, particularly in the case of volunteers, their availability and flexibility. The six organisations on which the research focused provided excellent examples of good practice. However, this does not generally involve employment policies and practices with a specific focus on older workers but, rather, policies and practices which embrace older workers. (RH)
ISSN: 13663666
From : www.emeraldinsight.com
- 228/133 Volunteering and social action in health and care: opening the doors to citizen engagement: empowered volunteers, quality services; by Volunteering Matters. London: Volunteering Matters, 2015, 19 pp.
Volunteering Matters (formerly CSV or Community Service Volunteers) is a member of the Health and Care Voluntary Sector Strategic Partnership. In this context, this paper sets out ways in which volunteers can be empowered and supported to help them to improve the quality of outcomes for people who use care and support services. It particularly considers the health, well-being, needs and quality of life of those in residential or nursing homes or in hospital. A further aim is to assist local councils with their duties under the Care Act 2014, on issues such as advocacy. The report notes two important references that will have an impact on volunteering in health and social care settings. The first relates to approaches used by the Care Quality Commission (CQC) in response to the Francis Inquiry report (on Mid Staffordshire Hospital NHS Trust); and the second being the King's Fund report, 'Volunteering in health care' (2013). Volunteering should be used as a means of improving quality rather than reducing short-term costs. (RH)
From : Volunteering Matters, The Levy Centre, 18-24 Lower Clapton Road, London E5 0PD.
Website: volunteeringmatters.org.uk

Centre for Policy on Ageing



New attitudes to old age ..

AgeInfo

a key information resource
for gerontologists.

<http://www.cpa.org.uk/ageinfo>

