

# New Literature on Old Age

EDITOR

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## ABUSE, SAFEGUARDING AND PROTECTION

- 229/1 'Why didn't we do this before?': the development of Making Safeguarding Personal in the London borough of Sutton; by Patrick Jonathan Hopkinson, Meta Killick, Anita Batish, Lee Simmons.: Emerald.  
Journal of Adult Protection, vol 17, no 3, 2015, pp 181-194.  
This paper looks at Making Safeguarding Personal (MSP), a national programme which aims to increase the involvement of adults at risk in the adult safeguarding process. The implementation of MSP in the London Borough of Sutton involved three areas of analysis: a quantitative analysis of 47 safeguarding cases in which adults at risk were asked what they wanted the safeguarding intervention to achieve and whether or not these outcomes had been achieved; qualitative analysis of the service users' experience of the safeguarding process using focus groups led by creative arts therapists; and interviews with social workers, team managers and administrators on their experience of the implementation of MSP. In 81 per cent of safeguarding cases, outcomes were achieved satisfactorily. The focus groups identified the importance of freedom of movement, freedom of association, being listened to and regular communication with a consistent person. The practitioner interviews identified themes of increased efficiency, increased effectiveness, empowerment; the transformation of relationships and the practice of new skills. This research shows that focus groups led by therapists can be used to explore safety and safeguarding and supports the effectiveness of MSP in achieving person-centred outcomes. No baselines or control groups were used, so the extent of effectiveness is difficult to determine. The sample size is relatively small, so results may not be generalised. (JL)  
ISSN: 14668203  
From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/2 Abuse in care?: a research project to identify early indicators of concern in residential and nursing homes for older people; by Dave Marsland, Peter Oakes, Caroline White.: Emerald.  
Journal of Adult Protection, vol 17, no 2, 2015, pp 111-125.  
The purpose of this paper was to contribute to the prevention of the abuse of older people in residential and nursing homes, through the identification of 'early indicators of concern'. Such indicators support practitioners in identifying services in which older people are at risk of abuse, neglect and ill treatment. Semi-structured interviews were conducted with health and social care practitioners in two local authorities (in England and Scotland), who had visited services in which abuse or neglect had occurred. Practitioners were asked about the things that they had seen within the service which had caused them to become concerned. Over 90 early indicators of concern were identified. These indicators were grouped within six themes which identified key manifestations of service cultures which may promote the abuse of older people. This information and guidance may enable practitioners to recognise early indicators and identify services in which older people are at risk and in which actions are required to help prevent the onset of abuse. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/3 Collaborating across health and social care: joint funding an adult protection coordinator post in Caerphilly, UK; by Andrea Giordano, Alison Neville.: Emerald.  
Journal of Adult Protection, vol 17, no 2, 2015, pp 139-147.  
The purpose of the paper was to improve the consistency and quality of the response to vulnerable adults who experienced abuse and neglect within NHS, independent healthcare and social care settings as noted by practitioners, agencies and patients. Health and social care policy frameworks promote principles of service improvement and consistency, along with a focus on outcomes and resource effectiveness and interagency collaboration. The Protection of Vulnerable Adults (POVA) coordinator role carries the responsibility of coordinating a response to individual referrals of abuse and neglect as described as part of the Designated Lead Manager role in the Wales Interim POVA Policy and Procedures for the POVA from abuse (Wales Adult Protection Coordinators Group, 2013). This paper explores the benefits realised through a registered nurse being seconded from the Aneurin Bevan University Health Board into a newly created joint adult protection Health Coordinator post within the Caerphilly County Borough Council social services department POVA team. This is the first example of such partnership working in adult protection in Wales and has provided a number of benefits in relation to: providing adult protection advice; coordinating the response to referrals of vulnerable adult abuse and neglect within health and social care settings; carrying out or buddying others to complete adult protection investigations; facilitating the two day non-criminal POVA investigation training course and, awareness raising within the local Health Board. The development of a student nurse placement in the social services POVA team cements the multiagency collaborative approach that this development sought to achieve. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

- 229/4 Development of a culture sensitive prevalence study on older adults violence: qualitative methods contribution; by Ana Paula Gil, Ana Joao Santos, Irina Kislaya.: Emerald.  
Journal of Adult Protection, vol 17, no 2, 2015, pp 126-138.  
The purpose of this paper was to reflect on how qualitative approaches can improve a prevalence study on older adults' violence. The paper describes how qualitative data can help frame a complex and multidimensional problem, such as older adults' violence, within the culture where it happens and therefore prevent two risks present in prevalence studies: underestimation and overestimation. In order to measure violence and violent behaviours accurately, the authors first conducted four focus groups with the target population \_ older adults aged 60 and over \_ and 13 in-depth interviews with older adult victims of violence. Through content analysis of focus groups and in-depth interviews the authors sought to understand how violence is perceived, defined and limited by the general population and by victims. By employing qualitative methods the authors were able to operationalise violence and then decide upon and select specific behaviours to measure, rephrase questions and develop strategies to approach the general population through telephone interviews. These qualitative approaches helped reduce participant bias in the prevalence study and therefore to minimise the risks of underestimation and overestimation. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/5 Experience of family caregivers of community-dwelling stroke survivors and risk of elder abuse: a qualitative study; by Celia Chow, Agnes Tiwari.: Emerald.  
Journal of Adult Protection, vol 16, no 5, 2014, pp 276-293.  
The purpose of this Hong King study was to explore the following questions. (1): what are the experiences of family caregivers in caring for community-dwelling stroke survivors?; and (2): what services help or do not help the caregivers in managing their caregiving role? A qualitative study was conducted with a total of six focus group interviews with 29 stroke caregivers selected using convenience sampling in a local community centre. All interviews were recorded and transcribed for content analysis. The results pointed to three main themes working together to facilitate desirable outcomes in caregiving and prevent elder abuse: factors contributing to caregiver stress; factors that have a buffering effect on caregiver stress; and unmet needs identified from caregivers' experiences. The authors found that there were a number of factors contributing to caregiver stress. The findings matched with the concept that caregiver stress should not be considered as the primary cause of elder abuse. Findings provided information for further research to investigate positive coping and adjustment for stroke survivors, caregivers and their families. Policy makers and service providers may consider specific policies and tailor-made services to enhance the effectiveness of current practice. The themes emerging from the study could be further reviewed in a longitudinal way to explore the cost-effectiveness, the outcomes and trajectory of interventional programmes. Furthermore education would be essential to let the public understand caregivers' difficulties and needs. From the findings of the study, the authors found that there were service gaps within policy and interventions. Concrete suggestions for improving the public's attitude and public facilities/transport for the disabled were captured in the study. In addition to personal resilience, caregivers had a strong wish for a supportive environment and services that would facilitate a better caregiving outcome. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/6 An exploration of service responses to domestic abuse among older people: findings from one region of the UK; by Julie McGarry, Christine Simpson, Kathryn Hinsliff-Smith.: Emerald.  
Journal of Adult Protection, vol 16, no 4, 2014, pp 202-212.  
Domestic abuse continues to be largely hidden phenomenon. For older survivors this invisibility is further compounded by conceptual confusion surrounding domestic abuse and other forms of family violence. The purpose of this paper was to explore service responses to abuse among older people from across a range of sectors. Where possible the perspectives of older people themselves were explored. The study used a mixed methods approach incorporating postal questionnaires and semi-structured telephone interviews. Those invited to take part included both statutory and voluntary agencies who provided specific domestic abuse support services or general services for older people as well as older people themselves, either as survivors of abuse or with an interest in the development of services. In total, 18 individuals from a range of agencies and three older women survivors agreed to take part in the study. The findings highlighted three main themes: firstly, a lack of conceptual clarity between domestic abuse and elder abuse; secondly, the complex nature of family dynamics and abusive relationships; and thirdly, a deficit in dedicated service provision for older survivors. Key recommendations include a wider recognition of the significance of inter-professional education, training and working practices. (JL)  
ISSN: 14668203  
From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

- 229/7 Factors contributing to elder abuse in Ethiopia; by Samson Chane, Margaret E Adamek.: Emerald. Journal of Adult Protection, vol 17, no 2, 2015, pp 99-110.  
The purpose of this paper was to increase understanding of elder abuse in Ethiopia by considering the perspectives of abused older adults themselves. A phenomenological study was conducted to investigate the lived experience of 15 individuals (six men and nine women) in Ethiopia who experienced domestic abuse. Data were collected using unstructured interviews and were analysed using interpretive phenomenological analysis. The results described here focused on the participants' perceptions of factors contributing to abuse. Themes identified in the elders' statements about factors contributing to abuse included: declining respect for elders, conflicts of interest, poor health, mutual dependency and other economic issues, and loss of support providers. Abject poverty was evident as an underlying influence contributing to abuse. One elder stated, 'Life is meaningless without food and without a caregiver. I am ready to welcome death'. Documentation of elder abuse is needed to bring recognition to abuse as a problem deserving public attention and response. Given the apparent influence of poverty-related factors on the occurrence of elder abuse among the study's participants, policy initiatives are needed to enhance the economic well-being of older adults in Ethiopia. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/8 The impact of psychological abuse on somatic symptoms: a study of older persons aged 60-84 years; by Joaquim Jorge Fernandes Soares, Eija Viitasara, Gloria Macassa ... (et al.): Emerald. Journal of Adult Protection, vol 16, no 4, 2014, pp 213-231.  
The purpose of this paper was to examine differences in the experience of somatic symptoms by domain (exhaustion, musculoskeletal, gastrointestinal, heart distress) between psychologically abused and non-abused older people, and to scrutinise associations between abuse and somatic symptoms while considering other factors, such as social support. The design was cross-sectional, and participants were 4,467 men and women aged 60-84 years living in seven European cities. The data were analysed using bivariate/multivariate methods. Psychologically abused participants scored higher on all somatic symptom domains than non-abused, and thus were more affected by the symptoms. The regressions confirmed a positive association between psychological abuse and most somatic symptom domains, but other factors (e.g. depression and/or anxiety) were more salient. Demographics/socio-economics were positively (e.g. marriage/cohabitation) or negatively (e.g. education) associated with somatic symptoms depending on the domain. Social support and family structure 'protected' the experience of somatic symptoms. This study focused on psychological abuse only, and did not cover the effects of other abuse types on somatic symptoms. Nevertheless, the findings indicate that psychological abuse is linked to somatic symptoms. The role of other factors (e.g. depression, anxiety, social support) is also important. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/9 The importance of small steps: making safeguarding personal in North Somerset; by Kathryn Needham.: Emerald. Journal of Adult Protection, vol 17, no 3, 2015, pp 166-172.  
The purpose of this paper was to establish the extent to which safeguarding procedures in North Somerset identified and reviewed outcomes for the alleged adult at risk. The project aimed to address whether outcomes could be achieved and what steps needed to be taken to make the experience of safeguarding personal. Three social care teams with a responsibility for following up safeguarding referrals were asked to participate in the work and provide feedback on cases completed within the project timeframe. Data were gathered centrally on specific forms and through focus group discussions with social workers. Findings of the study confirmed the need for a change in practice to ensure safeguarding procedures were personal. This paper identified what changes are needed to training and recording systems. Further work is needed to embed the learning from this work and explore the implementation of alternative approaches. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/10 Making adult safeguarding personal; by Marcus Redley, Sally Jennings, Anthony Holland, Isabel Clare.: Emerald. Journal of Adult Protection, vol 17, no 3, 2015, pp 195-204.  
The purpose of this study, based in one large English county council, was to ascertain what efforts Adult Safeguarding Leads (ASLs), generic advocates and Independent Mental Capacity Advocates were making to involve service users in decisions about protective measures, and to investigate whether the Adult Safeguarding service was delivering outcomes which were valued by its users. Semi-structured interviews were carried out with a sample of key stakeholders. Study findings showed that ASLs were making efforts to involve service users in the complex and demanding process of safeguarding. These efforts, however, were shaped by their understandings of the difference between 'residential' and 'community' settings. Furthermore clarification is needed of

what it may mean to adopt a person-centred approach to adult safeguarding, and the responsibilities of ASLs when individuals with capacity to make decisions about this aspect of their lives are unwilling to engage with the safeguarding process. (JL)

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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

- 229/11 Making Safeguarding Personal 14/15; by Sarah Mitchell, Emily White.: Emerald.  
Journal of Adult Protection, vol 17, no 3, 2015, pp 208-210.  
The purpose of this short paper was to summarise the Making Safeguarding Personal (MSP) programme in 2014/2015. An independent evaluation of the 2014/2015 Making Safeguarding work was commissioned, to be published later in 2015. MSP requires cultural, practice, workforce and technical changes. A range of challenges were identified in taking forward the changes, which Councils are responding to in different ways. A person-centred outcome-focused approach to safeguarding adults can benefit people who are at risk of or experience harm or abuse. (JL)  
ISSN: 14668203  
From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/12 Perceived barriers and facilitators to implement elder abuse intervention for victims and perpetrators: views from US Chinese older adults; by Xinqi Dong, E-Shien Chang, Esther Wong, Melissa A Simon.: Emerald.  
Journal of Adult Protection, vol 16, no 5, 2014, pp 307-321.  
The purpose of this paper was to explore US Chinese older adults' views regarding elder abuse interventions in order to understand barriers to and facilitators of help-seeking behaviours. The study design was qualitative, using a grounded theory approach to data collection and analysis. A community-based participatory research approach was implemented to partner with the Chicago Chinese community. A total of 37 community-dwelling Chinese older adults aged 60 and above participated in focus group discussions. Participants viewed many benefits of intervention programmes. Perceived barriers were categorised under cultural, social and structural barriers. Facilitators to implement interventions included increasing education and public health awareness, integrating social support with existing community social services, as well as setting an interdisciplinary team. Perpetrator intervention strategies were also discussed. This study has wide policy and practice implications for designing and deploying interventions with respect to elder abuse outcomes. Modifying the cultural, social and structural barriers that affect the health behaviour of Chinese older adults contribute to the salience of elder abuse interventions in this under-served population. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/13 A review on elder care and mistreatment in Macao; by Derrick C K Tam, Eilo W Y Yu, Anise M S Wu.: Emerald.  
Journal of Adult Protection, vol 16, no 5, 2014, pp 294-306.  
Mistreatment of older people is a neglected issue in Macao's elder policy. The purpose of this paper is to review the current elder policy as well as legislation on the prevention and management of elder mistreatment in Macao and to provide practical suggestions to improve the situation. This paper reviews government documents and statistics on elder services and policy of Macao Special Administrative Region (MSAR) government. The authors interviewed frontline social workers for the phenomenon of elder mistreatment in Macao as well as the issues and problems in handling abuse cases. The authors argue that the MSAR government has paid attention to financial aid to its senior citizens. In terms of elder care services, the government outsources various elder care services to nonprofit organisations and other private bodies. However, this public-private partnership approach cannot adequately coordinate service providers to prevent and manage elder mistreatment. Furthermore, Macao-mainland integration has encouraged more and more older people to stay in mainland China. Stronger government initiatives are needed to collaborate with Macao society, as well as mainland authorities, regarding the mistreatment of Macao elders. There are very few studies on elder mistreatment in Macao. This paper aims to draw the attention of Macao government and public as well as academics to the issue. (JL)  
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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 229/14 Risks of financial abuse of older people with dementia: findings from a survey of UK voluntary sector dementia community services staff; by Kritika Samsi, Jill Manthorpe, Karishma Chandaria.: Emerald.  
Journal of Adult Protection, vol 16, no 3, 2014, pp 180-192.  
Financial abuse of people with dementia is of rising concern to family carers, the voluntary sector and professionals. Little is known about preventive and early response practice among community services staff. The purpose of this paper was to investigate voluntary sector staff's views of the risks of managing money when a person has dementia and to explore ways that individuals may



be protected from the risks of financial abuse. An online survey of staff of local Alzheimer's Society groups across England was conducted in 2011 and was completed by 86 respondents. Open-ended responses supplemented survey questions. Statistical analysis and content analysis identified emergent findings. Most respondents stated that people with dementia experienced problems with money management, with almost half the respondents reporting encountering cases of financial abuse over the past year. Most were alert to warning signs and vulnerabilities and offered suggestions relevant to practice and policy about prevention and risk minimisation. These findings show that adult safeguarding practitioners are likely to encounter money management uncertainties and concerns about exploitation of people with dementia. They may be contacted by community-based support staff from the voluntary sector about individual queries but could ensure that such practitioners are engaged in local training and networking activities to promote their skills and confidence. As with other forms of elder abuse, professionals need to be aware of risks of financial abuse and be able to suggest effective yet acceptable preventive measures and ways to reduce risks of harm and loss. Further publicity about adult safeguarding services may be needed among local community support services. (JL)

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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

229/15

Understanding elder abuse and neglect in aging Chinese immigrants in Canada; by Daniel W L Lai, Gabrielle D Daoust, Lun Li.: Emerald.

Journal of Adult Protection, vol 16, no 5, 2014, pp 322-334.

The purpose of this paper was to review and discuss existing literature and available research findings related to understanding elder abuse and neglect in culturally diverse communities, particularly the Chinese immigrant community in Canada. The conceptual understandings of elder abuse were examined, based upon the socio-cultural context and challenges faced by ageing Chinese immigrants. Previous literature and research publications related to elder abuse and neglect related to Chinese in Canada were reviewed and synthesised. Findings showed that from a culturally diverse perspective, influence of race, ethnicity, immigrant status and cultural norms on the recognition, identification, prevention and intervention of elder abuse and neglect are important to consider. A key message for professionals working with the ageing population, particularly older immigrants from ethno-cultural minority backgrounds, is that understanding the social cultural context in which elder abuse or neglect emerges is critical. For many of the ageing Chinese immigrants in Canada, the socio-cultural circumstances that they have experienced, their social environment, and various barriers and challenges further prevent them from being aware of this emerging concern. Cultural norms and practices have played a critical role in their access to preventive and intervention services. This paper is a first attempt in the research community to synthesise a few critical issues related to elder abuse and neglect in the ageing Chinese immigrant community in Canada. In order to provide culturally competent services, service providers should be aware of cultural differences in attitudes towards elder mistreatment, including the ways in which specific types of abuse (e.g. financial abuse) are defined within ethno-cultural communities. (JL)

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229/16

What happens to the "hand that rocked the cradle"?: A study of elderly abuse in India; by Sonali Bhattacharya, Shubhasheesh Bhattacharya.: Emerald.

Journal of Adult Protection, vol 16, no 3, 2014, pp 166-179.

The purpose of this paper was to analyse the possible causes of abuse of older people in India and its repercussions for society, based on real cases and reports. A multiple case study approach was used for the study sourced from archival newspaper reports, crime reports and narration. Overall findings show that greater vigilance and more effective legislation would be required to solve the problem related to elder abuse. There is not much study of the causes, consequences and the effectiveness of the legal system with respect to abuse of older people in India. So this paper will be a unique contribution. (JL)

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#### **ADVANCE DIRECTIVES**

229/17

Advance care planning for older people in Australia presenting to the emergency department from the community or residential aged care facilities; by Maryann Street, Goetz Ottmann, Megan-Jane Johnstone (et al.): Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 5, September 2015, pp 513-522.

The purpose of this retrospective, cross-sectional study was to determine the prevalence of advance care planning (ACP) among older people presenting to an Emergency Department (ED) from the community or a residential aged care facility. The study sample comprised 300 older people (aged 65+ years) presenting to three Victorian EDs in 2011. A total of 150 patients

transferred from residential aged care to ED were randomly selected and then matched to 150 people who lived in the community and attended the ED by age, gender, reason for ED attendance and triage category on arrival. Results showed that older people from the community transferred to ED were unlikely to have a documented Advance Care Plan. Those from residential aged care who were cognitively impaired more frequently had an Advance Care Plan. In the ED, decisions of care did not appear to be influenced by the presence or absence of Advance Care Plans, but length of hospital admission was shorter for those with an Advance Care Plan. (RH)  
ISSN: 09660410

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## ASSISTIVE TECHNOLOGY

229/18 Carers' perceptions of the impact of home telehealth monitoring on the provision of care and sustainability of use; by Rachael Wade, Colleen Cartwright, Kelly Shaw.: Wiley.  
Australasian Journal on Ageing, vol 34, no 2, June 2015, pp 109-114.

This paper aimed to report carers' perceptions of the impact of home telehealth on the provision of care and the sustainability of home telehealth use. The study reported on a sample of 15 carers who were involved in the telehealth arm of a larger controlled trial. Carers primarily believed that telehealth helped to provide better care. None of the carers had organised, or planned to organise, ongoing telehealth monitoring beyond the study. The main reason given for non-sustained usage was the belief that the person they cared for no longer required, or would benefit from, the monitoring. As the person being cared for was a frail older person with multiple chronic diseases and a history of recent hospitalisation, the non-sustained usage of home telehealth by carers raises questions about what is needed to ensure sustainability of use. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

229/19 Physiological effects of a companion robot on blood pressure of older people in residential care facility: a pilot study; by Hayley Robinson, Bruce MacDonald, Elizabeth Broadbent.: Wiley.  
Australasian Journal on Ageing, vol 34, no 1, March 2015, pp 27-32.

This pilot study aimed to investigate the effects of interacting with a companion robot, known as Paro, on blood pressure and heart rate of older people in a residential care facility. Paro took the form of a pet or cuddly creature and was designed to act like a real animal. The study used a repeated measures design. 21 residents in rest homes and hospital level care had their blood pressure taken three times before, during and after interacting with the seal robot. Four residents who did not interact with the robot were excluded from the final analysis. The analysis found that systolic and diastolic blood pressure changed significantly over time as did heart rate. Planned comparisons revealed that systolic and diastolic blood pressure decreased significantly from baseline to when residents had Paro. Diastolic blood pressure increased significantly after Paro was withdrawn. Interacting with Paro had a physiological effect on cardiovascular measures, which was found to be similar to findings with live animals. (JL)

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## ATTITUDES TO AGEING

(See Also 229/31, 229/51)

229/20 'Death talk', 'loss talk' and identification in the process of ageing: forum article; by Karen West, Jason Glynos.: Cambridge University Press.

Ageing and Society, vol 36, no 2, February 2016, pp 225-239.

The authors examine the injunction issued by the prominent politician, broadcaster and older people's advocate, Baroness Joan Bakewell, to engage in 'death talk'. They see positive ethical potential in this injunction, insofar as it serves as a call to confront more directly the prospects of death and dying, thereby releasing creative energies with which to change our outlook on life and ageing more generally. However, when set against a culture that valorises choice, independence and control, the positive ethical potential of such injunctions is invariably thwarted. The authors illustrate this with reference to one of Bakewell's interventions in a debate on scientific innovation and population ageing. In examining the context of her intervention, they affirm her intuition about its positive ethical potential, but they also point to an ambivalence that accompanies the formulation of the injunction - one that ultimately blunts the force and significance of her intuition. The authors suggest that Gilleard and Higgs' idea of the third age/fourth age dialectic, combined with the psycho-analytic concepts of fantasy and mourning, allow us to express this intuition better. In particular, they argue that the expression 'loss talk' (rather than 'death talk') better captures the ethical negotiations that should ultimately underpin the transformation processes associated with ageing; and that their theoretical contextualisation of her remarks can help us see this more clearly. In this view, deteriorations in our physical and mental capacities are best

understood as involving changes in how we see ourselves, i.e. in our identifications, and so what is at stake are losses of identity and the conditions under which we can engage in new processes of identification. (RH)

ISSN: 0144686X

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

229/21

'I'd rather wear out than rust out': autobiologies of ageing equestriennes; by Dona L Davis, Anita Maurstad, Sarah Dean.: Cambridge University Press.

Ageing and Society, vol 36, no 2, February 2016, pp 333-355.

Horse-human relationships expressed as a kind of co-embodied engagement or mutual physicality between horse and rider receive note in emerging literatures on equine sports and multi-species ethnography. Less attention focuses on the impacts of equestrian activities on ageing female bodies. This study is based on analysis of narrative data collected from open-ended qualitative interviews with 36 women, aged 40-70, who participate in a variety of equestrian activities and sports in the North American Midwest and Arctic Norway. Although ageing informants associate animal partnerships with the maintenance of health, and although informants' narratives show some accord with master narratives of ageing athletes identified by sports sociologists, the natures of horse-human relationships invite more explicit, horse-specific contexts of analysis. The phrase 'autobiologies of ageing' denotes how women's narratives of equestrienne ageing privilege and centre a subjective sense of physical identity or embodied self, where the rider's experience of her body becomes inextricably bound with that of the horse or horses she rides. (RH)

ISSN: 0144686X

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

229/22

Community-dwelling older adults' perspectives on what matters most: findings from an exploratory inquiry; by Kathy Black, Debra Dobbs.: Taylor and Francis.

Activities, Adaptation and Aging, vol 39, no 2, April-June 2015, pp 133-152.

Communities across the United States are currently grappling with unprecedented increases among their older adult populations, and are bracing for even greater growth in the decades ahead. This study utilised multiple methods of qualitative inquiry to explore what matters most to older adults aging in a community where approximately one-third of the residents are age 65 or older. Findings suggest five key themes: (1) preserving and promoting health and well-being; (2) continuing living arrangement and lifestyle; (3) maintaining autonomy and independence; (4) engaging in meaningful social opportunities; and (5) accommodating community assets. Implications for community-based programmes serving older adults are discussed. (RH)

ISSN: 01924788

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

229/23

Depictions of nursing home residents in US newspapers: successful ageing versus frailty; by Julia Rozanova, Edward Alan Miller, Terrie Wetle.: Cambridge University Press.

Ageing and Society, vol 36, no 1, January 2016, pp 17-41.

The media shape both what people consider significant and how people think about key issues. This paper explored the cultural beliefs and stereotypes that underlie media portrayals of nursing homes. The analysis of texts of 157 articles about nursing homes published from 1999 to 2008 on the front pages of four major-market American newspapers (The New York Times, Chicago Tribune, Los Angeles Times and The Washington Post) was conducted using a qualitative approach inspired by comparative narrative and critical discourse analysis. Results suggest two major themes, each with several narrative components: (a) managing disposable lives (bodies outliving bank accounts; making frailty affordable; and the economics of triage); and (b) retaining purchasing power as successful ageing (consumption as a sign of market participation, spending money as an indicator of autonomy; and financial planning as preparation for future decline). Thus, the results indicate that nursing home residency in-and-of-itself is not a marker of unsuccessful ageing. This, instead, depends, in part, on the extent of choice available as a result of the level of financial solvency. This study shines light on the betwixt and between zone that distinguishes the Third and Fourth Ages; that is, independence versus dependence in old age. If individuals in a nursing home retain control over the management of their lives through the maintenance of financial independence, even if physically frail, association of nursing home residence with the Fourth Age may be ameliorated. (RH)

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

229/24

General practitioners' knowledge of ageing and attitudes towards older people in China; by Yanni Yang, Lily Dongxia Xiao, Shahid Ullah, Lanlan Deng.: Wiley.

Australasian Journal on Ageing, vol 34, no 2, June 2015, pp 82-87.

The present study aimed to explore general practitioners' (GPs) knowledge of ageing, attitudes towards older people and factors affecting their knowledge and attitudes in a Chinese context. 400 GPs were surveyed using the Chinese version of the Aging Semantic Differential (CASD) and the

Chinese version of the Facts on Aging Quiz (CFAQ1) scale. The CASD scores indicated that GPs had a neutral attitude towards older people. The CFAQ1 scores indicated a low level of knowledge about ageing. GPs' awareness of the mental and social facts of ageing was poorer compared to that of physical facts. Male GPs had a significantly higher negative bias score than female GPs. No other variables had a statistically significant influence on knowledge and attitudes. These findings suggest the need for education interventions for GPs regarding knowledge of ageing and also provide evidence to guide future development of continuing medical programmes for this group of medical doctors. (JL)

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From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

229/25

Influence of nurses' knowledge of ageing and attitudes towards older people on therapeutic interactions in emergency care: a literature review; by Debra Deasey, Ashley Kable, Sarah Jeong.: Wiley.

*Australasian Journal on Ageing*, vol 33, no 4, December 2014, pp 229-236.

The purpose of this literature review was to determine nurses' knowledge and understanding of the ageing process and attitudes towards older people in emergency care settings. Primary research publications about emergency nurses' attitudes towards and knowledge about older people were sought in six databases and Google. As a result, 16 articles were reviewed, including seven cross-sectional surveys, seven qualitative studies and two mixed-methods studies. Study findings showed that emergency department nurses' attitudes towards and knowledge about ageing processes may affect therapeutic interactions between nurses and their older patients. Issues such as managerial style, past experiences and the medical model used for health care delivery were secondary factors shown to influence emergency nurses' negativity towards their older patients. Further research focused on nurses' attitudes to and awareness or knowledge of gerontological issues, in particular in the ED, is warranted and would contribute to achieving desired cultural change. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

229/26

Life satisfaction trajectories of elderly women living in Switzerland: an age-period-cohort analysis; by Claudine Burton-Jeangros, Dorith Zimmermann-Sloutskis.: Cambridge University Press.

*Ageing and Society*, vol 36, no 1, January 2016, pp 106-132.

Old age is a priori a vulnerable stage of the lifecourse. Quality of life can be expected to decline in older age due to loss, isolation, and declining cognitive and physical abilities. The purpose of this study was to investigate the distribution, prevalence and trajectory of life satisfaction (LS) as a measure of quality of life among Swiss elderly women. The authors also assessed the impact of different social determinants on LS within the age categories of the 'young old' and the 'old old' across different cohorts. Using the Swiss Household Panel survey data, analyses of LS distribution and trajectories were conducted for 1,402 women aged 65-84 years. About 50 per cent of older women in Switzerland were very satisfied with their lives. The mean LS score and the prevalence of satisfied women were lower in younger cohorts of identical ages. However, their LS remained more stable over ageing than was the case in former cohorts. A high level of education, satisfaction with income, social support, living with a partner and good self-perceived health were all positive and significant predictors of LS. Longitudinal analyses allowed the ageing process net of cohort and period effects to be disentangled, and the assessment of the influence of both social determinants and within-individual psychological traits on the self-evaluation of LS. (RH)

ISSN: 0144686X

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

229/27

The paradox of impossible beauty: body changes and beauty practices in aging women; by Enguerran Macia, Priscilla Duboz, Dominique Cheve.: Taylor and Francis.

*Journal of Women and Aging*, vol 27, no 2, April-June 2015, pp 174-187.

The aim of this article is to describe and understand the experience of aesthetic body changes in women between 65 and 75 years old. To approach the issue, 29 in-depth interviews were conducted in Marseille in 2011. Following a brief review of contemporary Western aesthetics, the authors examine the marks of time women perceive as stigmatising, and analyse beauty practices that aim to conceal or repair them. The last part of this article is devoted to the experience of the aesthetic body, and in particular show how ageing can paradoxically have a beneficial effect on some women. (RH)

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## **BLACK AND MINORITY ETHNIC GROUPS**

(See 229/4, 229/12, 229/15, 229/32, 229/46, 229/69)

## CARERS AND CARING

(See Also 229/5)

- 229/28 Citizen carer: carer's allowance and conceptualisations of UK citizenship; by Benedict E Singleton, Gary Fry.: Cambridge University Press.  
Journal of Social Policy, vol 44, no 3, July 2015, pp 549-566.  
Carers make a considerable contribution to the health and social care of sick or disabled people, reducing the strain on health and social care systems. This has been recognised through support mechanisms, including (in the UK) a payment for caring (Carer's Allowance - CA). This article draws upon data from a study of carers receiving CA. Utilising a citizenship perspective, it examines respondents' perspectives on their role in the UK and shows how CA provides not only financial support, but also contributes to normative conceptualisations of citizenship. The data highlight the primacy of paid work in UK citizenship, as well as the stigma associated with receiving welfare benefits. The article concludes by claiming that changes to the UK benefit system need to take into account a 'recognition' aspect, reformulating what is considered a worthwhile contribution to society. (RH)  
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From : [www.journals.cambridge.org](http://www.journals.cambridge.org)

- 229/29 Factors that contribute to adult children caregivers' well-being: a scoping review; by Marina Bastawrous, Monique A Gignac, Moira K Kapral, Jill I Cameron.: Wiley Blackwell.  
Health and Social Care in the Community, vol 23, no 5, September 2015, pp 449-466.  
The ageing of the population will increasingly result in reliance on the family for care in the community. Existing reviews have provided insights into the needs and health outcomes of family caregivers, but are disproportionately skewed towards spousal caregivers. At present, a large majority of family caregivers are adult children. Adult children are distinct from spousal caregivers in terms of the combination of roles they occupy and the relationship they have with the care recipient. These unique considerations can have important implications for their well-being. A growing body of literature has investigated the factors that contribute to adult children caregivers' (ACCs) well-being. However, no reviews to date have synthesised this body of literature or appraised its methodological quality. The authors aimed to identify the range and types of factors that contribute to ACC well-being across studies. A scoping review was conducted. Medline, Psycinfo, EMBASE and CINAHL databases (January 1996-August, 2012) were systematically searched for studies investigating ACC well-being. Inclusion/exclusion criteria were applied, methodological quality was appraised, the data were charted and a narrative synthesis was conducted. Fifty-five studies met inclusion criteria. Factors that contribute to ACC well-being were found to be either: (i) care recipient-related (e.g. nature of limitations, amount of care required); (ii) caregiver-related (e.g. psychological dispositions of the ACC); or (iii) socially embedded (e.g. parent-child relationship, multiple role involvement, social support available to the ACC). Socially embedded factors that contribute to ACC well-being have received the most attention in the literature. Among these factors, ACC well-being is uniquely affected by the quality of the parent-child relationship and combination of roles occupied. The majority of studies were cross-sectional. Future studies should therefore employ a longitudinal design to inform our understanding of the changes that take place in the parent-child relationship, and multiple role involvement across the care-giving trajectory. (RH)  
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From : [wileyonlinelibrary.com/journals/hsc](http://wileyonlinelibrary.com/journals/hsc)

## CONSUMER PERSPECTIVES

- 229/30 Customer dissatisfaction among older consumers: a mixed-methods approach; by Michael P Cameron, Margaret Richardson, Sialupapu Siameja.: Cambridge University Press.  
Ageing and Society, vol 36, no 2, February 2016, pp 420-441.  
Worldwide, populations are ageing and consequently so are the consumer profiles for most organisations. Understanding how best to ensure satisfaction in interactions with older customers, patients, members of organisations, and so on is therefore increasingly important. This paper examines two research questions. First, how satisfied or dissatisfied are older people with their customer service experience, and what are the factors associated with dissatisfaction? Second, what prompts older people to want to change service providers? The research questions are addressed using a mixed-methods approach - quantitative analysis of observation logs, supported by illustrative quotes from focus groups. The authors find that on the whole older people are generally satisfied with their interactions with organisations, although a substantial minority of interactions lead to dissatisfaction or lower-than-expected satisfaction. Dissatisfaction with interactions is mostly associated with impersonal communications, including interactions that are not conducted face to face, and those that are one-off interactions rather than repeated interactions.

Media and communications firms prompted the greatest levels of dissatisfaction among older consumers. Dissatisfied older consumers from the sample are more than 12 times more likely to report an intention to switch providers than satisfied consumers. This highlights the potential costs to organisations of poor customer interactions with older people. (RH)

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

## **CRIME**

229/31 Hate crime against older people in England and Wales: an econometric enquiry; by Jose Iparraguirre.: Emerald.

Journal of Adult Protection, vol 16, no 3, 2014, pp 152-165.

The purpose of this paper was to present an econometric analysis of hate crime against older people based on data for England and Wales for 2010-2011 disaggregated by Crown Prosecution Service area \_ a geographical unit which is co-terminus with local authorities. The authors ran different specifications of structural regression models including one latent variable and accounting for a number of interactions between the covariates. Study findings suggest that the higher the level of other types of hate crime is in an area, the higher the level of hate crime against older people. Demographics are also significant: a higher concentration of older and young people partially explains hate crime levels against the former. Employment, income and educational deprivation are also associated with biased crime against older people. Conviction rates seem to reduce hate crime against older people, and one indicator of intergenerational contact is not significant. Due to data availability and quality, this paper only studied one year's worth of data. Consequently, the research results may lack generalisability. Furthermore, the proxy variable for intergenerational contact may not be the most suitable indicator; however, there will not be any other indicators available until Census data come out. The paper suggests that factors underlying hate crime would also influence hate crime against older people. Besides, the results would not support the 'generational clash' view. Tackling income, educational and employment deprivation would help significantly reduce the number of episodes of biased criminal activity against older people. Improving conviction rates of all types of hate crime would also contribute to the reduction of hate crime against older people. (JL)

ISSN: 14668203

From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

229/32 Prevalence and psychosocial correlates of the fear of crime in older Chinese; by Nan Qin, Elsie Yan.: Emerald.

Journal of Adult Protection, vol 16, no 5, 2014, pp 264-275.

The purpose of this paper was to examine the prevalence and psychosocial correlates of fear of crime in an older Chinese population. An attempt was made to test a theoretical model which integrated the vulnerability model, 'broken windows' theory, victimisation theory and risk interpretation model. A cross-sectional survey was conducted with 453 older adults from a representative sample recruited from the city of Kunming using stratified sampling methods. More than half of the study participants reported fear of one or more types of depicted common crime. By comparison, a smaller percentage reported fear of domestic violence (FDV). Correlational analysis indicated different correlates for fear of common crime (FCC) and FDV. Female gender, a younger age, poor financial and health statuses, perception of greater social instability and neighbourhood disorder, direct and/or indirect victimisation and perception of a higher risk of victimisation were significantly associated with higher levels of FCC. Limited social networks, perception of greater neighbourhood disorder, direct and/or indirect victimisation and perception of a higher risk of victimisation were salient correlates of FDV. The results of hierarchical regression analyses showed that the integrated model explained 37 and 43 percent of the variance in FCC and FDV, respectively. This study found diverse patterns in terms of the prevalence and risk factors for FCC and FDV. The findings have important implications for policy, practice and research. (JL)

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From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

## **DEMENTIA**

(See Also 229/14, 229/54)

229/33 Building a dementia friendly community in Northern Ireland: learning from the Deed project in Derry; by Eamonn Seydak, Matthew Holmes, Sabrina Lynch, Leanne Monk, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.

Findings, 3152, November 2015, 16 pp.

The 18-month Derry Engage and Empowers Dementia (DEED) initiative provided workshops, programmes and toolkits to support businesses, individuals and community organisations to

become more dementia friendly and to challenge misconceptions about dementia. The project aimed to create conditions that would enhance and improve the experience of people living with dementia and their carers in Derry. It is part of the final year of JRF's Dementia Without Walls programme. (NH/RH)

ISSN: 09583084

From : <https://www.jrf.org.uk/report/building-dementia-friendly-community-northern-ireland-learning-deed-project-derry>

229/34

Dementia friendly communities: supported learning and outreach with the deaf community; by Heather Lundy, Alice Johnston, Gwen Nisbet, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.

Findings, 3170, December 2015, pp.

There is a strong link between hearing loss and dementia. People with mild hearing loss have nearly twice the chance of going on to develop dementia as people without any hearing loss. Research from the Deaf from Dementia project suggested that awareness of dementia in the deaf community is low, as is the uptake of dementia support. This report focuses on a programme of dementia awareness for deaf people which aimed to break down barriers people in the deaf community face in accessing dementia support. From January 2014 until July 2015, bespoke resources for the deaf community were developed and delivered collaboratively by Alzheimer's Society in Northern Ireland and British Deaf Association. (NH)

ISSN: 09583084

From : <https://www.jrf.org.uk/report/dementia-friendly-communities-supported-learning-and-outreach-deaf-community>

229/35

Hospital Dementia Services Project: aged care and dementia services in New South Wales hospitals; by Brian Draper, Charles Hudson, Ann Peut ... (et al): Wiley.

Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 237-243.

The aim of this paper was to describe the availability of aged care and dementia services in public hospitals in New South Wales (NSW), Australia in 2006/2007. Hospitals were surveyed about issues relevant to dementia in acute care including the types of aged care wards and staff, policies, practices, clinics, community services and resources for dementia care. Responses were obtained from 163 hospitals (82%); responding hospitals represented 93.4% of NSW hospital beds, 96.7% of multiday episodes of care. Hospitals that had a Specialist Mental Health Service for Older People (SMHSOP) and an Aged Care Service (ACS) had the highest levels of dementia-related services and policies. Few hospitals without ACS or SMHSOP had clinics for dementia assessment, secure beds for disturbed behaviour, or services to manage patients with dementia and medical or behavioural comorbidity in the community. Dementia services in NSW hospitals are closely aligned with ACS and SMHSOP, with limited dementia services in hospitals without ACS or SMHSOP. (JL)

ISSN: 14406381

From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

229/36

Understanding dementia: effective information access from the deaf community's perspective; by Alys Young, Emma Ferguson-Coleman, John Keady.: Wiley Blackwell.

Health and Social Care in the Community, vol 24, no 1, January 2016, pp 39-47.

This study concerns older Deaf sign language users in the UK. Its aim was to explore how to enable effective information access and promote awareness and understanding of dementia from a culturally Deaf perspective. A purposive sample of 26 Deaf people without dementia participated in one of three focus groups facilitated directly in British Sign Language (BSL) without an intermediate interpreter. The sample was differentiated by age, role in the Deaf community, and diversity of educational attainment and professional experience. A phenomenological approach underpinned the thematic analysis of data. The findings demonstrate: (i) translation into (BSL) is a necessary but not sufficient condition to support understanding. Attention to culturally preferred means of engagement with information is vital; (ii) the content of information is best presented utilising structures and formats which cohere with Deaf people's visual cognitive strengths; and (iii) the importance of cultural values and cultural practices in raising awareness and building understanding of dementia. These include collective rather than individual responsibility for knowledge transfer and the pan-national nature of knowledge transfer among Deaf people(s). The discussion demonstrates how these specific features of effective information access and awareness building have universal implications relevant to public engagement and the promotion of general knowledge consistent with the National Dementia Strategy (England). (RH)

ISSN: 09660410

From : [wileyonlinelibrary.com/journals/hsc](http://wileyonlinelibrary.com/journals/hsc)

## DEMENTIA CARE

(See Also 229/85)

- 229/37 Dementia Without Walls; by Philly Hare.: Hawker Publications.  
Journal of Dementia Care, vol 24, no 1, January/February 2016, pp 16-19.  
How can we ensure that people living with dementia are better understood and more supported in society? The author reflects on the achievements of Dementia Without Walls, a Joseph Rowntree Foundation (JRF) programme with people with dementia at its heart. The JRF has been working with the Joseph Rowntree Housing Trust to becoming more dementia friendly organisations as service providers and as employers, as well as their involvement in helping to make York and Bradford more dementia friendly cities. The establishment of the DEEP network (Dementia Engagement and Empowerment Project) is acknowledged as making a major contribution to the Dementia Without Walls programme. (RH)  
ISSN: 13518372  
From : <http://www.careinfo.org/journal-of-dementia-care/>
- 229/38 Identifying the S factor in dementia care; by David Sheard.: Hawker Publications.  
Journal of Dementia Care, vol 24, no 1, January/February 2016, pp 22-25.  
'Doing' person-centred care never works, and a greater focus is needed on 'being' person-centred. The founder of Dementia Care Matters (DCM) argues that the 'S Factor' is the missing ingredient in care, where S stands for Special. He reflects on the concept of person-centred care as originally defined by Tom Kitwood in 1995, but that there needs to be more of an emphasis on "being" aspects to achieve it. (RH)  
ISSN: 13518372  
From : <http://www.careinfo.org/journal-of-dementia-care/>
- 229/39 Social participation and family carers of people living with dementia in Australia; by Rhonda Nay, Michael Bauer, Deirdre Fetherstonhaugh (et al.): Wiley Blackwell.  
Health and Social Care in the Community, vol 23, no 5, September 2015, pp 550-558.  
This paper reports on a study exploring the experiences and meaning of social participation for family carers of people living with dementia. Participants were 33 family carers (17 spouses and 16 adult children) of older adults diagnosed with dementia (any stage or type) who responded to advertisements by the national Alzheimer's association, Alzheimer's Australia. Data were collected through semi-structured face-to-face and/or telephone interviews using an interview guide, which included prompts such as 'Tell me about what social participation means to you', and 'How did this change?'. The methods of grounded theory were drawn upon to guide sampling and analysis of data, which continued until theoretical saturation was achieved and occurred over the period September 2011 to March 2012. Data arising from the interviews were analysed line-by-line and coded and categorised using the constant comparative method, with codes clustered into themes and with abstraction from the themes to arrive at the core process. The core category arising from the data was adaptation, which encompassed four main themes: autonomy to choose; the impact of care-giving; employing strategies; and establishing meaningful connections. Carers went through a process whereby the ways in which they had previously participated socially were compromised, which often prompted an exploration of new ways in which to remain socially engaged. (RH)  
ISSN: 09660410  
From : [wileyonlinelibrary.com/journals/hsc](http://wileyonlinelibrary.com/journals/hsc)
- 229/40 Specialist nursing and community support for the carers of people with dementia living at home: an evidence synthesis; by Frances Bunn, Claire Goodman, Emma Pinkney, Vari M Drennan.: Wiley Blackwell.  
Health and Social Care in the Community, vol 24, no 1, January 2016, pp 48-67.  
Specialist nurses are one way of providing support for family carers of people with dementia, but relatively little is known about what these roles achieve, or if they are more effective than roles that do not require a clinical qualification. This review aimed to synthesise the literature on the scope and effectiveness of specialist nurses, known as Admiral Nurses, and to set this evidence in the context of other community-based initiatives to support family carers of people with dementia. A systematic review of the literature relating to the scope and effectiveness of Admiral Nurses and a review of reviews of interventions to support the family carers of people with dementia were conducted. Searches were carried out on electronic databases, lateral searches undertaken and experts contacted in November 2012. Results are reported narratively with key themes relating to Admiral Nurses identified using thematic synthesis. A total of 33 items relating to Admiral Nurses (10 classified as research) and 11 reviews evaluating community-based support for carers of people with dementia were included. There has been little work to evaluate specific interventions provided by Admiral Nurses, but three overarching thematic categories were identified: relational support; co-ordinating and personalising support; and challenges and threats



to the provision of services by Admiral Nurses. There was an absence of clearly articulated goals and service delivery was subject to needs of the host organisation and the local area. The reviews of community-based support for carers of people with dementia included 155 studies but, in general, evidence that interventions reduced caregiver depression or burden was weak, although psychosocial and educational interventions may reduce depression in carers. Community support for carers of people with dementia, such as that provided by Admiral Nurses, is valued by family carers, but the impact of such initiatives is not clearly established. (RH)

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## DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

229/41

Alignment or struggle?: Exploring socio-demographic correlates of individual modernity in Chinese older people; by Xue Bai.: Cambridge University Press.

*Ageing and Society*, vol 36, no 1, January 2016, pp 133-159.

It is noteworthy that while modernisation, together with population ageing, has happened in Western countries for a rather long period of time, China must confront the challenges of an ageing population before it really becomes an advanced industrial society. Facing rapid societal changes, citizens may react differently to this process. By conducting questionnaire surveys with 445 elders in Wuhan, China, this study examines Chinese older adults' individual modernity modes and reveals its socio-demographic correlates. The results show that facing rapid changes in societal modernisation, participants have reacted differently to this process, with 23.8% of Chinese older participants using an accommodation mode, 27% using a resistance mode, 13.3% using a withdrawal mode and 36.2% using a coping mode. In addition, socio-demographic factors such as urban-rural residence, age, gender, socio-economic status, living arrangement and daily activities have been identified as significant correlates of Chinese older participants' individual modernity modes. It is further suggested that governments at all levels should allow for options and opportunities for older people to align themselves in the modernisation process by removing the barriers that may hinder their integration and empowerment efforts. While it is important to respect older adults' different responses in the face of modernisation, their participation in societies should be encouraged and respected by the wider society in the context of modernisation. (RH)

ISSN: 0144686X

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

## DIET AND NUTRITION

(See Also 229/86)

229/42

"You can't get a side of willpower": nutritional supports and barriers in The Villages, Florida; by Susan Tyler, Jaime Corvin, Philip McNab (et al.): Taylor and Francis.

*Journal of Nutrition in Gerontology and Geriatrics*, vol 33, no 2, April-June 2014, pp 108-125.

Good nutrition in late life is key to the health of older adults and demands the attention of health promoters. To assess how the social lives and community environmental supports and barriers affect older adults' nutritional health, the authors conducted 29 focus groups with 144 residents of The Villages, Florida. Participants reside in one of the largest retirement communities in the United States. Thematic analysis revealed that the high social connectedness of residents confers both positive and negative influences on the nutritional lives of residents. Neighbours and friends are essential to a resident's ability to access foods in times of need. Conversely, many social functions in the community revolve around the consumption of foods of low nutrient density. Friends and neighbours may provide the best point of entry for nutritional interventions, such as food assistance strategies and health promotion and education. Policy and practice implications are also discussed. (RH)

ISSN: 21551197

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

229/43

Assessment of nutritional risk in community-dwelling older adults (65 to 75 years) in Kolkata, India; by Mondrita Majumder, Indranil Saha, Debnath Chaudhuri.: Taylor and Francis.

*Journal of Nutrition in Gerontology and Geriatrics*, vol 33, no 2, April-June 2014, pp 126-134.

This study was conducted to profile nutritional risk factors in a population of community-dwelling older adults in Kolkata, India. We applied the short version of the Mini Nutritional Assessment-Short Form (MNA-SF) questionnaire among 500 participants (65 to 75 years)\_263 males and 237 females. The prevalence of under-nutrition was 8.8% in females and 4.9% in males; a risk of under-nutrition was found in 24.5% females and 17.5% males. All those with under-nutrition or at-risk were studied further using the full version of the MNA. Data regarding education, occupation, socioeconomic status, and food intake pattern were also collected. Females had a significantly lower ( $P = 0.01$ ) education level than males; 73.4% of males were financially

independent, whereas 72.7% of females were financially dependent on others. Moderate appetite loss was commonly found (64.9%), and in 24.3% of the participants appetite loss was severe. Digestive and chewing problems were present in 32.4% and 21.6% of study participants, respectively. The rate of psychological stress and/or acute disease 3 months prior to study was 47%, and 62.2% of the study population were taking 3 or more medicines per day. Weight loss of greater than 3 kg and of 1 to 3 kg during past 3 months of the study period was observed in 27% and 32.5% of the population, respectively. Undernourished individuals were also found to consume fewer protein-rich foods. The authors hypothesise that low education levels and lack of financial independence were the strongest underlying causes of high under-nutrition in this population, particularly, among females. (RH)

ISSN: 21551197

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

229/44

Eat smart, live strong intervention increases fruit and vegetable consumption among low-income older adults; by James C Hersey, Sheryl C Cates, Jonathan L Blitstein (et al): Taylor and Francis. *Journal of Nutrition in Gerontology and Geriatrics*, vol 34, no 1, January-March 2015, pp 66-80. This study evaluated the impact of a four-session interactive nutrition education programme \_ Eat Smart, Live Strong (ESLS) \_ on the consumption of fruit and vegetables by low-income older adults. A pre-post quasi-experimental design study was conducted with a longitudinal sample of 614 low-income Supplemental Nutrition Assistance Program (SNAP) participants and those eligible for SNAP, aged 60 to 80 years, in 17 intervention and 16 comparison senior centres in Michigan. The study compared participants' self-reports of their consumption of fruit and vegetables using a modified version of the University of California Cooperative Extension Food Behavior Checklist. ESLS increased participants' average daily consumption of fruit by 0.2 cups ( $P = 0.05$ ) and vegetables by 0.31 cups ( $P = 0.01$ ). ESLS, a four-session, cognitive-behavioural nutrition education programme is an effective curriculum for helping low-income older adults eat more fruit and vegetables. (RH)

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

229/45

Malnutrition and dysphagia in long-term care: a systematic review; by Ashwini M Namasivayam, Catriona M Steele.: Taylor and Francis.

*Journal of Nutrition in Gerontology and Geriatrics*, vol 34, no 1, January-March 2015, pp 1-21. Determining the co-occurrence of malnutrition and dysphagia is important to understand the extent to which swallowing impairment contributes to poor food intake in long-term care (LTC). This review investigated the impact of dysphagia on malnutrition in LTC by synthesising the results of published literature. Seven electronic databases were used to search for English-language publications reporting malnutrition and dysphagia in LTC facilities from 1946 to 2013. Fourteen studies were eligible for inclusion. Overall, the literature on the co-occurrence of malnutrition and dysphagia in LTC shows a paucity of high-quality evidence. Articles reviewed lacked consistent definitions for both conditions. Methods used to confirm each diagnosis also differed and were of questionable validity. Based on a review of the literature, evidence of the existence of concurrent concerns with respect to malnutrition and dysphagia emerges. The reported frequency of participants in LTC with dysphagia ranges from 7% to 40%, while the percentage of those who were malnourished ranges from 12% to 54%. Due to discrepancies used to describe and measure these conditions, it is difficult to determine the exact prevalence of either condition separately, or in combination. Consequently, the impact of dysphagia on malnutrition must be considered and studied using valid definitions and measures. (RH)

ISSN: 21551197

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

229/46

Nutrition and older indigenous Australians: service delivery implications in remote communities. A narrative review; by Kellie Schouten, Melissa A Lindeman, John Reid.: Wiley Blackwell.

*Australasian Journal on Ageing*, vol 32, no 4, December 2013, pp 204-210.

The objective of the present study was to describe the nutritional status of older Indigenous Australians, barriers to achieving optimal nutrition and the effectiveness of programmes aimed at improving nutrition in older Indigenous people in remote communities. A comprehensive literature review was undertaken including grey literature. Findings indicated that there is a scarcity of representative data on nutritional status and risk in older Indigenous people, and nutrition support programmes have not been evaluated. The study concludes that older Indigenous Australians suffer from poorer overall health and higher levels of overweight and obesity, and are at increased risk of poor nutritional status and malnutrition than the general population. This risk may be higher in remote areas. More representative data are needed to determine the nutritional status of older Indigenous people, including levels of malnutrition. Support programmes also need to be evaluated. (JL)

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From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

229/47 A theory-based newsletter nutrition education program reduces nutritional risk and improves dietary intake for congregate meal participants; by Sarah L Francis, Lindsay Macnab, Mack Shelley.: Taylor and Francis.  
Journal of Nutrition in Gerontology and Geriatrics, vol 33, no 2, April-June 2014, pp 91-107.  
At-risk older adults need community-based nutrition programmes that improve nutritional status and practices. This 6-month study conducted in Iowa assessed the impact of the traditional Chef Charles (CC) program (Control) compared to a theory-based CC program (Treatment) on nutritional risk (NR), dietary intakes, self-efficacy (SE), food security (FS), and programme satisfaction for congregate meal participants. Participants were mostly educated, single, "food secure" White females. NR change for the treatment group was significantly higher ( $P = 0.042$ ) than the control group. No differences were noted for SE or FS change and program satisfaction between groups. The overall distribution classification levels of FS changed significantly ( $P < .001$ ) from pre to post. Over half ( $n = 46, 76.7\%$ ) reported making dietary changes and the majority ( $n = 52, 86.7\%$ ) rated CC as good to excellent. Results suggest the theory-based CC program (treatment) is more effective in reducing NR and dietary practices than the traditional CC program (control). (RH)  
ISSN: 21551197  
From : <http://www.tandfonline.com>

229/48 Use of song as an effective teaching strategy for nutrition education in older adults; by Jacquelyn W McClelland, K S U Jayaratne, Carolyn Bird.: Taylor and Francis.  
Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 1, January-March 2015, pp 22-33.  
The objective of this study was to explore whether singing an educational song would be effective in improving older adults' knowledge about nutrition. The authors used a randomised controlled design to determine whether singing an educational song would result in increased nutrition knowledge in a low-income population of older adults, compared to a control group of similar adults who did not sing the song. Eighteen congregate nutrition sites were randomly assigned to the treatment or control group. Analysis via independent samples t-test showed the knowledge gain mean scores for the treatment group were significantly ( $P < 0.05$ ) greater than those of the control group. This study supports a unique new approach to increasing nutrition knowledge of older adults by using music. (RH)  
ISSN: 21551197  
From : <http://www.tandfonline.com>

#### **DISABILITY**

229/49 Mixed care networks of community-dwelling older adults with physical health impairments in the Netherlands; by Marjolein Broese van Groenou, Marianne Jacobs, Ilse Zward-Olde, Dorly J H Deeg.: Wiley Blackwell.  
Health and Social Care in the Community, vol 24, no 1, January 2016, pp 95-104.  
As part of long-term care reforms, home-care organisations in the Netherlands are required to strengthen the linkage between formal and informal caregivers of home-dwelling older adults. Information on the variety in mixed care networks may help home-care organisations to develop network type-dependent strategies to connect with informal caregivers. This study first explores how structural (size, composition) and functional features (contact and task overlap between formal and informal caregivers) contribute to different types of mixed care networks. Second, it examines to what degree these network types are associated with the care recipients' characteristics. Through home-care organisations in Amsterdam, the Netherlands, the authors selected 74 frail home-dwelling clients who were receiving care in 2011-2012 from both informal and formal caregivers. The care networks of these older adults were identified by listing all persons providing help with five different types of tasks. This resulted in care networks comprising an average of 9.7 caregivers, of whom 67% were formal caregivers. On average, there was contact between caregivers within 34% of the formal-informal dyads, and both caregivers carried out at least one similar type of task in 29% of these dyads. A principal component analysis of size, composition, contact and task overlap showed two distinct network dimensions from which four network types were constructed: a small mixed care network, a small formal network, a large mixed network, and a large formal network. Bivariate analyses showed that the care recipients' activities of daily living level, memory problems, social network, perceived control of care and level of mastery differed significantly between these four types. The results imply that different network types require different actions from formal home-care organisations, such as mobilising the social network in small formal networks, decreasing task differentiation in large formal networks, and assigning co-ordination tasks to specific dyads in large mixed care networks. (RH)  
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## ECONOMIC ISSUES

(See Also 229/102)

- 229/50 Ageing and the G20 - invited commentary: Intergenerational perspectives on ageing, economics and globalisation; by Michael Fine.: Wiley.  
Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 220-225.  
Evidence shows population ageing to be historically a product of economic development, closely associated with high living standards and national affluence. Nonetheless fears that an aged population leads to economic stagnation and public bankruptcy are widespread. In justification for cuts to public programmes and the transfer of costs and risks from the state to individuals and families, the projections of social expenditures, in particular those based on ageing, are frequently identified as overgenerous and unsustainable in many G20 countries such as Australia and New Zealand. Claims based on intergenerational research methodologies and frameworks, a relatively new and innovative approach to using data projections, have proven to be important in these policy debates. This paper explores the application of these new technologies to understanding the impact of ageing on the economy in the globalised world of the 21st century. (JL)  
ISSN: 14406381  
From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)
- 229/51 Ageing and the G20 - invited commentary. Precarious ageing versus the policy of indifference: international trends and the G20; by Simon Biggs.: Wiley.  
Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 226-228.  
This commentary briefly looks at reasons for global indifference to population ageing in G20 countries, with particular emphasis on the global economy and the concept of precarity. (JL)  
ISSN: 14406381  
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## EMPLOYMENT

- 229/52 Ageing and the G20 - invited commentary. Ageing workforces: lagging in the G20 race; by Elizabeth M Brooke.: Wiley.  
Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 215-219.  
The Group of Twenty (G20) is the premier forum for global economic and financial cooperation, bringing together the world's major advanced and emerging economies. This paper focuses on tensions between G20 economic agendas and Australian government policy of increasing older workforce participation. Initially the paper looks at the context of global demographic ageing and older workforce participation trends. It then examines the consequences of G20 directions for economic restructuring and trade liberalisation for older workforces, followed by an analysis of Australian government policy responses. The paper concludes with a discussion of the seminal concept of 'structural lag' in gerontology and misalignments between ageing demography, older workforce participation and G20 economic directions. (JL)  
ISSN: 14406381  
From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)
- 229/53 Trends and determinants of work-retirement transitions under changing institutional conditions: Germany, England and Japan compared; by Dirk Hofacker, Heike Schroder, Yuxin Li, Matthew Flynn.: Cambridge University Press.  
Journal of Social Policy, vol 45, no 1, January 2016, pp 39-64.  
Many governments world-wide are promoting longer working life, due to the social and economic repercussions of demographic change. However, not all workers are equally able to extend their employment careers. Thus, while national policies raise the overall level of labour market participation, they might create new social and labour market inequalities. This paper explores how institutional differences in the United Kingdom, Germany and Japan affect individual retirement decisions on the aggregate level, and variations in individuals' degree of choice within and across countries. The authors investigate which groups of workers are disproportionately at risk of being 'pushed' out of employment, and how such inequalities have changed over time. They use comparable national longitudinal survey datasets that focus on the older population in England, Germany and Japan. Results point to cross-national differences in retirement transitions. Retirement transitions in Germany have occurred at an earlier age than in England and Japan. In Japan, the incidence of involuntary retirement is the lowest, reflecting an institutional context prescribing that employers provide employment until pension age. In Germany and England, substantial proportions of involuntary exits have been triggered by organisational-level redundancies, persistent early retirement plans, or individual ill-health. (RH)  
ISSN: 00472794  
From : [journals.cambridge.org/JSP](http://journals.cambridge.org/JSP)

## END-OF-LIFE CARE

(See Also 229/100)

229/54

Development and evaluation of the REACH (Recognise End of life And Care Holistically) out in Dementia toolkit; by Jan M Potter, Ramesh Fernando, Nancy Humpel.: Wiley Blackwell. *Australasian Journal on Ageing*, vol 32, no 4, December 2013, pp 241-246.

The purpose of the study was to identify evidence based signs and symptoms indicative of end stage dementia, and develop the REACH (Recognise End of Life and Care Holistically) toolkit as an aid for staff to consider a palliative approach. A systematic literature review was conducted of policy, position documents, guidelines and publications from 1988 to 2011. Inclusion criteria were any report or article identifying the signs and symptoms of end stage dementia which were associated with increased mortality and morbidity. Eight signs and symptoms associated with worsening function and increased mortality were identified. These were: dependence on others for all activities of daily living; communication difficulties; eating and/or feeding difficulties; deterioration in mobility and posture; development of contractures because of muscle rigidity; persistent confusion; recurrent infections; and inability to recognise familiar objects or family and friends. All these were incorporated into a toolkit which was reviewed by experienced clinicians. The toolkit was then trialled in six aged care facilities (ACFs). As a result 182 residents with dementia were identified as being at the end stage. Overall study findings of the study showed that use of the toolkit improved the recognition of end stage dementia among staff in ACFs. (JL)

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229/55

Societal costs of home and hospital end-of-life care for palliative care patients in Ontario, Canada; by Mo Yu, Denise Guerriere, Peter C Coyte.: Wiley Blackwell.

*Health and Social Care in the Community*, vol 23, no 6, November 2015, pp 605-618.

In Canada, health system restructuring has led to a greater focus on home-based palliative care as an alternative to institutionalised palliative care. However, little is known about the effect of this change on end-of-life care costs and the extent to which the financial burden of care has shifted from the acute care public sector to families. This study assessed the societal costs of end-of-life care associated with two places of death (hospital and home), using a prospective cohort design in a home-based palliative care programme. Societal cost includes all costs incurred during the course of palliative care, irrespective of payer (e.g. health system, out-of-pocket, informal care-giving costs, etc.). Primary caregivers of terminal cancer patients were recruited from the Temmy Latner Centre for Palliative Care in Toronto, Canada. Demographic, service utilisation, care-giving time, health and functional status, and death data were collected by telephone interviews with primary caregivers over the course of patients' palliative trajectory. Logistic regression was conducted to model an individual's propensity for home death. Total societal costs of end-of-life care and component costs were compared between home and hospital death using propensity score stratification. Costs were presented in 2012 Canadian dollars (\$1.00CDN = \$1.00USD). The estimated total societal cost of end-of-life care was \$34,197.73 per patient over the entire palliative trajectory (4 months on average). Results showed no significant difference ( $P > 0.05$ ) in total societal costs between home and hospital death patients. Higher hospitalisation costs for hospital death patients were replaced by higher unpaid caregiver time and outpatient service costs for home death patients. Thus, from a societal cost perspective, alternative sites of death, while not associated with a significant change in total societal cost of end-of-life care, resulted in changes in the distribution of costs borne by different stakeholders. (RH)

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## FALLS

229/56

Associations between falls and general health, nutrition, dental health and medication use in Swedish home-dwelling people aged 75 years and over; by Edit Fonad, Tarja-Brita Robins Wahlin, Ann-Marie Rydholm-Hedman.: Wiley Blackwell.

*Health and Social Care in the Community*, vol 23, no 6, November 2015, pp 594-604.

The vast majority of older people in Sweden live in private homes in their communities for as long as possible. Poor health and a high risk of falls are very common among this group. This cross-sectional study investigates the association between falls and general health, appetite, dental health, and the use of multiple medications among home-dwelling men and women aged 75 years and over. Data were collected between October 2008 and March 2009 using a postal questionnaire. A total of 1243 people participated in the questionnaire survey (74% response rate), of which 1193 were included in the analysis. The majority of participants were women ( $n = 738$ , 62%). Falls in the previous 12-month period were reported by 434 (36%) participants. Most fallers ( $n = 276$ , 64%) were women. The majority of the fallers lived in a flat ( $n = 250$ , 58%). Poor health (aOR: 1.61; CI: 1.34-1.95), poor dental health (aOR: 1.22; CI: 1.07-1.39), and the use of four or

more types of medication daily (aOR: 1.13; CI: 1.03-1.25) were significantly associated with falls in all participants. Poor dental health was found irrespective of whether living in a flat (aOR: 1.23; CI: 1.04-1.46) or living in a house (aOR: 1.28; CI: 1.02-1.61), and both were significantly associated with falls. The use of more than four different types of medication daily (aOR: 1.25; CI: 1.11-1.41) was associated with falls for those living in a flat. The results highlight that falls are associated with poor general health, poor dental health and the use of four or more types of medication daily. Health professionals should provide health promotion education, and investigate dental health and risk factors for oral disease. Likewise, medical and clinical practices of physicians and community care nurses should include assessing the risk of falling, and treatment that predisposes falls. (RH)

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229/57

Seniors' narratives of asking (and not asking) for help after a fall: implications for identity; by Patricia A Miller, Christina Sinding, Lauren E Griffiths (et al): Cambridge University Press.

Ageing and Society, vol 36, no 2, February 2016, pp 240-258.

Falls among older people living in the community constitute a major public health concern, because of the potential morbidity and mortality associated with the fall. This study examined the informal care networks accessed by Canadian seniors who had visited the Emergency Department as a result of a fall, and considered the implications of the processes of asking for and receiving help on the older person's identity. Four themes were identified. The first was valuing independence. The remaining three themes concerned threats to the participants' identities linked to the need to ask for or receive help from family and friends. They were: becoming indebted, feeling devalued, and becoming a burden to others. Seniors were noted to excuse family members from the expectation of helping because of work and family commitments, and illness. Participants described a mutually beneficial relationship with friends, wherein both parties valued their independence and provided assistance to the other when needed. Their comments suggested that assistance was viewed as a good to be traded among peers. The authors' findings indicate that older people value their independence and may not seek help even when it appears to be available, if asking threatens valued identities. Health and social care practitioners and policy makers responsible for planning and delivery of services should take this into account, in order to ensure the best possible care for injured older people living in the community. (RH)

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## **FAMILY AND INFORMAL CARE**

(See Also 229/5)

229/58

Legislating for filial piety: an indirect approach to promoting family support and responsibility for older people in Korea; by Hong-Jae Park.: Taylor and Francis.

Journal of Aging and Social Policy, vol 27, no 3, July-September 2015, pp 280-293.

Although every culture follows its own indigenous elder care practices, Korea has retained a unique way of supporting ageing parents, specifically, and older people in general. When the care of older people in Korea became significantly challenging, it was determined to launch a controversial law to promote the tradition of filial piety. The main content of the law consists of requiring the government to take action to encourage filial piety and to support those adult children who care for their parents. Although this legislation has the potential to promote the practice of filial piety, the nature of the law is largely rhetorical and symbolic rather than practical, and as a result, its workability and efficiency are limited. (RH)

ISSN: 08959420

## **FRAILITY**

229/59

How older people cope with frailty within the context of transition care in Australia: implications for improving service delivery; by Ruth Walker, Julie Johns, Dianne Halliday.: Wiley Blackwell. Health and Social Care in the Community, vol 23, no 2, March 2015, pp 216-224.

Transition care is increasingly common for older people, yet little is known about the subjective experience of the transition care 'journey' from the perspective of clients themselves. This study examines how older people cope with frailty within the context of a dedicated transition care programme and discusses implications for improving service delivery. Qualitative in-depth interviews were carried out during 2011 in the homes of 20 older people who had recently been discharged from a transition care programme operating in Adelaide, South Australia (average age 80 years, 65% female). Thematic analysis identified three key themes: 'a new definition of recovery', 'complexities of control' and 'the disempowering system'. Despite describing many positive aspects of the programme, including meeting personal milestones and a renewed sense of independence, participants recognised that they were unlikely to regain their previous level of

functioning. For some, this was exacerbated by lacking control over the transition care process while adapting to their new level of frailty. Overall, this research highlighted that benefits associated with transition care can be undermined by fragmentation in service delivery, loss of control and uncertainties around future support. (RH)

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## **GOVERNMENT AND POLICY**

229/60

'All elderly people have important service needs': a study of discourses on older people in parliamentary discussions in Finland; by Jutta Pulkki, Liina-Kaisa Tynkkynen.: Cambridge University Press.

*Ageing and Society*, vol 36, no 1, January 2016, pp 84-78.

This study examines discursive constructions of older people, by analysing the talk of members of parliament in parliamentary discussions in Finland. While the perceptions of older people that are constructed in various public and private arenas have been relatively widely examined, the talk of political decision makers has not been studied to any large extent. However, decision makers' understandings of older people are likely to influence the ways in which service systems are developed and services organised for older people. The parliamentary discussions examined in this study were related to the process of enacting legislation to secure services for older people. Using discourse analysis, three ways of constructing older people - as 'the dependent', 'the active' and 'the deserving' - are identified. Although the results are to some extent in accordance with previous findings, indicating that older people are constructed as either totally dependent and passive or extremely active, this study also breaks this dichotomous view and highlights the overlap between those constructions. Nonetheless, the picture of older people remains fairly one-dimensional. There was an absence of recognition of diversity among older people, which might inhibit the development of a customer-oriented service system. (RH)

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229/61

The multiple purposes of policy piloting and their consequences: three examples from national health and social care policy in England; by Stefanie Ettelt, Nicholas Mays, Pauline Allen.: Cambridge University Press.

*Journal of Social Policy*, vol 44, no 2, April 2015, pp 319-337.

In England, policy piloting has become firmly established in almost all areas of public policy and is seen as good practice in establishing 'what works'. However, equating piloting with evaluation can risk oversimplifying the relationship between piloting and policy-making. Using three case studies from health and social care - the Partnerships for Older People Projects (POPP) pilots, the Individual Budgets (IBs) pilots and the Whole System Demonstrators (WSD) - the paper identifies multiple purposes of piloting, of which piloting for generating evidence of effectiveness was only one. Importantly, piloting was also aimed at promoting policy change and driving implementation, both in pilot sites and nationally. Indeed, policy makers appeared to be using pilots mainly to promote government policy, using evaluation as a strategy to strengthen the legitimacy of their decisions and to convince critical audiences. These findings highlight the ambiguous nature of piloting, and thus question the extent to which piloting contributes to the agenda of evidence-based policy-making. (RH)

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## **HEALTH AND WELLBEING**

229/62

Involving older age: the route to twenty-first century well-being: final report; by Mark Hoban, Vicki James, Peter Beresford, Jennie Fleming, *Shaping Our Age*, Royal Voluntary Service (formerly WRVS). [Cardiff]: Royal Voluntary Service, June 2013, 105 pp.

*Shaping our Age* was a participatory research project and partnership between Royal Voluntary Service, the Centre for Citizen Participation at Brunel University, and the Centre for Social Action at De Montfort University. Funded from 2010 to 2013 by the Big Lottery Fund, the project aimed to explore how older people define their well-being, and to develop participatory ways in which older people could help each other to achieve their well-being. The project also challenged negative perceptions of ageing, by seeking to recognise older people's valuable economic, political, social and cultural contributions to UK society. This final report summarises key findings: well-being was defined in personal terms; social connectedness was the most strongly voiced aspect in shaping well-being; 'doing to' type approaches are not necessarily conducive to improving well-being; an involvement-led approach to working with older people helps enhance their social and personal well-being; involvement in a process of personal development and small group interactions contributed most to social and personal well-being; education and training are required for an involvement-led approach; and there are significant barriers to involving older

people in improving well-being. Two overriding messages emerge: that social connectedness and positive relationships are central to older people's well-being; and older people have important insights to contribute to the well-being debate. (RH)

From : See: <http://www.royalvoluntaryservice.org.uk/our-impact/involving-older-people>

229/63

Involving older age: the route to twenty-first century well-being: the five local projects; by Mark Hoban, Vicki James, Peter Beresford, Jennie Fleming, Shaping Our Age, Royal Voluntary Service (formerly WRVS). [Cardiff]: Royal Voluntary Service, June 2013, 82 pp.

Shaping our Age was a participatory research project and partnership between Royal Voluntary Service, the Centre for Citizen Participation at Brunel University, and the Centre for Social Action at De Montfort University. Funded from 2010 to 2013 by the Big Lottery Fund, the project aimed to explore how older people define their well-being, and to develop participatory ways in which older people could help each other to achieve their well-being. This report presents summaries for the detailed work (including the learning) arising from each of the five projects: Borders, Scotland; Kirklees, West Yorkshire; Lancing, West Sussex; Sheffield (Northern General Hospital and Darnall Dementia Group); and Thanet, Kent. (RH)

From : See: <http://www.royalvoluntaryservice.org.uk/our-impact/involving-older-people>

229/64

Measuring national well-being, personal well-being in the UK: 3 year data 2012 to 2015; by Office for National Statistics - ONS.: Office for National Statistics - ONS, 02 February 2016, ONS Release.

Personal well-being provides an important insight into people's thoughts and feelings about their quality of life. Its measurement forms part of a much wider initiative in the UK, and internationally, to look beyond Gross Domestic Product (GDP), and to measure what really matters to people. ONS began collecting data on personal well-being in April 2011. This release presents some early findings from the three-year personal well-being dataset for April 2012 to March 2015, and comprises: How do people rate their Personal Well-being in your area? (interactive maps); At what age is Personal Well-being the highest? (Short report); and 4 Reference tables. This particular dataset allows for more detailed analysis of local level data and of sub-groups in the population than is possible from the annual dataset. Among its main findings are that whereas those aged 65 to 79 tended to report the highest average levels of personal well-being, this measurement fell amongst the oldest age groups (those aged 75 and over). This fall was steepest for feelings that activities they do in life are worthwhile. However, those aged 90+ reported higher life satisfaction and happiness compared with people in their middle years. Indeed, ratings of life satisfaction and happiness were at their lowest, on average, for those aged 45 to 59. Average anxiety ratings increased through early and middle years, peaking between age 45-59, but then subsequently falling and remaining relatively unchanged for those aged 65 and over.

The 3 year dataset is available to Government Statistical Service users through contacting the following email address: [socialsurveys@ons.gov.uk](mailto:socialsurveys@ons.gov.uk). Non-government users can also access the dataset through the UK Data Archive (<http://www.data-archive.ac.uk/>).

Comments on the ONS approach to measuring personal well-being and/ or the presentation of the personal well-being data may be sent (to [personal.well-being@ons.gsi.gov.uk](mailto:personal.well-being@ons.gsi.gov.uk)).

From : <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--three-year-data-2012-2015/index.html>

## **HEALTH CARE**

(See 229/25)

## **HOME CARE**

229/65

Formal home-care utilisation by older adults in Ireland: evidence from the Irish Longitudinal Study on Ageing (TILDA); by Catriona M Murphy, Brendan J Whelan, Charles Normand.: Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 4, July 2015, pp 408-418.

The aim of this study was to provide a population-based estimate of the utilisation of publicly financed formal home care by older adults in Ireland, and to identify the principal characteristics of those utilising formal home care. Data were collected through computer-aided personal interviews from a representative sample of community-living older adults in Ireland. The interviews were conducted between 2009 and 2011 as part of the first wave of the Irish Longitudinal Study on Ageing (TILDA). The study is cross-sectional in design and limited to participants aged 65 years and older (n = 3507). Results reveal that 8.2% of participants utilised publicly financed formal home care in the form of home help and/or personal care. Key determinants of formal home-care utilisation were Instrumental Activity of Daily Living (IADL) difficulty, older age and living alone. Almost half of those utilising formal care did not self-report an Activity of Daily Living (ADL) difficulty or an IADL difficulty. Government policy aims to



reduce the need for long-term residential care by providing formal home care for older adults with low to moderate levels of dependency. This requires an increasing emphasis on personal care provision in the home. The study found no evidence to suggest that a shift in emphasis from formal domestic to personal care is taking place in Ireland. The absence of standardised assessment and eligibility criteria are deemed to be barriers to reorientation of the system. From a health services perspective, the current situation is not sustainable into the future and requires a focused policy response. (RH)

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From : [wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

229/66 Living well at home inquiry; by Richard Best (chair), Jeremy Porteus (ed), All Party Parliamentary Group on Housing and Care for Older People. London: Counsel and Care, 2011, 51 pp.

The current supply of housing is unable to meet adequately the needs of an ageing population. This report presents conclusions and recommendations from the All Party Parliamentary Group on Housing and Care for Older People (APPG) inquiry, which highlights the significant role played by the older person's own home in maintaining independence for far longer. It cites key data, information sources and examples effective service provision that variously transform housing for an ageing society; build and plan for "age-friendly" communities; improve access to advice and information; consider equity release options; adapt existing accommodation; and considers connections with health and social care. The report looks at the obstacles to getting assistance with basic home improvements, and makes recommendations to overcome these difficulties that will help older people to live well for longer in their own homes. (RH)

From: <http://www.independentage.org/campaigning/independent-age-in-parliament/appg-on-housing-and-care-for-older-people/>

229/67 Task shifting in the provision of home and social care in Ontario, Canada: implications for quality of care; by Margaret Denton, Catherine Brookman, Isik Zeytinoglu (et al.): Wiley Blackwell. Health and Social Care in the Community, vol 23, no 5, September 2015, pp 485-492.

Growing healthcare costs have caused home-care providers to look for more efficient use of healthcare resources. Task shifting is suggested as a strategy to reduce the costs of delivering home-care services. Task shifting refers to the delegation or transfer of tasks from regulated healthcare professionals to home-care workers (HCWs). This paper explores the impacts of task shifting on the quality of care provided to older adults from the perspectives of home healthcare workers. This qualitative study was completed in collaboration with a large home and community care organisation in Ontario, Canada, in 2010-2011. Using a purposive sampling strategy, semi-structured telephone interviews were conducted with 46 home healthcare workers including HCWs, home-care worker supervisors, nurses and therapists. Study participants reported that the most common skills transferred or delegated to HCWs were transfers, simple wound care, exercises, catheterisation, colostomies, compression stockings, G-tube feeding and continence care. A thematic analysis of the data revealed mixed opinions on the impacts of task shifting on the quality of care. HCWs and their supervisors, more often than nurses and therapists, felt that task shifting improved the quality of care through the provision of more consistent care; the development of trust-based relationships with clients; and because task shifting reduced the number of care providers entering the client's home. Nurses followed by therapists, as well as some supervisors and HCWs, expressed concerns that task shifting might compromise the quality of care because HCWs lacked the knowledge, training and education necessary for more complex tasks, and that scheduling problems might leave clients with inconsistent care once tasks are delegated or transferred. Policy implications for regulating bodies, employers, unions and educators are discussed. (RH)

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## **HOSPITAL CARE**

(See 229/101)

## **HOSPITAL DISCHARGE**

229/68 Research in hospital discharge procedures addresses gaps in care continuity in the community, but leaves gaping holes for people with dementia: a review of the literature; by Lynn Chenoweth, Ashley Kable, Dimity Pond.: Wiley. Australasian Journal on Ageing, vol 34, no 1, March 2015, pp 9-14.

This study aimed to examine the literature on the impact of the discharge experience of patients with dementia and their continuity of care. Peer-reviewed and grey literature published in the English language between 1995 and 2014 were systematically searched. Also reviewed were Department of Health and Ageing and Alzheimer's Australia research reports between 2000 and 2014. The review found a wide range of studies that raise concerns in relation to the quality of

care provided to people with dementia during hospital discharge and in transitional care. Discharge planning and transitional care for patients with dementia are not adequate and are likely to lead to readmission and other poor health outcomes. (JL)

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## HOSPITAL SERVICES

(See Also 229/35)

229/69

"You don't know what you are saying 'Yes' and what you are saying 'No' to": hospital experiences of older people from minority ethnic communities; by Jo Ellins, Jon Glasby.: Cambridge University Press.

Ageing and Society, vol 36, no 1, January 2016, pp 42-83.

Improving responsiveness to the needs of older people from minority ethnic communities has been emphasised as a goal in England since the publication of the National Service Framework for Older People (NSF) in 2001. Despite this, people from minority ethnic groups consistently give poorer ratings of their health services than 'majority' populations, both in England and across many other health-care systems. Language barriers have been shown to play a particularly important role, and appear to be a stronger predictor of perceived quality of care than ethnic origin per se. This paper reports findings from a larger study exploring older people's experiences of care transitions, focusing on the findings from one case study area which explored the hospital and discharge experiences of older people from minority ethnic communities. A participatory approach was adopted, with older people from the local area collaborating in the design, delivery and analysis of the research as 'co-researchers'. Twenty-four in-depth narrative interviews were carried out with people who had experienced a recent hospital stay as a patient or a family member providing care and support. Our findings show that many aspects of the hospital experience, including the desire for personalised and humanistic approaches to care, are important to older people irrespective of ethnic background. However, older people from minority ethnic communities can also face language and cultural barriers which negatively affect the quality and experience of care. People who had limited English proficiency struggled to understand, communicate and participate in their care. Where professional services were not available or requested, interpreting was provided informally by other patients, family members, hospital staff in clinical and domestic roles, or not at all. We conclude that targeted strategies are required to ensure appropriate and effective hospital services for a multicultural population. (RH)

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

## HOUSING

(See Also 229/74, 229/75, 229/76, 229/77)

229/70

Housing type, location of residence and health status in Australian baby boomers: results from the Australian Baby Boomer (ABBA) Study; by Deborah Ann Black, Leigh Ann Wilson, Kate O'Loughlin ... (et al): Wiley.

Australasian Journal on Ageing, vol 34, no 1, March 2015, pp 43-46.

Baby Boomers are working and living longer than their pre-war counterparts, and are more likely to live in high density urban housing. This paper aimed to examine the relationship between housing type, working status and location of residence on health status in Baby Boomers. The study investigated location of residence and housing type in 1009 participants of the Ageing Baby Boomers in Australia (ABBA) Study to identify any predictors of, or correlations between, these variables and health status. The participants, born between 1944 and 1959, were aged between 50 and 64 years. Study findings revealed that current workers were less likely to report depression than retirees. There was a significantly higher rate of diabetes, obesity and hypertension in retirees than in current workers, although rates of obesity, diabetes and hypertension were higher than predicted in current workers. These rates of chronic disease are higher than previous estimates and provide evidence to inform health promotion programmes designed to increase physical activity and improve eating habits in baby boomers. (JL)

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From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

229/71

Lifetime homes design guide; by Chris Goodman, Habinteg Housing Association. Bracknell, Berks: BRE Press, 2011, 66 pp.

The Lifetime Homes Standard and its 16 design criteria emerged from discussions among a group of housing experts in the late 1980s. The aim was to develop a set of design standards for general needs housing that would improve access and adaptability for a range of households with differing needs. In 2009, Habinteg convened a Technical Advisory Group to review the 16 design criteria

and make it more practicable for developers to apply the Standard to different house types and locations. The resulting revisions were incorporated in the updated Standard published in 2011. This design guide describes the design requirements for homes that will meet the differing and changing needs of households. It gives guidance on how to incorporate the Lifetime Homes Standard's design criteria, encompassing the principles of inclusivity, accessibility, adaptability, sustainability and good value - and which will meet the broadest range of needs, and also enable simple and cost-effective adaptations. (RH)

From : IHS BRE Press, Willoughby Road, Bracknell, Berks RG12 8FB. [www.brebookshop.com](http://www.brebookshop.com)

## HOUSING WITH CARE

229/72

Client safety in assisted living: perspectives from clients, personal support workers and administrative staff in Toronto, Canada; by Brittany Speller, Paul Stolee.: Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 2, March 2015, pp 131-140.

Assisted living enables older people to receive care services specific to their needs while maintaining their independence and privacy. This study aimed to determine the gaps and strengths in care related to safety in assisted living facilities (ALFs) for older people. A qualitative descriptive research design was used to provide a comprehensive understanding of client safety from the perspectives of clients, administrative staff and personal support workers. Interviews were conducted with 22 key informants from three ALFs in Toronto, Ontario throughout July 2012. All interviews were semi-structured, audio-recorded and transcribed verbatim. Initial deductive analysis used directed coding based on a prior literature review, followed by inductive analysis to determine themes. Three themes emerged relating to the safety of clients in ALFs: meaning of safety, a multi-faceted approach to providing safe care, and perceived areas of improvement. Sub-themes also emerged, including physical safety, multiple factors, working as a team, respecting clients' independence, communication, and increased education and available resources. The study findings can contribute to the improvement and development of new processes to maintain and continually ensure safe care in ALFs. (rh)

ISSN: 09660410

From : [wileyonlinelibrary.com/journals/hsc](http://wileyonlinelibrary.com/journals/hsc)

229/73

Health as status?: Network relations and social structure in an American retirement community; by Markus H Schafer.: Cambridge University Press.

Ageing and Society, vol 36, no 1, January 2016, pp 79-105.

The author considers the social ties within a community of retirement residents in order to examine how health influences patterns of social interaction. Drawing from a social fields perspective, he anticipated that health would emerge as a key form of status. He hypothesised that this would manifest in the healthiest residents receiving a disproportionate share of social tie nominations, and that the network would be characterised by distinct patterns of health-based sorting. Exponential random graph models were used to disentangle individual, dyadic and higher-order influences on reports of interaction. Findings support the main hypotheses, pointing to the importance of health as a basis of micro-level social structure in contexts where it is a scarce and valued resource. The author urges that further research is conducted to trace out these implications in other unique settings. (RH)

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229/74

Housing and care for the most vulnerable older people: what can social housing providers and older people's organisations do together? Research project: the outcomes; by David Hucker, Orbit Charitable Trust [now Quality of Life Charitable Trust]. Hampton Magna, Warwick: Orbit Charitable Trust, May 2012, [no pagination].

This publication outlines Orbit Charitable Trust's work for the research project 'Housing and care for the most vulnerable older people: what can social housing providers and older people's organisations do together?' It presents highlights from the Big Conversations held during Phase One of the research between older people's housing organisations and older people's organisations. A literature review focuses on concepts such as localism, low level support and social capital. It also looks at services provided by local Age UKs.

The Research Team's final report notes these features as necessary for social housing providers and older people's organisations in working together: learning together to find what works; knowledge transfer; communication; organisations involved have to be totally committed; changes don't have to cost the earth; working with, not for; and taking responsibility for ourselves as we grow older. (RH)

From : Orbit Charitable Trust, 5 Daly Avenue, Hampton Magna, Warwick, Warwicksire CV35 8SE. Website: <http://quality-trust.org.uk/>

- 229/75 Housing and care for the most vulnerable older people: what can social housing providers and older people's organisations do together? A research programme funded by Orbit Charitable Trust: Phase 2: Creating fit for purpose organisations: Report on Phase 2 and recommendations; by Moyra Riseborough, Adrian Jones, Steve Onger, Riseborough Research and Consultancy Associates; Orbit Charitable Trust [now Quality of Life Charitable Trust]. [Hampton Magna, Warwick]: [Orbit Charitable Trust], April 2012, 20 pp.  
This report focuses on the main findings from Phase 2 of a research programme funded by Orbit Charitable Trust to investigate the actions that older people's organisations and housing providers could take to better support vulnerable groups of older people. It considers development of a methodology that is person-centred, and incorporating the following features: learning together to find what works; knowledge transfer; communication; organisations involved have to be totally committed; changes don't have to cost the earth; working with, not for; and taking responsibility for ourselves as we grow older. (RH)  
From : Orbit Charitable Trust, 5 Daly Avenue, Hampton Magna, Warwick, Warwickshire CV35 8SE. Website: <http://quality-trust.org.uk/>
- 229/76 Housing and care for the most vulnerable older people: what can social housing providers and older people's organisations do together? A research programme funded by Orbit Charitable Trust: Phase 2: Creating fit for purpose organisations: Becoming person centred: practical resources for older people's organisations and housing organisations; by Moyra Riseborough, Adrian Jones, Steve Onger, Riseborough Research and Consultancy Associates; Orbit Charitable Trust [now Quality of Life Charitable Trust]. [Hampton Magna, Warwick]: [Orbit Charitable Trust], April 2012, 34 pp.  
Phase one of this research drew together the issues and concerns being expressed about, by and for older people, and also considered the challenges that housing and older people's organisations were facing in their work to support particularly vulnerable older people. This report on Phase two reflects on the main findings and key messages, starting with developing a methodology that is person-centred. It includes resource material adapted and developed with Age UK in Newcastle and Walsall to demonstrate principles of being person-centred. (RH)  
From : Orbit Charitable Trust, 5 Daly Avenue, Hampton Magna, Warwick, Warwickshire CV35 8SE. Website: <http://quality-trust.org.uk/>
- 229/77 Housing and care for the most vulnerable older people: what can social housing providers and older people's organisations do together? A research programme funded by Orbit Charitable Trust: Phase 2: Creating fit for purpose organisations: Practice papers; by Moyra Riseborough, Adrian Jones, Steve Onger, Riseborough Research and Consultancy Associates; Orbit Charitable Trust [now Quality of Life Charitable Trust]. [Hampton Magna, Warwick]: [Orbit Charitable Trust], April 2012, 93 pp.  
Paper 1, 'One size fits all? Meeting the needs of an increasingly diverse population' reflects on the changing nature of diversity in older age and its importance when working with and planning for an ageing population. Paper 2, 'A modern take on partnering and alliances' draws on Orbit Housing and Age UK Walsall's experience and practice of working collaboratively. Paper 3, 'It's good to communicate' underlines how important it is for housing and older people's organisations to communicate better with all current and potential customers, and to make good communication a normal part of everyday practice. Paper 4 discusses attracting new business and new customers, including marketing to older populations. Paper 5, 'Knowledge transfer: learning from demonstration projects' underlines the importance of transformative change for organisations aiming to become person centred and older age friendly. Paper 6 considers the changing and often contested meanings of vulnerability and older age. Lastly, an issues paper brings together areas of economic and social policy in relation to housing organisations and older people. (RH)  
From : Orbit Charitable Trust, 5 Daly Avenue, Hampton Magna, Warwick, Warwickshire CV35 8SE. Website: <http://quality-trust.org.uk/>

## **INFORMATION AND COMMUNICATION TECHNOLOGY**

- 229/78 Later life in a digital world; by Sally West, Age UK. London: Age UK, 2015, 48 pp.  
To achieve its true potential, digital technology needs to meet the needs of all groups, including people in later life. This report focuses on access to public services; however, many of the issues raised also apply to essential private services. It observes that moving public services online without adequate support is making it harder for some who do not use the internet to access services, could deter people from seeking the support they need, and can increase dependency. Three in ten people aged 65 to 74, and two-thirds of those aged 75+ are not or do not have online access to online. The report provides insights into the barriers to going online. It looks at approaches to increasing digital inclusion and ways to help people start to use, and continue to use, digital technology. To inform this work, Age UK has gathered information about the impact of public services going online. The report draws extensively on the experiences of internet users, non-users and service providers. For example, library staff have reported that as government and

local authorities move more services online, this has prompted people to seek their help to gain the skills that are required to be access these. (RH)

From: [http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Later\\_life\\_in\\_a\\_digital\\_world.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Later_life_in_a_digital_world.pdf?dtrk=true)

## **INTEGRATED CARE**

(See Also 229/3, 229/80)

229/79

A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions; by Rahena Mossabir, Rebecca Morris, Anne Kennedy (et al): Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 5, September 2015, pp 467-484.

The prevalence of people living with long-term conditions is increasing, accompanied by an increased expectation that patients will become more involved in self-management. Long-term conditions are associated with increased social isolation and poor physical and mental health. But there remains a gap in health provision between providing medical treatment and effectively addressing psychosocial well-being. One potential way of addressing this gap is by utilising social interventions which link patients from health services to community-based sources of support. However, the mechanisms involved in the delivery of interventions providing that link and their effectiveness remain unclear. This review adopted the methodological framework for conducting scoping studies, searching for both academic and grey literature on social interventions which link people from healthcare settings to a range of community and voluntary sector organisations. A literature search between May and June 2013, involving five electronic databases, hand searching of two journals and the use of Google search engine, identified seven studies relevant to the review question. In terms of key characteristics and mechanisms of the interventions, mental health conditions and social isolation were the most common reasons for referral to the interventions, and referrals were usually made through general practices. Almost all the interventions were facilitator-led, whereby the facilitator worked to identify and link participants to appropriate community-based resources. In regard to health and social outcomes and their cost-effectiveness, studies reported improvement to participants' psychological and social well-being as well as their decreased use of health services, although there were limited measures of participants' physical health outcomes. Interventions for linking patients from healthcare setting to community-based resources target and address psychosocial needs of participants. The review identified involvement of health professionals in aiding the referral of patients to the intervention and the role of the intervention facilitators as key components of the interventions. (RH)

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## **INTERMEDIATE CARE**

(See Also 229/59)

229/80

Providing effective and preferred care closer to home: a realist review of intermediate care; by Mark Pearson, Harriet Hunt, Chris Cooper (et al): Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 6, November 2015, pp 577-593.

Intermediate care is one of the number of service delivery models intended to integrate care and provide enhanced health and social care services closer to home, especially to reduce reliance on acute care hospital beds. In order for health and social care practitioners, service managers and commissioners to make informed decisions, it is vital to understand how to implement the admission avoidance and early supported discharge components of intermediate care within the context of local care systems. This paper reports the findings of a theory-driven (realist) review conducted in 2011-2012. A broad range of evidence contained in 193 sources was used to construct a conceptual framework for intermediate care. The authors' synthesis found that involving service users and their carers in collaborative decision-making about the objectives of care and the place of care is central to achieving the aims of intermediate care. This pivotal involvement of the service user relies on practitioners, service managers and commissioners being aware of the impact that organisational structures at the local level can have on enabling or inhibiting collaborative decision-making and care co-ordination. Through all interactions with service users and their care networks, health and social care professionals should establish the meaning which alternative care environments have for different service users. Doing so means decisions about the best place of care will be better informed and gives service users choice. This in turn is likely to support psychological and social stability, and the attainment of functional goals. At an organisational level, integrated working can facilitate the delivery of intermediate care, but there is not a straightforward relationship between integrated organisational processes and integrated professional practice. (RH)

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## INTERNATIONAL AND COMPARATIVE

(See 229/7, 229/12, 229/13, 229/15, 229/16, 229/24, 229/46, 229/58, 229/60, 229/65, 229/93, 229/103, 229/108)

## LIFE-LONG LEARNING

(See 229/48)

## LONELINESS AND SOCIAL ISOLATION

- 229/81 Social isolation among older people in urban areas: a review of the literature for the Ambition for Ageing programme in Greater Manchester; by Tine Buffel, Samuele Remillard-Boillard, Chris Phillipson, Institute for Collaborative Research on Ageing, University of Manchester. Manchester: University of Manchester, Institute for Collaborative Research on Ageing, November 2015, 31 pp.  
Initiated in 2014, Ambition for Ageing is a £10 million programme funded by the Big Lottery Fund that seeks to reduce social isolation of older people and contribute to the development of age-friendly neighbourhoods in Greater Manchester. Over the ensuing five years, 24 neighbourhoods across Greater Manchester will be supported through this programme to develop new local social activities for older adults. Designed by and for older people, each of these initiatives will contribute to the creation of more socially connected communities and help generate new approaches that the whole of the city-region can learn and benefit from. Starting from a theoretical standpoint, the first sections of the booklet provide definitions of key concepts and discuss the impact and risk factors associated with social isolation of older adults. It goes on to provide evidence about the most effective forms of intervention and concludes with a list of practical recommendations to reduce social isolation. (NH)  
From : <http://www.micra.manchester.ac.uk/medialibrary/Handbooks/Buffel%20Tine%20-%20A5%20Brochure%20-%20Social%20Isolation.pdf>

## LONG TERM CARE

(See Also 229/94)

- 229/82 Facts and figures on healthy ageing and long-term care: Europe and North America; by Ricardo Rodrigues, Manfred Huber, Giovanni Lamura (eds), European Centre for Social Welfare Policy and Research; United Nations Economic Commission for Europe - UNECE. Vienna: European Centre for Social Welfare Policy and Research, 2012, 122 pp.  
This publication is part of the MA:IMI project (Mainstreaming Ageing: Indicators to Monitor Implementation), an institutional collaboration between the European Centre for Social Welfare Policy and Research (ECV) and the United Nations Economic Commission for Europe (UNECE). It aims to provide governments, stakeholders and the broader public with a statistical portrait of cross-national trends and comparisons on population ageing in Europe and North-America. It analyses how voluntary commitment as well as public and private provision of care can work together to help older people live independently as long as possible. It provides easily accessible information on data and facts for academic experts and researchers to aid comparative analysis of healthy ageing and long-term care. It covers data and information on demography, social situation of older people, health, informal care, migrant care workers, public long-term care policies and expenditure for the countries of the UNECE, the United States and Canada. It is meant as a tool to inform policy debate and inform decision-making by policy-makers. (RH)  
From : European Centre for Social Welfare Policy and Research, Berggasse 17, A-1090 Wien.  
Email: [ec@euro.centre.org](mailto:ec@euro.centre.org)  
Download at: [http://www.euro.centre.org/data/LTC\\_Final.pdf](http://www.euro.centre.org/data/LTC_Final.pdf)
- 229/83 Israel's long-term care social insurance scheme after a quarter of a century; by Allan Borowski.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 27, no 3, July-September 2015, pp 195-214.  
Long-term care social insurance schemes exist in a number of countries, while the introduction of such schemes enjoys some support in others. Israel's long-term care social insurance scheme has been operating since 1988. This article examines the emergence, goals, design, and impacts of this scheme; and draws out some of the lessons that can be learned from Israel's quarter century experience of long-term care social insurance. (RH)  
ISSN: 08959420

229/84 Long-term services and supports for older adults: a review of home and community-based services versus institutional care; by Andrea Wysocki, Mary Butler, Robert L Kane (et al.): Taylor and Francis.  
Journal of Aging and Social Policy, vol 27, no 3, July-September 2015, pp 255-279.  
In the United States, despite a shift from institutional services toward more home and community-based services (HCBS) for older adults who need long-term services and supports (LTSS), the effects of HCBS have yet to be adequately synthesized in the literature. This review of literature from 1995 to 2012 compares the outcome trajectories of older adults served through HCBS (including assisted living [AL]) and in nursing homes (NHs) for physical function, cognition, mental health, mortality, use of acute care, and associated harms (e.g. accidents, abuse, and neglect) and costs. NH and AL residents did not differ in physical function, cognition, mental health, and mortality outcomes. The differences in harms between HCBS recipients and NH residents were mixed. Evidence was insufficient for cost comparisons. More and better research is needed to draw robust conclusions about how the service setting influences the outcomes and costs of LTSS for older adults. Future research should address the numerous methodological challenges present in this field of research, and should emphasize studies evaluating the effectiveness of HCBS. (RH)  
ISSN: 08959420

229/85 Participatory video and well-being in long-term care; by Andrea Capstick.: Hawker Publications.  
Journal of Dementia Care, vol 24, no 1, January/February 2016, pp 26-29.  
Film-making is an effective way of engaging people with dementia and improving their well-being. The author and colleagues at the University of Bradford's Faculty of Health Studies worked on the research study 'Can Participatory Video enhance social participation and well-being for people with dementia in long-term care?'. She explains how 'participatory video' gave one group an opportunity to tell their own story in film. (RH)  
ISSN: 13518372  
From : <http://www.careinfo.org/journal-of-dementia-care/>

#### **LONG TERM CONDITIONS**

(See 229/79)

#### **MENTAL HEALTH**

(See Also 229/112)

229/86 The association of healthful diets and cognitive function: a review; by Marie Fanelli Kuczmarski, Deanne Allegro, Emily Stave.: Taylor and Francis.  
Journal of Nutrition in Gerontology and Geriatrics, vol 33, no 2, April-June 2014, pp 69-90.  
The association of diet with mild cognitive impairment (MCI) has not been extensively studied. Consumption of a healthful diet may help to attenuate age-related decline in older adults. Published studies have suggested that greater adherence to a Mediterranean-style dietary pattern is associated with a lower risk of developing Alzheimer's disease and with a slower rate of cognitive decline with age. However, published findings are inconsistent. The discrepancies most likely can be explained by the variations in both dietary and cognitive methodologies. It is not clear how diet contributes to the development of neurocognitive changes with age. This review updates available knowledge on the relationship between adherence to healthful diets and cognition. It documents the need for researchers to adopt more coherent and uniform methodology to allow for better quantification of the association of diet with cognitive function. There appears to be a relationship between diet and cognition. (RH)  
ISSN: 21551197  
From : <http://www.tandfonline.com>

#### **MIGRATION**

(See Also 229/88)

229/87 Intra-European retirement migrants' access to state-funded long-term care and health entitlements; by Stephanie Kumpunen, Lisa Trigg.: European Observatory on Health Systems and Policies.  
Eurohealth, vol 19, no 4, 2013, pp 17-18.  
When older people move between European Member States (MS), they are faced with the complex challenge of negotiating their rights to health and long-term care, often in both their home and host countries. Interviews with 31 local public sector employees across four geographical regions in England, France and Italy found significant variation in eligibility for seemingly similar benefits and different understandings of access rights. (NH)  
ISSN: 13561030 From : <http://www.healthobservatory.eu>

## NEIGHBOURHOODS AND COMMUNITIES

(See Also 229/33, 229/34)

- 229/88 Residential dynamics and neighbourhood conditions of older migrants and native Dutch older adults in Amsterdam, the Netherlands; by Sabine van der Gref, Sako Musterd, Frans Thissen.: Cambridge University Press.  
Ageing and Society, vol 36, no 1, January 2016, pp 189-218.  
The share of older migrants in Dutch cities is increasing. However, only limited knowledge has been gained about the urban conditions that older migrants live in and how these compare to those of their native Dutch counterparts. This paper uses detailed information on residential patterns, housing conditions and levels of neighbourhood deprivation in the city of Amsterdam in the Netherlands, and links this information to data about housing, neighbourhood satisfaction and perceived safety. Empirical evidence demonstrates that there is strong path dependence with regard to the places in which one finds different groups of older non-Western migrants. Older non-Western migrants in Amsterdam are highly concentrated in disadvantaged neighbourhoods. The number of concentrations has increased significantly over the past decade, as well as the levels of concentration. Nevertheless, no indications of social isolation were found. With regard to housing conditions, socio-economically similar groups of native Dutch and Surinamese 55+ residents aged 55+ had better conditions, compared to Turkish and Moroccan residents aged 55+. These conditions correspond with levels of housing satisfaction. Surinamese older people are more positive about their neighbourhoods. The authors hypothesise that this is related to the restructuring of neighbourhoods where Surinamese residents aged 55+ are concentrated. Although the immediate environment of older non-Western people is characterised by high levels of social deprivation, this does not translate into dissatisfaction with social relations or feelings of lack of safety. This suggests that their residential concentration in particular urban neighbourhoods may also bring significant opportunities. (RH)  
ISSN: 0144686X From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## OLDER OFFENDERS

- 229/89 Old, grey and locked away: CST group work in prison; by Gemma Williams, Judith Farmer.: Hawker Publications.  
Journal of Dementia Care, vol 24, no 1, January/February 2016, pp 12-14.  
A unique group is supporting older prisoners serving life sentences to cope with the consequences of dementia. A small group of volunteers, the Norwich Forget-Me-Nots is committed to promoting the uptake of cognitive stimulation therapy (CST), something that the National Institute for Health and Care Excellence (NICE) recommends for everyone with mild to moderate dementia of all types. The authors report on their CST programme of weekly sessions in Norwich Prison, which they believe has improved the quality of life of this group of prisoners and which should be offered on other prisons. (RH)  
ISSN: 13518372 From : <http://www.careinfo.org/journal-of-dementia-care/>

## PALLIATIVE CARE

- 229/90 Managing expectations: providing palliative care in aged care facilities; by Heather Lane, Jennifer Philip.: Wiley.  
Australasian Journal on Ageing, vol 34, no 2, June 2015, pp 76-81.  
The present study aimed to explore the views and experiences of staff from residential aged care facilities (RACFs) and community palliative care services (CPCSs) on providing palliative and end-of-life care in RACFs. Qualitative exploratory interviews and focus groups were conducted with staff working in two RACFs and two CPCSs, and, following data saturation, a thematic analysis undertaken. 15 RACF and 15 CPCS staff participated. The overarching theme was of managing expectations in the provision of care. This included low expectations of the care available in RACFs, tensions in addressing complex decision-making and concurrent administrative expectations, and differences between views of RACF and CPCS staff regarding their respective roles. Improved understanding of the needs of RACF staff will improve the care of residents and, in turn, reduce hospitalisations. (JL)  
ISSN: 14406381 From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)
- 229/91 National consultation informing development of guidelines for a palliative approach for aged care in the community setting; by Kristi Holloway, Christine Toye, Ruth McConigley ... (et al): Wiley.  
Australasian Journal on Ageing, vol 34, no 1, March 2015, pp 21-26.  
This study aimed to obtain perspectives from key stakeholders to inform the development of Australian national guidelines for a palliative approach to aged care in the community setting. A descriptive, exploratory qualitative design was used. Sampling was purposive. Data were collected



during audiotaped, semistructured, individual and focus group interviews that addressed the need for the guidelines and aimed to identify practice areas for inclusion. Thematic analysis was undertaken. Interviews were conducted across Australia and included 172 participants. These included: health-care providers, consumers, volunteers and researchers/educators. Themes emerging from the data were: provision of a palliative approach in community care, carer support, advance care planning, physical and psychological symptom assessment and management, psychosocial support, spiritual support, issues for Aboriginal or Torres Strait Islander people, older people from diverse cultural and language groups, and clients with special needs. Findings underpinned development of new guideline documents. (JL)

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## **PARTICIPATION**

229/92

Conditions for exercising residents' voting rights in long-term care residences: a prospective multicenter study; by Antoine Bosquet, Farid El Massioui, Isabelle Mahe.: Taylor and Francis. *Journal of Aging and Social Policy*, vol 27, no 1, January-March 2015, pp 47-62.

Following the 2009 European elections in France, the authors conducted a multi-centre survey to assess voting conditions in long-term care settings. A questionnaire about voting procedures and European elections was proposed in 146 out of 884 randomised facilities. Sixty-four percent of facilities answered the questionnaire. Four percent of residents voted (national turnout: 40%), by proxy (58%) or at polling places (42%). Abstention related to procedural issues was reported in 32% of facilities. Sixty-seven percent of establishments had voting procedures, and 53% declared that they assessed residents' capacity to vote. Assistance was proposed to residents for voter registration, for proxy voting, and for voting at polling places, respectively, in 33%, 87%, and 80% of facilities. This survey suggests that residents may be disenfranchised, and that more progress should be made to protect the voting rights of residents in long-term care facilities. (RH)

ISSN: 08959420

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

229/93

What do older Australians want?; by Briony Dow, Patricia Sparrow, Kirsten Moore ... (et al).: Wiley Blackwell.

*Australasian Journal on Ageing*, vol 32, no 4, December 2013, pp 236-240.

The objective of this study was to report older Australians' views about what they want from aged care reforms expressed in submissions to the Productivity Commission's 'Inquiry into Caring for Older Australians' and the 'Conversations on Ageing' (Conversations). The study looked at 59 consumer responses to the 'Inquiry into Caring for Older Australians', and 31 findings from the Conversations conducted by the Honourable Mark Butler with the Council on the Ageing were summarised. Findings showed that older people wanted to be included as full citizens in community life with their contributions acknowledged, including as carers. They wanted high quality, accessible and respectful services that supported their independence and over which they had control. They wanted fair and transparent funding arrangements and care that caters for diversity in Australia's older people. They wanted reform to be soon and to have bipartisan support. This paper provides consumer perspectives to inform aged care policy, practice and research in Australia. (JL)

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From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

## **PENSIONS AND BENEFITS**

229/94

Interactions between state pension and long-term care reforms: an overview; by John Adams, Chris Curry, Ferran Espuny-Pujol (et al), Care and State Pension Reform Team - CASPeR. London: Pensions Policy Institute, November 2015, 26 pp.

The Care and State Pension Reform Team (CASPeR) is a collaborative project between the Pensions Policy Institute (PPI), the University of East Anglia (UEA) and the Personal Social Services Research Unit (PSSRU) at London School of Economics and Political Science (LSE), funded over two years by the Nuffield Foundation, to investigate the long-term impacts of both long term care and state pension reforms and their potential interactions. In April 2016 major reforms to state pensions will be implemented in Great Britain. Reforms to the English long-term care financing system were also to be introduced in 2016, but have recently been postponed until 2020. This report assesses how reforms to the state pension and the English long-term care financing system interact to affect different groups. The report uses a number of hypothetical individuals in different circumstances (vignettes), to illustrate the effects of the state pension and long-term care reforms. All vignettes reach state pension age in April 2016, which will be 63 for women and 65 for men. The vignettes' combinations of earnings level, financial and housing wealth, pension accumulation and housing tenure are informed by analysis of the English Longitudinal Study of Ageing (ELSA). The report finds that those most likely to benefit from the

reforms are homeowners and high / median income earners. Lower earning renters could lose out from the combination of reforms, if transitional protection is not introduced. (RH)

From : Download at: <http://www.pensionspolicyinstitute.org.uk/casper>

## PERSONALISATION

229/95

Use of quality information in decision-making about health and social care services: a systematic review; by Agnes Turnpenny, Julie Beadle-Brown.: Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 4, July 2015, pp 349-361.

User choice and personalisation have been at the centre of health and social care policies in many countries. Exercising choice can be especially challenging for people with long-term conditions (LTC) or disabilities. Information about the quality, cost and availability of services is central to user choice. This study used systematic review methods to synthesise evidence in three main areas: (i) how people with LTC or disabilities and their family carers find and access information about the quality of services; (ii) how quality information is used in decision-making; and (iii) what type of quality information is most useful. Quality information was defined broadly and could include formal quality reports (e.g. inspection reports, report cards), information about the characteristics of a service or provider (e.g. number and qualifications of staff, facilities) and informal reports about quality (e.g. personal experience). Literature searches were carried out using electronic databases in January 2012. Thirteen papers reporting findings from empirical studies published between 2001 and 2012 were included in the review; nine papers had a qualitative design. The analysis highlighted the use of multiple sources of information in decision-making about services, and in particular the importance of informal sources and extended social networks in accessing information. There is limited awareness and use of 'official' and online information sources. Service users or family carers place greater emphasis on general information and structural indicators. Clinical or quality-of-life outcomes are often difficult to interpret and apply. Trust emerged as a key issue in relation to quality information. Experiential and subjective information is highly valued and trusted. Various barriers to the effective use of quality information in making choices about services are identified. Implications for policy and future research are discussed. (RH)

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## PHYSICAL ACTIVITY

229/96

Impact of a program of Tai Chi plus behaviorally based dietary weight loss on physical functioning and coronary heart disease risk factors: a community-based study in obese older women; by Furong Xu, Jonathan Letendre, Nowen Beebe (et al).: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 1, January-March 2015, pp 50-65.

This study employed a quasi-experimental design in a community-based study translating the results of our recent findings on the combined effects of Tai Chi and weight loss on physical function and coronary heart disease (CHD) risk factors. A 16-week intervention was conducted to assess the impact of Tai Chi plus a behavioural weight loss program (TCWL, n = 29) on obese (body mass index [BMI] = 35.4 ± 0.8 kg/m<sup>2</sup>) older (68.2 ± 1.5 yr.) women compared to a control group (CON, n = 9, BMI = 38.0 ± 1.5 kg/m<sup>2</sup>, 65.6 ± 2.7 yr.), which was asked to maintain their normal lifestyle. The TCWL group lost weight (1.6 ± 2.9 kg, P = 0.006) while the CON group did not (1.2 ± 1.9 kg, P = 0.106). Physical functioning as measured by the short physical performance battery improved in TCWL when compared to the CON group (β = 1.94, 95% Confidence Interval [CI]: 1.12, 2.76, P = 0.001). TCWL also improved in sit-and-reach flexibility (β = -2.27, 95% CI: -4.09, -0.46, P = 0.016), body fat mass (BMI, β = -0.65, 95% CI: -1.03, -0.26, P = 0.002), waist circumference (β = -1.78, 95% CI: -2.83, -0.72, P = 0.002), systolic blood pressure (β = -16.41, 95% CI: -21.35, -11.48, P = 0.001), and diastolic blood pressure (β = -9.52, 95% CI: -12.65, -6.39, P = 0.001). Thus, TCWL intervention may represent an effective strategy to improve physical function and ameliorate CHD risk in the older adult population. (RH)

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## POLITICS AND CAMPAIGNING

(See 229/92)

## POVERTY

229/97

Monitoring poverty and social exclusion 2015; by Tom MacInnes, Adam Tinson, Ceri Hughes (et al), Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.

Findings, 3173, November 2015, 6 pp.

In 2013/14, over 13 million people in the UK lived in low income households. This figure was largely unchanged from the previous year and, as a proportion of the population, a decade earlier,

but the mix has changed. Just over half of those in poverty live in working families. As many live in privately rented as in social rented housing and more people aged 16-24 are in poverty than those over 65. (NH)  
ISSN: 09583084  
From : <https://www.jrf.org.uk/mpse-2015>

### **QUALITY OF LIFE**

- 229/98 Measuring living standards of older people using Sen's Capability Approach: development and validation of the LSCAPE-24 (Living Standards Capabilities for Elders) and LSCAPE-6; by Mary Breheny, Christine Stephens, Annette Henriksen (et al).: Cambridge University Press. Ageing and Society, vol 36, no 2, February 2016, pp 307-332.  
The impact of disparities in socio-economic status on the health of older people is an important issue for policy makers in the context of population ageing. As older people live in different types of economic circumstances and because, as people age, their desires and needs are different to those of younger generations, measures of living standards need to be appropriate for older people. This paper reports on the validation of a measure of living standards for older people based on Sen's Capability Approach. Using this approach, living standards are conceptualised as varying from constraint to freedom rather than from hardship to comfort. Using the New Zealand Longitudinal Study of Ageing omnibus survey of 3,923 adults aged 50-87 years, the validity of the measure was assessed. The results indicate that this measure assesses what older people are able to achieve. In addition, this measure discriminates better at the higher end of the living standards spectrum than an existing measure that assesses living standards from hardship to comfort in terms of what people possess. From this, a short form of the measure has been developed which offers a conceptually based and valid measure useful for survey research with older people. This measure of living standards provides future avenues for improved understandings of socio-economic position in later life. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

### **RELIGION AND SPIRITUALITY**

- 229/99 The importance of spiritual assessment when caring for older adults; by Ann Harrington.: Cambridge University Press. Ageing and Society, vol 36, no 1, January 2016, pp 1-16.  
There is a growing body of literature documenting the positive effects of both religiousness and spirituality on human health, particularly among those who are ageing or diagnosed with a life-limiting illness. These positive effects provide buffers to life's stressors such as those associated with mental illness, care-giver burden, substance abuse and social disruption resulting from war. An important aspect of health care for individuals of all ages involves completion of a spiritual assessment. This paper explores the concept of spirituality and spiritual assessment, which has many definitions in the literature; highlights the concept of spiritual well-being; and also provides examples of assessment tools from theology, nursing, social work and medicine. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)
- 229/100 Spirituality and religion in end-of-life care ethics: the challenge of interfaith and cross-generational matters; by Holly Nelson-Becker, Amy L Ai, Faith P Hopp (et al).: Oxford University Press. British Journal of Social Work, vol 45, no 1, January 2015, pp 104-119.  
The complexity of illness and care needs at the end of life often include religious and spiritual issues. Religion and spirituality can be important coping mechanisms for meeting these challenges. However, although many people may want spirituality incorporated as a component of their care, spiritual needs are not always recognised or supported by the existing social care and medical systems. To address the need for more information on these issues, the authors present two social work cases that draw from our clinical experiences among patients with life-limiting disease conditions. Through these cases highlighting interfaith and cross-generational family issues, they identify different ways social workers may become involved in their interactions with patients' spiritual or religious concerns at the end of life. The authors conclude with suggestions for providing appropriate and culturally competent social and health care that promote aging in place for people with life-limiting illness conditions. (RH)  
ISSN: 00453102  
From : [www.bjsw.oxfordjournals.org](http://www.bjsw.oxfordjournals.org)

## RESIDENTIAL AND NURSING HOME CARE

(See Also 229/23, 229/92, 229/109)

- 229/101 'They never talked to me about...': perspectives on aged care resident transfer to emergency departments; by Glenn Arendts, Aurora Popescu, Denise Howting ... (et al): Wiley. *Australasian Journal on Ageing*, vol 34, no 2, June 2015, pp 95-102.  
The present study aimed to explore perspectives of three groups concerning transfers from aged care facilities to hospital emergency departments. The authors sought to reveal factors influencing transfer decisions; how active each group was in making decisions; and to what extent groups ceded decision-making to others. Semi-structured interviews were carried out with 11 residents, 14 relatives and 17 staff with content analysis of interview transcripts. The three groups substantially differed in their involvement with initiating, and attitudes towards, transfer. Residents were least likely to be involved in the decision, yet most likely to support transfer. Staff felt conflicted between their desire to provide optimal treatment for one ill resident, and their obligations to other residents under care. Staff perspectives were largely consistent with published data, but this was compared with new results for other informant groups. Overall, group expectations and preferences differed substantially. Service delivery to meet all preferences presents a challenge for health service design. (JL)  
ISSN: 14406381  
From : [wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)
- 229/102 The costs and benefits of paying care home workers in the UK the living wage.; by Hilary Ingham, Sally-Marie Bamford, Geriant Johnes, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.  
Findings, 3163, October 2015, 4 pp.  
This research investigated earnings below the Living Wage (LW) for staff in care homes for older people. It looked at what the costs and benefits of increasing pay might be and identified how this pay increase could be funded. It found that low pay in care homes is widespread, but differences emerge by gender, age, type of provider and geographical area. The estimated annual wage cost of paying the LW to all care home staff in 2014 is £830 million for the UK, increasing to almost £1 billion when National Insurance and pension contributions are factored in. Paying higher wages reduces the need for in-work benefits, conservatively estimated at £19 per week per household in 2014. This LW would not therefore necessarily bring about significant increases to household income for low-income households. The new National Living Wage announced in the Summer 2015 Budget will affect at least 50% of care home workers. Including National Insurance and pension contributions, it would cost £387 million per year for the UK. Proposed reductions to in-work benefits mean that many low-income households will lose out on any potential gains in income. Care homes with self-funded residents are most likely to be able to afford a wage increase whilst providers heavily dependent on local authority funding are least likely, given that local authorities fees are currently failing to cover the cost of residential care. The most compelling funding option is for central government to make more funds available to care home providers, given that it will receive additional funds from increases in tax and national insurance receipts and reductions to in-work benefits payments. The net public sector cost of the LW would be £286 million per year. (NH/RH)  
ISSN: 09583084 From : <https://www.jrf.org.uk/report/costs-and-benefits-paying-all-lowest-paid-care-home-workers-uk-living-wage>
- 229/103 The dark side of Norwegian nursing homes: factors influencing inadequate care; by Wenche Malmedal, Randi Hammervold, Britt-Inger Saveman.: Emerald.  
*Journal of Adult Protection*, vol 16, no 3, 2014, pp 133-151.  
The purpose of this paper was to investigate factors that influence the probability that nursing home staff will commit acts of inadequate care, abuse and neglect. In the present study, a cross-sectional survey was carried out in one county in the middle of Norway. Random sampling, stratified by size of nursing homes, and location (rural or urban areas), was used to select a variety of nursing homes from a total population of 55. All staff working in 16 nursing homes were asked to participate in the study. A response rate of 79 per cent was achieved. Study findings revealed that location and size of the nursing home, age of the staff, education level, job satisfaction, resident aggression, and conflicts between residents and staff predict inadequate care, abuse and neglect. The most consistent findings are that resident aggression increases the risk for all three types of inadequate care, and that conflicts predict different types of inadequate care depending on whether the conflicts are related to direct care-giving activities or not. Nursing home care is an important part of care for older people, and should be characterised by good quality services. The relation between inadequate care and resident aggression, conflicts, and other factors shown in this study points to the relevance of further improvements in nursing home practices to minimise the occurrence of episodes of inadequate care, abuse and neglect. (JL)  
ISSN: 14668203 From : [www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

229/104 Digging deep: how organisational culture affects care home residents' experiences; by Ann Killeth, Diane Burns, Fiona Kelly (et al.): Cambridge University Press.  
Ageing and Society, vol 36, no 1, January 2016, pp 160-188 (and erratum, p 224).  
Organisational culture of institutions providing care for older people is increasingly recognised as influential in the quality of care provided. There is little research, however, that specifically examines the processes of care home culture and how these may be associated with quality of care. The authors draw from an empirical study carried out in the United Kingdom (UK) investigating the relationship between care home culture and residents' experience of care. Eleven UK care homes were included in an in-depth comparative case study design using extensive observation and interviews. Analysis indicates how the organisational culture of care homes affects the quality of care residents receive. Seven inter-related cultural elements were of key importance to quality of care. The authors applied Schein's conceptualisation of organisational culture, to examine the dynamic relationship between these elements in order to show how organisational culture is locally produced and shifting. A particular organisational culture in a care home cannot be achieved simply by importing a set of organisational values or the 'right' leader or staff. Rather, it is necessary to find ways of resolving the everyday demands of practice in ways that are consistent with espoused values. It is through this everyday practice that assumptions continuously evolve, either consistent with or divergent from espoused values. Implications for policy makers, providers and practitioners are discussed. The study was funded by the Department of Health (DH) and the charity Comic Relief through the PANICOA Preventing Abuse and Neglect in Institutional Care of Older Adults) research programme. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

### **RETIREMENT**

(See Also 229/53)

229/105 To leave or not to leave: retirement intentions and retirement behaviour; by Per Erik Solem, Astri Syse, Trude Furunes (et al.): Cambridge University Press.  
Ageing and Society, vol 36, no 2, February 2016, pp 259-281.  
Research on the correspondence between retirement intentions and subsequent behaviour is scarce.  
The authors used five-year high-quality quantitative panel data on Norwegian older workers, to explore possible associations between retirement intentions and behaviour. Retirement intentions operate at different levels of firmness: (a) considerations; (b) preferences; and (c) decisions. Compared to work continuation considerations, a targeted age for retirement improved predictive power, whether the target was preferred or decided, and particularly so if the target (i.e. the preferred or decided age of retirement), corresponded with a normative retirement age. Because more workers are able to state a preferred age of retiring than a decision about when to retire, preferences may be better proxies for retirement behaviour than decisions, when the issue is planning for policies. The correspondence between intentions and behaviour varies primarily by health, education and type of work. Older workers with poor health and workers with low education often retire earlier than they would prefer. Blue-collar workers often retire earlier than they had decided. These findings illustrate the possible effect of labour market resources, not only for older workers' labour market participation, but also for their opportunities to work up to the age they prefer or had decided. Even for white-collar workers and those in good health, constraints seem to apply when they wish to retire late. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

### **RISK**

229/106 Aging with rising risk: have older households experienced faster-growing risk exposure than younger ones since the 1990s?; by Christian Weller, Sara Bernardo.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 27, no 3, July-September 2015, pp 232-254.  
Financial markets have been characterized by boom and bust cycles since the 1980s, while the responsibility for managing retirement wealth has increasingly shifted onto individual households at the same time. In the United States, policy makers and experts have expressed concern that older householders appear to be increasingly exposed to growing financial risks just as they near retirement. This article considers household data from the US Federal Reserve's Survey of Consumer Finances from 1989 to 2010 in order to analyse the correlation between age and risk exposure. The authors test whether older householders' risk exposure has indeed grown over time; whether it has increased more than that of younger householders; and whether changes in the demographic composition of older householders have contributed to older households' rising risk exposure. They also test the degree to which increases in risk exposure can be traced to a growing

concentration of household assets held in stocks and housing, and to rising householder indebtedness. Their results indicate that risk exposure has grown more for older householders than for younger ones, that demographic changes among older householders have contributed to additional increases in older householders' risk exposure, and that the growth of older householders' risk exposure is driven more by rising risky asset concentration and less by greater indebtedness. (RH)  
ISSN: 08959420

## RURAL ISSUES

- 229/107 Making rural and remote communities more age-friendly: experts' perspectives on issues, challenges, and priorities; by Verena Menec, Sheri Bell, Sheila Novek (et al.): Taylor and Francis. *Journal of Aging and Social Policy*, vol 27, no 2, April-June 2015, pp 173-191.  
With the growing interest worldwide in making communities more age-friendly, it is becoming increasingly important to understand the factors that help or hinder communities in attaining this goal. The focus of this article is rural and remote communities. The authors present perspectives of 42 experts in the areas of ageing, rural and remote issues policies who participated in a consensus conference on age-friendly rural and remote communities. Discussions highlighted that strengths in rural and remote communities, such as easy access to local leaders and existing partnerships, can help to further age-friendly goals. However, addressing major challenges, such as lack of infrastructure and limited availability of social and health services requires regional or national government buy-in and funding opportunities. Age-friendly work in rural and remote communities is ideally embedded in larger age-friendly initiatives and supported by regional or national policies, programmes, and funding sources. (RH)  
ISSN: 08959420  
From : <http://www.tandfonline.com>

## SEXUALITY

- 229/108 Natural(ly) men: masculinity and gendered anti-ageing practices in Finland and the USA; by Hanna Ojala, Toni Calasanti, Neal King, Ilkka Pietila.: Cambridge University Press.  
*Ageing and Society*, vol 36, no 2, February 2016, pp 356-375.  
The neo-liberal ideologies that point to individual responsibility for risks increasingly influence countries of the global North. The anti-ageing industry reflects this dictate and encourages middle-aged people to use their products and services to manage their ageing. However, given the negative connotations attached to the term 'anti-ageing', which is usually seen to focus on aesthetics and thus be a woman's concern, men may be likely to disavow being involved in such activities. The article uses interview data collected from men aged 42-70 from Finland and the United States of America to explore whether and how men adhere to the call to manage their ageing when such anti-ageing activities are seen to be potentially feminising. The authors find that these men reflected neo-liberalism in the sense that they felt that, although ageing cannot be prevented, it can be controlled. Also while they generally rejected anti-ageing products and services that they judged to affect aesthetics, they reported that they use those that they define as promoting health and performance instead. For them, masculinity is the instrumental focus on performance to the exclusion of beauty or attractiveness. Masculine anti-ageing bodily strategies must also be 'natural', involving hard work rather than the use of products, which they regard as never having been scientifically proven to enhance performance. Thus, in talk of their anti-ageing, men distance themselves from women. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 229/109 Swimming upstream: the provision of inclusive care to older lesbian, gay and bisexual (LGB) adults in residential and nursing environments in Wales; by Paul Willis, Tracey Maegusuku-Hewett, Michael Raithby, Penny Miles.: Cambridge University Press.  
*Ageing and Society*, vol 36, no 2, February 2016, pp 282-306.  
This paper examines the ways in which older people's residential and nursing homes can constitute heteronormative environments - social spaces in which the same-sex attractions and desires of residents are disregarded in the provision of everyday care. The aim is to examine the synergies and differences between older lesbian, gay and bisexual (LGB) adults' expectations for future care home provision, and the expectations of care staff and managers in providing residential services to older people with diverse sexual backgrounds. The authors present qualitative evidence from research into the provision of care environments in Wales. They present findings from two cohorts: first, from five focus groups with care and nursing staff and managers; and second, from 29 semi-structured interviews with older LGB adults (50-76 years) residing in urban and rural locations across Wales. They argue that residential care environments can constitute heterosexualised spaces in which LGB identities are neglected in comparison to the needs and preferences of other residents. They discuss how care staff and managers can be more attentive

and responsive to the sexual biographies of all residents; and argue against the separation of care and sexual orientation in practice. (RH)  
ISSN: 0144686X  
From : [journals.cambridge.org/aso](http://journals.cambridge.org/aso)

## **SOCIAL CARE**

(See Also 229/49, 229/67)

- 229/110 The end of formal adult social care: a provocation by the ILC-UK; by Ben Franklin, Centre for Later Life Funding, International Longevity Centre UK - ILC-UK. London: ILC-UK, December 2015, 11 pp.  
This "provocation" has been conducted by the ILC-UK Centre for Later Life Funding and supported by Age UK. It provides detailed analysis of the social care funding measures outlined in the Chancellor of the Exchequer's Autumn Spending Review 2015. It finds that although the number of over 80s has risen by 800,000 in the last decade, the numbers accessing care services have fallen by half a million (or by 30%) since 2008/09. The author estimates that some 1.86 million people age 50+ in England (10%) have unmet care needs, an increase of 120,000 people (7%) since 2006/07. Analysis of data from 326 local authorities shows that the councils with the highest concentration of older people and unpaid carers will be the ones that will bring in the least amount of money from the 2% council tax precept. Even if proposals bring £3.5bn into adult social care (most unlikely), this will still only mean that spending on care returns to 2015 levels by the end of the parliament in 2020. Among unintended side effects is that increasing pressures on unpaid carers will have a significant economic impact, preventing more people from continuing in work. The report argues that the UK does not have the required infrastructure to move to a model of care that relies so heavily on family and community support; and that if this were to happen, significant extra investment would be needed. Without greater support, both financial and in terms of more formal care support, greater unpaid caring could risk an erosion in the quality of care provided. (RH)  
From : [http://www.ilcuk.org.uk/images/uploads/publication-pdfs/The\\_end\\_of\\_formal\\_social\\_care\\_1.pdf](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/The_end_of_formal_social_care_1.pdf)

- 229/111 Older persons' experiences and perspectives of receiving social care: a systematic review of the qualitative literature; by Jose de Sao Jose, Rosanna Barros, Sanda Samitca, Ana Teixeira.: Wiley Blackwell.  
Health and Social Care in the Community, vol 24, no 1, January 2016, pp 1-11.  
Although social care for older people as a topic has gained increased attention from academics, professionals, policy makers and the media, we know little about this topic from the perspectives of older people. This article presents and discusses a systematic review of relevant qualitative research-based evidence on older people's experiences and perspectives of receiving social care published between 1990 and September 2014. This review aimed to obtain answers to the following questions: How is the reception of social care experienced by the older persons? What are the negative and positive aspects of these experiences? What are the factors which influence the experiences? The synthesis of the findings of reviewed papers identified six analytical themes: asking for care as a major challenge; ambivalences; (dis)engagement in decisions concerning care; multiple losses as outcomes of receiving social care; multiple strategies to deal with losses originated by the ageing process; and properties of 'good care'. These themes are discussed from the point of view of their implications for theory, care practice and social policy, and future research. (RH)  
ISSN: 09660410  
From : [wileyonlinelibrary.com/journals.hsc](http://wileyonlinelibrary.com/journals.hsc)

## **SOCIAL INCLUSION**

(See 229/97)

## **SOCIAL NETWORKS**

- 229/112 The moderating effect of personality type on the relationship between leisure activity and executive control in older adults; by Nikki L Hill, Feng Lin, Jeanine M Parisi, Ann Kolanowski.: Taylor and Francis.  
Activities, Adaptation and Aging, vol 39, no 2, April-June 2015, pp 153-176.  
The authors examined the moderating effect of personality on the association between leisure activities and executive control in 49 healthy community-dwelling older Americans. Two distinct personality typologies were found: individuals with a resilient personality were characterized by emotional stability and self-confidence; and those who resembled an over-controlled personality tended to be introverted but also low on neuroticism. Resilient individuals were more likely than

over-controlled individuals to demonstrate higher executive function and attention as a result of participation in mental activities. These results suggest that personality might be important to include in studies that test the efficacy of activity interventions for improving cognition. (RH)  
ISSN: 01924788  
From : <http://www.tandfonline.com>

- 229/113 A qualitative study on the types and purposes of social activities in late life; by Jason D Flatt, Tiffany F Hughes, Patricia I Documet (et al.): Taylor and Francis.  
Activities, Adaptation and Aging, vol 39, no 2, April-June 2015, pp 109-132.  
Different types of social activities may be important for cognitive health and well-being. this qualitative study examines older adults' subjective views on the types and purposes of social activities. In-depth interviews were conducted with a purposive sample of 20 older adults (aged over 50) in different neighbourhoods in Allegheny County, Pennsylvania, with low (n = 10) and high (n = 10) memory performance. The authors used grounded theory methods to analyse the narrative data. Four types of social activities \_ altruism, creativity, game, and motion \_ were identified. The purpose of social activities included enjoyment, relaxation, stimulation, and belongingness. Those in the low memory performance group seemed to face more barriers to participation. (RH)  
ISSN: 01924788  
From : <http://www.tandfonline.com>

### **VOLUNTEERING**

- 229/114 Decision time: will the voluntary sector embrace the age of opportunity?: Final report of the Commission on the Voluntary Sector and Ageing; by Commission on the Voluntary Sector and Ageing; New Philanthropy Capital; International Longevity Centre UK - ILC UK. London: New Philanthropy Capital, March 2015, 13p.  
The Commission on the Voluntary Sector and Ageing was established by New Philanthropy Capital (NPC) working in partnership with International Longevity Centre UK (ILC-UK), to put ageing on the agenda for the voluntary sector. Focused on England, the Commission has aimed to provide long-term and strategic thinking about how best the sector can prepare for and adapt to an ageing society in the next 20 years. This final report suggests that voluntary organisations and funders must be prepared to do new things and to do them in a different way. What is required is the end of age barriers, and adapting to capitalise on the talent of the whole population. Although there is a need to be age aware, at the same time there is a need to be "age neutral", promoting well-being for longer lives. Links and references in this report can be found at [www.voluntarysectorageing.org](http://www.voluntarysectorageing.org) - as are other previous papers. (RH)  
From : NPC, 185 Park Street, London SE1 9BL.
- 229/115 The perceived benefits of participating in voluntary activities among older people: do they differ by volunteer characteristics?; by Sheelah Connolly, Eamon O'Shea.: Taylor and Francis.  
Activities, Adaptation and Aging, vol 39, no 2, April-June 2015, pp 95-108.  
Previous research has linked volunteering with a catalogue of well-being indicators; however, it is unclear whether all volunteers derive the same benefit. In Ireland, the Third Age - an older people's organisation and social enterprise - organises voluntary work opportunities for older and younger people on a number of nationwide volunteering programmes. This article examines the perceived benefits of volunteering among older people (age 55+) participating in either the Senior Help Line of Failte Isteach programme, with the aim of determining whether the benefits differ by volunteer characteristics. The study found that volunteers reported a wide range of benefits emerging from their volunteering, including increased socialisation and self-worth. There was some evidence to suggest that benefits vary by volunteer characteristics with the older-old, the less educated, and the retired reporting the greatest benefit. In addition, different subgroups may benefit in different ways. Recognizing and responding to the potential benefits of volunteering to different groups is important in the recruitment and retention of volunteers. (RH)  
ISSN: 01924788  
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