

New Literature on Old Age

EDITOR

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VOLUME
39

NUMBER
230

2016

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 230/98)

- 230/1 Are adults in need of support and protection being identified in emergency departments?; by Alison Jarvis, Kate Fennell, Annette Cosgrove.: Emerald.
Journal of Adult Protection, vol 18, no 1, 2016, pp 3-13.
Frequent attendance at emergency departments (EDs) has been identified in adult protection reviews as a potential warning sign of the escalation of someone's vulnerability. Concern has been expressed about the engagement of the National Health Service (NHS) in adult protection and the small number of NHS adult protection referrals. More specifically ED departments have been identified as an area of high patient throughput where there has been little evidence around how well adult support and protection (ASP) was being delivered. In this study a series of audits were undertaken in three different hospitals across a large Scottish Health Board accessing ED at different times of day on different days of the week to test whether NHS staff working in EDs were identifying adults who met the criteria of an 'adult at risk'. The audits identified a total of 11 patients from a total sample of 552 records examined who may have met the criteria to be considered an adult at risk, although further information would have been required to make a fully informed decision. It is essential that NHS Boards proactively support practice in ED settings so staff are able to identify adults at risk of harm under the ASP legislation so that ED staff are responsive to ASP needs. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm
- 230/2 Bruising in older adults: what do social workers need to know?; by Sarah A O Matthews, Janet Reynolds.: Emerald.
Journal of Adult Protection, vol 17, no 6, 2015, pp 351-359.
The purpose of this paper was to discuss a research study exploring one aspect of adult safeguarding, that of non-accidental injury in older adults, specifically bruising. The study was undertaken with a view to analysing the current relevant literature and examining current practitioners' views concerning bruising in older adults in order to understand social work practitioners' awareness of and training in bruising. The paper describes a small-scale research study including two focus groups of social work and nursing practitioners. Themes arising from transcripts were coded by the analyst and discussed in light of the summary and explanation of the literature reviewed following an initial scoping and exclusion exercise. The paper found that there was some evidence of typical and atypical non-accidental bruising emerging in older adults similar to that of children, but this tended to be treated as a clinical matter and mostly directed at medical staff. This paper will be of interest to all those concerned with the effective understanding of bruising as a sign of non-accidental injury in older people and especially the extent to which social work practitioners and others have to consider bruising during the course of their work with older people. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm
- 230/3 Developing an adult safeguarding outcome measure in England; by Caroline Norrie, Cher Cartwright, Pritpal Rayat ... (et al): Emerald.
Journal of Adult Protection, vol 17, no 5, 2015, pp 275-286.
There are currently no national adult safeguarding outcome measures that focus on people who have been through an adult safeguarding investigation in England. There is a need for local authorities (LAs) and their partners to be able to measure whether the services provided to adults at risk of abuse and neglect are effective. This paper describes the cognitive testing phase of a study to develop and implement a standardised adult at risk outcome measure in adult safeguarding for use by LAs in England. An outcome measure (a set of seven survey questions administered in a face to face interview) was cognitively tested in three LAs with adults at risk and/or their carers for whom an investigation of abuse had been concluded with the aim of assessing whether it was commonly understood. A set of guidance notes was designed and LA staff who assisted with the survey were interviewed about its usability and the feasibility of administering the survey. Findings showed that the survey questions required modifications to improve their reliability, validity and comparability. LA staff also suggested that improvements were needed in the guidance document and survey. LA managers, adults at risk and their carers were all willing to be involved in the survey and it was considered feasible to proceed with piloting the measure. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

- 230/4 Exploring the boundaries between interpersonal and financial institution mistreatment of older people through a social ecology framework; by Corina Naughton, Jonathan Drennan.: Cambridge University Press.
Ageing and Society, vol 36, no 4, April 2016, pp 694-715.
Interpersonal financial abuse of older people is well documented, but the potential role of financial institutions is rarely examined. Financial institution mistreatment describes direct and indirect practices by financial institutions that threaten older people's financial well-being. This analysis was based on a survey of community-dwelling older people (N = 2,021) aged 65 years and older in Ireland, and examined self-reports of interpersonal and financial institution mistreatment. The prevalence of interpersonal financial abuse was reported by nearly 2% of respondents, compared to 1% for financial institution mistreatment. The socio-demographic and health characteristics of the group who experienced interpersonal financial mistreatment were different from those who reported financial institution mistreatment. The boundaries between the two phenomena were explored using a social ecology framework that reflects the influences of ageism and normative practices on elder abuse. The study confirms previous international evidence on interpersonal financial abuse, and provides preliminary data on financial mistreatment by financial institutions. The evidence has implications for policy and current preventative strategies that tend to ignore the influence of macro-contextual factors such as legislative and institutional normative practices, government policies and societal attitudes that can act as permissors of some types of financial mistreatment. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 230/5 How does leadership contribute to safeguarding vulnerable adults within healthcare organisations?: A review of the literature; by Emma L Stevens.: Emerald.
Journal of Adult Protection, vol 17, no 4, 2015, pp 258-272.
The purpose of this paper was to identify aspects of leadership and evaluate their contribution to safeguarding vulnerable adults in healthcare organisations through conducting a critical review of literature. The study sought to identify or adapt a leadership framework to contribute to safeguarding vulnerable adults in healthcare organisations through analysis of the literature. Literature was sourced from a variety of health and social care databases and grey literature. All inclusions underwent rigorous critical appraisal and a total of 18 papers were explored. The importance of clear leadership and direction was a common theme across the majority of sources. Aspects of leadership that could safeguard vulnerable adults in health care organisations included organisational culture, implementation of policies, procedures and frameworks, and reinforcing strong values and ethics around empowering individuals and delivering person-centred care. Through the meta-synthesis of findings, a model of leadership emerged that could be applied within healthcare organisations to safeguard vulnerable adults. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm
- 230/6 Neglect, abuse, and violence against older women: Special issue; by Elsie Yan, Patricia Brownell (eds).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 27, nos 4-5, August-December 2015, pp 277-526.
The Division for Social Policy and Development of the United Nations (UN) Department of Economic and Social Affairs organised an Expert Group Meeting on Neglect, Abuse and violence of Older Women, which was held 5-7 November 2013. The meeting focused on the conceptual policy and societal challenges related to neglect, abuse, and violence against older women. Papers in this special issue of Journal of Elder Abuse and Neglect are part of the outcome of that EGM. While international in perspective, most of the papers report on situations in the US; other countries that are considered are Serbia (this is on financial abuse), Ghana, China, Canada and Australia. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 230/7 Neglecting justice?: Exploring Scottish convictions for ill-treatment and wilful neglect; by Christopher Godwin, Kathryn Mackay.: Emerald.
Journal of Adult Protection, vol 17, no 4, 2015, pp 234-244.
The purpose of this paper was to explore the perceived low number of Scottish criminal convictions in cases of ill-treatment or wilful neglect of adults where the victims experienced mental disorder and/or incapacity. Human rights and anti-discrimination legislation were drawn upon to consider whether victims were gaining equality of access to justice through the charging and conviction of those who committed these offences. The paper used the concept of parity of participation to first set out the wider legal framework in which access of justice took place and to try to determine how it may have been working in practice. The paper then explored Scottish guidance, research and case law in relation to ill-treatment or wilful neglect to evaluate the seeming lack of progress towards criminal convictions. Whilst the legal framework, at least on

paper, appears to promote equality of access to justice, little is known about how it is working in practice – in particular whether cultural barriers to participation are being addressed. Evaluation of Scottish statistical data on cases of ill-treatment and wilful neglect revealed a small number of cases progressing to court though there were challenges in constructing a pathway from charges to convictions. There also appeared to be no Scottish legal opinions published in connection with these cases. Overall there appears to be scant information available on the number and nature of Scottish prosecutions for ill-treatment or wilful neglect. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

230/8 A practice framework to support the Care Act 2014; by Tony Stanley.: Emerald.
Journal of Adult Protection, vol 18, no 1, 2016, pp 53-64.
The purpose of this paper was to discuss how the signs of safety and wellbeing practice framework offers a practical and logical reinforcement for the Making Safeguarding Personal programme within the practice context of the Care Act. The new practice framework orientates safeguarding practice to be person led and person centred while reinforcing an outcomes focus. The principal social worker co-led the design and pilot programme where the new practice framework was developed and trialled. A practice framework that houses the policy and practice updates needed to deliver the Care Act and Making Safeguarding Personal agenda is logical and necessary for the practitioners. An outcomes focus is encouraged because safeguarding practice is goal orientated and outcome focused. A debate about how practice frameworks can help achieve the Making Safeguarding Personal approach and deliver on the Care Act principles is offered. This is a new and important debate for adult social care. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

230/9 Preparation for safeguarding in UK pre-registration graduate nurse education; by Julie McGarry, Charley Baker, Claire Wilson ... (et al): Emerald.
Journal of Adult Protection, vol 17, no 6, 2015, pp 371-379.
It is now widely acknowledged that health care professionals on the front line of care delivery will often be among the first to whom patients or clients who have experienced abuse will present or disclose abuse in a clinical context. It is therefore of pivotal importance that all health care professionals, including nurses, are adequately prepared at the earliest opportunity to respond to a disclosure of abuse or identify where abuse may be suspected. In this study the authors present a model, developed in the UK, for the embedding of safeguarding knowledge, skills and attitudes within undergraduate pre-registration nursing curricula. This model is integrative and focuses on the acquisition of knowledge and skills in the field of safeguarding vulnerable adults and children. Study findings showed that student evaluation to date has been extremely positive with the majority of student responses indicating that individuals felt that they had received the requisite level of educational support and knowledge to enable them to recognise concerns. However it was also clear that students felt that the knowledge gained within the classroom setting needed to be supported and translated into the practice setting. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

230/10 A review of literature exploring the possible causes of abuse and neglect in adult residential care; by Andrew Hutchison, Biza Stenfert Kroese.: Emerald.
Journal of Adult Protection, vol 17, no 4, 2015, pp 216-233.
The purpose of this paper was to present a systematic review of empirical research exploring possible causal and risk factors linked to abuse or neglect in residential care facilities. Electronic database searches were conducted in order to identify and synthesise relevant studies, and sample characteristics, design characteristics and outcome data were extracted from each paper. The information was then collated and summarised. Each study was evaluated using Sale and Brazil's (2004) cross-paradigm framework of trustworthiness and rigour. In all, 17 papers met the inclusion criteria for this review. Results revealed that research in this area has utilised a diverse range of methodological approaches to explore abuse and/or neglect within the context of residential services for older adults and adults with learning disabilities. Possible causal and risk factors identified were separated into those that operated at a cultural or organisational/environmental level and those that operated at an individual or interpersonal level. While there are limitations associated with presenting a review of such a diverse group of studies, this paper presents a valuable synthesis of the empirically derived causal and risk factors linked to the abuse and neglect of adults in care. Additionally, readers are able to obtain a comprehensive overview of the quality of empirical research. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

- 230/11 The role of the Court of Protection in safeguarding; by Alex Ruck Keene, Kelly Stricklin-Coutinho, Henry Gilfillan.: Emerald.
Journal of Adult Protection, vol 17, no 6, 2015, pp 380-390.
The purpose of this paper was to outline how questions relating to capacity arise in the context of safeguarding, and when applications to the Court of Protection are required in relation to those who may lack capacity. It also sought to provide guidance as to how applications to the Court of Protection should be made so as to ensure that they are determined effectively and in a proportionate fashion. The paper drew on the practical experience of practising barristers appearing before the Court of Protection, and on the experience of a social worker who was an MCA/DOLS lead at a London local authority. Overall study findings showed that when to go to the Court of Protection in the safeguarding context is poorly understood, and there has not been proper recognition of the fact that proceedings for 'adult care orders' have a strong forensic analogy with applications for care orders in relation to children. It is only by recognising these forensic similarities that local authorities can make proper use of the Court of Protection in the discharge of their duties to vulnerable adults in their area. (JL)
ISSN: 14668203 [From : www.emeraldgroupublishing.com/jap.htm](http://www.emeraldgroupublishing.com/jap.htm)
- 230/12 Social work and safeguarding adults; by Lyn Romeo.: Emerald.
Journal of Adult Protection, vol 17, no 3, 2015, pp 205-207.
In this paper Lyn Romeo, Chief Social Worker for Adults, discusses the positive impact of the 'Making Safeguarding Personal' (MSP) programme. The author identifies the connection between the core knowledge and skills requirements for social workers to the MSP approach to practice as well as commenting on how MSP projects have contributed to develop the evidence base for social work in adult social care. She concludes that a person-centred, outcome-based approach to safeguarding adults can benefit people who have are at risk of or experience harm or abuse. (JL)
ISSN: 14668203 [From : www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)
- 230/13 Staff-reported strategies for prevention and management of resident-to-resident elder mistreatment in long-term care facilities; by Tony Rosen, Mark S Lachs, Jeanne Teresi (et al): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 281, no 1, January-February 2016, pp 1-13.
Resident-to-resident elder mistreatment (R-REM) in nursing homes is frequent and leads to adverse outcomes. Nursing home staff responses may significantly mitigate R-REM's impact, but little is known about current practices. The objective was to identify common staff responses to R-REM. The authors interviewed 282 certified nursing assistants (CNAs) in five US urban nursing homes on their responses during the previous 2 weeks to R-REM behaviours of residents under their care. Ninety-seven CNAs (34.4%) reported actions responding to R-REM incidents involving 182 residents (10.8%), describing 22 different responses. Most common were physically intervening or separating residents (51), talking calmly to settle residents down (50), no intervention (39), and verbally intervening to defuse the situation (38). Less common were notifying a nurse (13) or documenting in behaviour log (4). Nursing home staff report many varied responses to R-REM, a common and dangerous occurrence. CNAs seldom documented behaviours or reported them to nurses. (RH)
ISSN: 08946566 [From : http://tandfonline.com](http://tandfonline.com)
- 230/14 A triadic perspective on elder neglect within the home care arrangement; by Liat Ayalon.: Cambridge University Press.
Ageing and Society, vol 36, no 4, April 2016, pp 811-836.
The present Israeli study evaluates a conceptual model of elder neglect within the home care arrangement that takes into consideration the older adult, his or her family members, and the home care worker. Data from 223 complete care-giving units, which consist of an older adult, a family member and a home care worker, were analysed using structural equation modelling. Overall, 31.5% of the older adults, 18% of the care workers and 32.3% cent of the family members reported at least one type of elder neglect. The proposed model showed a reasonable fit to the data. There was an inverse effect from type of home care to family member's burden and elder neglect, with live-in (around the clock) care being associated with lower levels of family member burden and elder neglect compared with live-out Israeli home care (provided for several hours per week). The amount of informal assistance provided by family members was inversely related to the amount of burden reported by home care workers, with greater informal assistance being associated with lower levels of worker burden. The findings call for the important role of formal home care by demonstrating a potentially protective effect for live-in migrant home care. The study also emphasises the shared burden between formal and informal sources of care. An appendix details the neglect scale used, which asks the carer about how frequently the older adult needed particular services in the previous year; the older adult is asked for the same information, but rephrased. (RH)
ISSN: 0144686X
[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

230/15 Understanding repeated visits to adult protective services; by Allison Susman, Kristin E Lees, Terry Fulmer.: Emerald.
Journal of Adult Protection, vol 17, no 6, 2015, pp 391-399.
The purpose of this U.S. study was to explore Protective Service (PS) caseworker opinions as to why some older adults require repeated services. Using a constructivist grounded theory approach, focus groups were conducted with a major Adult Protective Services (APS) office, recorded, transcribed and analysed using thematic analysis. Results from the qualitative analytic method of thematic analysis produced four overarching themes: poor communication between referral sources and APS; PS caseworkers as gatekeepers; self-determination; and changes in health conditions and family dynamics. These new data add depth to the understanding of the PS caseworker experience and help guide research related to areas that need educational interventions with older adults who access APS and the professionals and families involved in such cases. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

230/16 Wales' safeguarding policy and practice: a critical analysis; by Carys Phillips.: Emerald.
Journal of Adult Protection, vol 18, no 1, 2016, pp 14-27.
The safeguarding and protection components of the Social Services and Well-being (Wales) Act 2014 offers the culmination of four years' consultation by the Law Commission and many years of evolving policy and practice with a view to protecting adults from harm. The purpose of this paper was to offer both scrutiny and challenge for Wales's policymakers and practitioners alike. The author argues that Wales has failed to implement previous recommendations in relation to institutional abuse. Currently in Wales, there are individuals employed in safeguarding lead roles who have no social care qualification. This apparent 'loophole' has not to date been highlighted by either of the regulatory bodies within Wales (CSSIW/CCfW). However the Williams Review in April 2014 is set to change the local authority landscape in Wales, and there is scope for developing the function of adult safeguarding. Wales's failure to recognise institutional abuse as a distinct category may have impacted on its ability to respond to abuse in nursing and care as well as hospital settings. This failure is not the only safeguarding anomaly within Wales's arrangements for protecting those who are at risk of abuse. The paper goes on to describe gaps in the NHS and professional accountability. (JL)
ISSN: 14668203
From : www.emeraldgroupublishing.com/jap.htm

ACTIVE AGEING

230/17 Active ageing and the built environment; by Liz Cairncross, Housing Learning and Improvement Network - Housing LIN. London: Housing Learning and Improvement Network - Housing LIN, February 2016, 15 pp (Practice briefing).
Public Health England commissioned the Housing LIN (Learning and Improvement Network) to produce this briefing, which looks at how different aspects of the built environment can promote and sustain active ageing. It includes case studies, and good practice examples on issues such as outdoor falls, environmental factors, and making outdoor spaces that are attractive and help promote well-being. It is intended for those working in social housing, local government, and the care and support sectors to understand their roles in developing and maintaining a built environment that contributes to active ageing. (RH)
From : http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Practice_briefings/HLIN_PracticeBriefing_PHE_ActiveAgeing.pdf

AGEING (GENERAL)

230/18 Tomorrow's world: the future of ageing in the UK: planning tomorrow today; by International Longevity Centre UK - ILC UK.: International Longevity Centre UK, February 2016, 54 pp.
ILC-UK held the first Future of Ageing Conference on the 24th November 2015. This report sets out some of the key themes which emerged from the Conference, namely: the future population profile; the future of health and care in an ageing society; individual and societal wealth in an ageing society; work in an ageing society; and housing in an ageing society. 'Worst' and 'best' case scenarios are presented; 'worst case' portrays what may happen if the status quo remains, while 'best case' highlights what may happen if all of the challenges are met and the opportunities are taken. The report sets out ten indicators of progress which will be explored at conferences over the next few years: health must find a way to be more responsive and preventative; government must make progress in delivering a long term settlement to pay for social care; savings levels for working age adults must increase; average age of exit from the workforce should rise; the number and type of homes built should be increasingly appropriate for our ageing society; Government should make progress in facilitating greater risk sharing in accumulation and decumulation of retirement income; we must have a more informed older consumer; our aspirations for retirement

must be about much more than us spending more hours watching television; businesses should better respond to ageing; and we must strengthen the social contract between young and old. (RH)
From : http://www.ilcuk.org.uk/index.php/publications/publication_details/tomorrows_world_the_future_of_ageing_in_the_uk

ALCOHOL AND DRUG MISUSE

- 230/19 Alcohol consumption and tobacco smoking among community-dwelling older Australian men: the Concord Health and Ageing in Men Project; by Jenni Ilomaki, Danijela Gnjidic, David G Le Couteur ... (et al.): Wiley.
Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 185-192.
The present study aimed to describe the prevalence and correlates of alcohol consumption and tobacco smoking among older Australian men. Self-reported alcohol and tobacco use were assessed among a random sample of 1705 community-dwelling men aged 70 or more years living in Sydney from 2005 to 2007. Logistic regression was used to compute odds ratios (ORs) and 95% confidence intervals (CIs) for factors associated with alcohol and tobacco use. Study results showed that the prevalence of heavy or excessive drinking was 19.2%, daily drinking 33.7%, and binge drinking 14.1%. Daily drinking was associated with chronic pain. Binge drinking was associated with anxiety and/or being widowed. Six per cent of men were current smokers and 56.7% were former smokers. Former smoking was associated with comorbidities and polypharmacy. Overall, nearly one-fifth of older men drank heavily or excessively. This highlights the need for public health initiatives to reduce alcohol consumption in older people. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

- 230/20 It's about time: tackling substance misuse in older people: a briefing ... on behalf of the Recovery Partnership; by DrugScope. London: DrugScope, February 2014, 23 pp.
Although the number of older people with substance misuse problems is increasing, they remain a marginalised group whose needs are not always well met. This briefing sets out strategic, policy and good practice recommendations for substance misuse and older people's services. It covers routes into substance misuse for older people; and the associated risks, problems and barriers to support encountered. Case studies highlight positive interventions and recovery. Recommendations are made for policy and decision makers, substance misuse services, and older people' services. (RH)
From : DrugScope has since been replaced by DrugWise. Downloadable version of this report at: <http://www.drugwise.org.uk/older-people/>

ARTS AND MUSIC

- 230/21 The person within: exploring identity through digital art; by Bo Chapman, Zoe Flynn.: Hawker Publications.
Journal of Dementia Care, vol 23, no 6, November/December 2015, pp 30-32.
In summer 2014, the authors were approached by Central and Cecil (C&C) care homes to devise a digital arts project to introduce staff and residents to the creative potential of iPads (also called tablet computers). The authors describe the resulting project with the theme "The Person Within" that led to exhibitions of digital self-portraits during Dementia Awareness Week in May 2015, and at the UK Dementia Congress in Telford in November 2015. (RH)
ISSN: 13518372 From : <http://www.careinfo.org/journal-of-dementia-care/>

ASSISTIVE TECHNOLOGY

- 230/22 Smart technologies to enhance social connectedness in older people who live at home; by Meg E Morris, Brooke Adair, Elizabeth Ozanne ... (et al.): Wiley.
Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 142-152.
The present study aimed to examine the effectiveness of smart technologies in improving or maintaining the social connectedness of older people living at home. The authors conducted a systematic review and critical evaluation of research articles published between 2000 and 2013. Article screening, data extraction and quality assessment (using the Downs and Black checklist) were conducted by two independent researchers. 18 publications were identified that evaluated the effect of smart technologies on dimensions of social connectedness. Of these, 14 studies reported positive outcomes in aspects such as social support, isolation and loneliness. There was emerging evidence that some technologies augmented the beneficial effects of more traditional aged care services. Smart technologies, such as tailored internet programs, may help older people better manage and understand various health conditions, resulting in subsequent improvements in aspects of social connectedness. Further research is required regarding how technological innovations could be promoted, marketed and implemented to benefit older people. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

ATTITUDES TO AGEING

(See Also 230/82)

- 230/23 'It's our turn to play': performance of girlhood as a collective response to gendered ageism; by Anne Barrett, Miriam Naiman-Sessions.: Cambridge University Press. Ageing and Society, vol 36, no 4, April 2016, pp 764-784. In our society that values men over women and youth over old age, sexism and ageism intersect to erode women's status more rapidly and severely than men's. However, limited attention is given to women's responses to their devaluation, particularly collective efforts to either resist or accommodate dominant beliefs about ageing women. The authors examine membership in the Red Hat Society, an international organisation for middle-aged and older women, as a response to gendered ageism. Drawing on data from semi-structured interviews with members (N = 52), their analysis focuses on the group's 'performance of girlhood', which involves adopting children's social roles, dressing up and playing. The authors examine its resonance with a dominant cultural metaphor for old age as 'second childhood', illustrating how it not only provides opportunities for resistance to gendered ageism but also contributes to its entrenchment. The behaviours constitute performance that resists gendered ageism, by increasing ageing women's visibility and asserting their right to leisure. However, its features reproduce inequality, valuing youth over old age and depicting older women as girls engaging in frivolous activities, which can be seen as obstructing social change. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 230/24 Ageing at home, co-residence or institutionalisation?: Preferred care and residential arrangements of older adults in Spain; by Celia Fernandez-Carro.: Cambridge University Press. Ageing and Society, vol 36, no 3, March 2016, pp 586-612. This paper examines the opinions of Spanish older people regarding the ideal living situation in later life - living in their own home, co-residing in a relative's home or institutionalisation - differentiating between two hypothetical situations: healthy ageing and frailty. Data are drawn from the Instituto de Mayores y Servicios Sociales (Institute of Older People and Social Services; IMSERSO) survey Encuesta de Mayores 2010 (Older People Survey 2010), comprising 2,535 individuals aged 65 and over living in private dwellings. The results confirm that residential preferences vary depending on expected health conditions. Remaining in one's own home is preferred when older people foresee a healthy old age, whilst co-residence at a relative's home turns into the favoured solution if older people have to face some physical or cognitive limitation. The particularities of the Spanish context regarding family-oriented values about care responsibilities and the structural deficiency in the provision of formal support, in addition to other socio-demographic, psychological and attitudinal aspects, were explanatory factors of the lower desirability for ageing at home in the case of frailty. The findings question the uniform image of 'ageing in place' as a preference, inviting reflections on the need to distinguish between later-life stages and national contexts. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 230/25 Later life in 2015: an analysis of the views and experiences of people aged 50 and over; by ipsos MORI; Centre for Ageing Better. London: Centre for Ageing Better, December 2015, 24 pp. The Centre for Ageing Better commissioned ipsos MORI to carry out research to investigate factors that lead to a better later life, by exploring older people's views. The most important factors and the things that most worry people as they age are physical health and not having enough money. Using a mixed methods approach and cluster analysis of data from the English Longitudinal Study on Ageing (ELSA) suggests that older people fit into six broad groups: thriving boomers; downbeat boomers; "can do" and connected; worried and disconnected; squeezed middle age; and struggling and alone. This report outlines the findings from the research. A separate methodology paper (37 pp) (<http://www.ageingbetter.org.uk/our-work/other-activities/after-life-2015/>) provides further information about the segments and details about the research approach taken. An interactive report (<http://laterlife.ageing-better.org.uk/>) aims to convey the lived experience of people in each of the six segments, with a particular focus on their health, financial situation and social connections - the three factors that were consistently identified as being important for a good later life. (RH)
From: <http://www.ageing-better.org.uk/wp-content/uploads/2015/12/Later-life-in-2015-Ipsos-MORI-Ageing-Better1.pdf>

BLACK AND MINORITY ETHNIC GROUPS

(See Also 230/36, 230/68, 230/85, 230/103)

230/26

The language needs of residents from linguistically diverse backgrounds in Victorian aged care facilities; by Susannah J Runci, Barbara J Eppingstall, Eva S van der Ploeg ... (et al): Wiley. *Australasian Journal on Ageing*, vol 34, no 3, September 2015, pp 195-198.

The present study aimed to investigate the language needs of residents of aged care facilities within the State of Victoria, Australia, and to determine what language resources were accessible to them. Postal questionnaires were sent to 586 aged care facilities, enquiring about residents' and staff members' languages and language-specific resources. The response rate was 38%. The majority of facilities had residents who spoke non-English languages, and 55 different languages were represented. Three-quarters of the facilities employed staff members who spoke to residents in non-English languages and employed language-specific resources. The metropolitan and ethnospecific facilities had a greater presence of non-English-speaking residents and staff and more commonly used language-specific resources in comparison with regional and mainstream facilities. Overall the study found a large number of languages used by many residents from non-English-speaking backgrounds, with evidence of a large unmet language resource need. Unmet need was greatest in rural areas. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

CARERS AND CARING

230/27

Lessons for regulating informal markets and implications for quality assurance: the case of migrant care workers in Austria; by Andrea E Schmidt, Juliane Winkelmann, Ricardo Rodrigues, Kai Leichsenring.: Cambridge University Press.

Ageing and Society, vol 36, no 4, April 2016, pp 741-763.

The rising number of private care arrangements in which live-in migrant care workers are engaged as a functional equivalent to family care calls for special attention by policy-makers and formal long-term care providers on their implications for quality assurance and professional standards in the long-term care sector. Austria is one of the first countries in Europe where tangible legal measures have been taken to regulate this area under the heading of '24-hour care', typically provided by middle-aged women. The reform measures implemented in 2007 have gone beyond policing and control mechanisms, to also include incentives and tangible subsidies for all stakeholders. This paper aims to contribute to a better understanding of the impact of these reforms on the transition from informal to formal economy, by focusing on quality assurance and working conditions. The authors analyse empirical data and findings from semi-structured interviews with relevant stakeholders by reference to a framework for informal (or illegal) markets by Beckert and Wehinger (2013). They discuss potential implications in terms of valuation, competition and co-operation for policy in Austria, and draw lessons for other countries. Results indicate that even after efforts to 'legalise' migrant care, the sector remains a grey area within modern labour market legislation and quality management. This is due to the very nature of personal care, low professional status associated with care work, and the reluctance of political stakeholders to regulate private household activities. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

230/28

Measuring the positive and negative aspects of the caring role in community versus aged care setting; by Julie F Pallant, Carol Reid.: Wiley.

Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 244-249.

The aim of this study was to investigate the positive and negative aspects of family caregiving in two settings: community and aged care facility. Postal questionnaires included the short Zarit Burden Interview (ZBI) and a scale developed for this study: Positive Aspects of Caring Scale (PACS). Analyses of responses of 90 carers showed high burden levels, with no difference between care settings. Carers of an older person with a cognitive condition showed higher burden. There was no association between carer burden and positive attitudes. Carers in community settings recorded lower levels of positive attitudes. The two measures (ZBI and PACS) may be a useful clinical tool to provide a balanced assessment of carers' experiences. The high burden found in both carer groups indicates the need for greater awareness and improved support for carers, across the care continuum, from home to aged care facility. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

CLIMATE AND CLIMATE CHANGE

- 230/29 Cold weather plan for England: protecting health and reducing harm from cold weather; by Shannon Katiyo, Stephen Dorey, Angie Bone, Public Health England; NHS England; Local Government Association - LGA; Met Office. London: Public Health England; NHS England, October 2015, 57 pp (PHE publications gateway number: 2015382; NHS publications gateway number: 04153).
The Cold Weather Plan for England is a framework intended to protect the population from harm to health from cold weather. It aims to prevent the major avoidable effects on health during periods of cold weather in England, by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately. It recommends a series of steps to reduce the risks to health from cold weather for: the NHS, local authorities, social care, and other public agencies; professionals working with people at risk; and individuals, local communities and voluntary groups. It includes a plan and evidence summary on planning to protect health in cold weather. The Cold Weather Plan is complemented by the NICE guideline, 'Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes'. Both documents offer strategic and practical recommendations for the NHS, public health, social care and other community organisations, to support vulnerable people who have health, housing or economic circumstances that increase their risk of harm. This plan is valid from October 2015 until further notice. (RH)
From: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/468160/CWP_2015.pdf
- 230/30 Excess winter deaths and illness and the health risks associated with cold homes; by NICE - National Institute for Health and Care Excellence.: NICE - National Institute for Health and Care Excellence, March 2015, 58 pp (NICE guideline, 6).
The health problems associated with cold homes are experienced during 'normal' winter temperatures, not just during extremely cold weather. Year-round action by many sectors is needed to combat these problems. This guideline makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The aim is to help reduce preventable excess winter death rates; improve health and well-being among vulnerable groups (including older people with disabilities, or with cardiovascular, respiratory or mental health conditions); reduce pressure on health and social care service; reduce 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies; and improve the energy efficiency of homes. Improving the temperature in homes, by improving energy efficiency, may also help reduce unnecessary fuel consumption. The guidelines also draw attention to the evidence and any gaps. (RH)
From : Download: <https://www.nice.org.uk/guidance/ng6>
- 230/31 Learning from our older people: pilot study findings on responding to heat; by Margaret E Loughnan, Matthew Carroll, Nigel Tapper.: Wiley.
Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 271-277.
With the advent of climate change, it is important that strategies be put in place to minimise the effects of heat. These impacts can be compounded by other factors such as location and age. This exploratory pilot study focused on older people in a rural community in Victoria, Australia that regularly experienced hot weather. The study used a mixed methods approach which included a focus group, household interviews, daily diaries and collection of meteorological data. Generally the community was found to be well adapted to heat with all having modified their homes and behaviours to cope with extreme heat. There was, however, little understanding or planning regarding the potential health impacts of heat. There is a clear need for community-directed adaptation to best meet the needs of older people, particularly those living in urban areas, and for targeted public health campaigns to increase awareness of heat-health risks and disseminate the strategies identified in this community. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

COMMUNITY CARE

- 230/32 What do clients expect of community care and what are their needs?: The Community Care for the Elderly: Needs and Service Use Study (CENSUS); by Fleur Harrison, Lee-Fay Low, Anna Barnett ... (et al.): Wiley.
Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 208-213.
The present study aimed to investigate the relationship between objectively assessed care needs and expectations for care of older people and their carers, before commencement of community care services. Study participants were a cohort of 55 community-dwelling older adults and carers, recruited after receiving approval for government-subsidised community care services. Care needs and expectations of care were assessed at interview. Research findings showed that participants' and carers' expectations for their pending community care package did not correspond with unmet

participant needs. Instead, expectations corresponded with met needs, that is those for which they already received help, with the exception of expectations of domestic support and personal care. Participants' unmet needs were predominantly in social and recreational activities, eating and physical and mental health. As community care in Australia becomes consumer-directed by 2015, care services will need to empower clients and carers through education about their needs and available services, as part of the assessment and service negotiation process. (JL)
ISSN: 14406381 [From : wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

CRIME

- 230/33 "Winning and losing": vulnerability to mass marketing fraud; by Sean Oliver, Trish Burls, Lee-Ann Fenge, Keith Brown.: Emerald.
Journal of Adult Protection, vol 17, no 6, 2015, pp 360-370.
The purpose of this paper was to report the findings from a small qualitative study of victims of mass marketing fraud (MMF) and financial scams, exploring how they become involved in such activity and then sustain their involvement. The paper concludes with recommendations for practitioners involved in supporting vulnerable older people. The paper highlights a range of predisposing risk factors to MMF which emerged as key themes including the psycho-social background of the victim, emotional vulnerability, the need for meaningful activity and opportunities for engagement in meaningful social activity. The study concludes that professionals need to develop increased understanding of the complexities of sustained involvement in MMF, and the ways in which fraudsters manipulate potential victims by 'grooming' and luring through plausible schemes which appear genuine to the victim. (JL)
ISSN: 14668203 [From : www.emeraldgroupublishing.com/jap.htm](http://www.emeraldgroupublishing.com/jap.htm)

DEMENTIA

- 230/34 Dementia RED (Respect Empathy Dignity): collaborating to build dementia supportive communities in North Wales - reporting on a pilot project (innovative practice); by Annabel Chalk.: Sage.
Dementia, vol 15, no 2, March 2016, pp 257-262.
Dementia RED (Respect Empathy Dignity) is based on the twin concepts of people living with dementia as citizens in their community and developing 'bottom up' rather than 'top down' approaches to dementia supportive communities. Since most people with dementia prefer to live at home, community connectivity is key to maintaining healthy relationships and wellbeing. For those living with dementia, the community plays a pivotal role in providing their lives with value and meaning. Building dementia supportive communities helps to raise awareness about dementia in the community through engagement and from identifying champions in the locality to voice issues. (NH)
ISSN: 14713012
[From : http://dem.sagepub.com](http://dem.sagepub.com)

DEMENTIA CARE

- 230/35 Assessing the quality of environmental design of nursing homes for people with dementia: development of a new tool; by Richard Fleming, Kirsty Bennett.: Wiley.
Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 191-194.
The aim of the present study was to develop an environmental audit tool suitable for use across the spectrum of people with dementia. The existing Environmental Audit Tool was supplemented with items describing the environmental needs of people in the final stages of dementia. Two independent raters assessed 30 aged care homes using this draft tool and the Therapeutic Environment Screening Survey for Nursing Homes (TESS-NH). The Environmental Audit Tool-High Care, comprising eight sub-scales with acceptable levels of internal reliability, was constructed. Validity was assessed against the TESS-NH and the EAT-HC's ability to differentiate units specifically for people with dementia from other residential care units. The EAT-HC sub-scales' inter-rater reliability (ICC) ranged from 0.52 to 0.92. Correlations with the TESS-NH were highly significant. The EAT-HC total score differentiated between dementia-specific homes and others. These findings show that the EAT-HC can validly and reliably assess environmental features required by a wide range of people with dementia. (JL)
ISSN: 14406381
[From : wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)
- 230/36 Working with interpreters in a dementia care setting; by Julia Botsford, Karen Harrison Denning.: Hawker Publications.
Journal of Dementia Care, vol 23, no 6, November/December 2015, pp 18-19.
Communicating well with people from ethnic minorities who have dementia is essential. The authors discuss how interpreters can help and hinder. They offer some guidelines on working with

interpreters in a dementia care setting regarding when to use an interpreter; and things to consider before booking an interpreter, and before, during and after the appointment. Maintaining patient confidentiality and having an interpreter who can be impartial throughout (so not a family member) is essential. The authors conclude that attention to guidelines for working with interpreters can ensure that such interactions are both effective and culturally sensitive. (RH)

ISSN: 13518372

From : <http://www.careinfo.org/journal-of-dementia-care/>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

230/37 Age audit 2015: a snapshot of older people's lives in the UK; by National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, 2015, 7 pp.

Much has been written in recent years to suggest the UK is facing a 'demographic timebomb', caused by a growing number of older people with expensive health, care and pension needs. Also being argued is that older people are better off now than ever before. Contrary to views expressed in the media by politicians, think-tanks and other commentators, older people have not escaped austerity. Changes to the indexation of pensions and freezes to personal tax allowances have reduced the purchasing power of their income in the last five years, whilst severe cuts to social care budgets have left almost a million pensioners coping at home without any formal support. This Age Audit gives facts and figures about what it is like to grow older in the UK in the early 21st century, in terms of income, health, fuel poverty and winter mortality, diet, housing, social exclusion and isolation, and lifestyle. It also observes that a high proportion of people are not saving enough for their retirement; and that 42% of adults have no pension provision (apart from that provided by the state). Those that do, have a pension pot of around £47,000 - not enough to give a decent income in retirement. (RH)

From : <http://npcuk.org/?s=%22AGE+AUDIT+2015%22&submit=Go>

230/38 Local government and the demography of ageing: a joint commission by the Local Government Knowledge Navigator and the Local Government Association; by Maria Evandrou, Jane Falkingham, Madelín Gómez León (et al), ESRC Centre for Population Change - CPC, University of Southampton; Centre for Research on Ageing, University of Southampton; Local Government Association - LGA. Southampton; London: ESRC Centre for Population Change and Centre for Research on Ageing, University of Southampton; Local Government Association, March 2015, 44 pp (Need to know review, no 5).

The Local Government Knowledge Navigator is an initiative funded by the Economic and Social Research Council (ESRC), and steered by ESRC, Local Government Association (LGA) and the Society of Local Authority Chief Executives (SOLACE). 'Need to Know' reviews summarise research-derived knowledge and evidence relevant to topics that have been identified to the Knowledge Navigator as priorities by local government. This review on the demography of ageing and the role of local government focuses on the main opportunities and challenges posed by population ageing for policymakers at the local level. It considers the ways in which such opportunities and challenges might be tackled. It uses key indicators to discuss the characteristics of population ageing in the UK. It draws on national and European policy agendas on healthy ageing and health and social care needs. It examines the importance of independent living and choice in housing arrangements in later life. Lastly, it brings together evidence on well-being and quality of life across the life-course. (RH)

From : <http://eprints.soton.ac.uk/375203/1/Ageing%20Population%20digital.pdf>

DIET AND NUTRITION

(See Also 230/56, 230/57, 230/61)

230/39 Efficacy of nutrition education-based cooking workshops in community-dwelling adults aged 50 years and older; by Mireille Moreau, Hugues Plourde, Mary Hendrickson-Nelson, Joanne Martin.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 4, October-December 2015, pp 369-387.

Nutrition interventions offer an opportunity to meet the nutritional needs of community-dwelling older adults. This Canadian retrospective qualitative observational study aimed to determine if nutrition education-based cooking workshops offered in Southern Quebec helped improve dietary habits and nutrition-related knowledge, autonomy, and confidence among older adults. Participants (n = 144) in an 8-session cooking workshop programme completed pre- and post-workshop session questionnaires. Baseline nutritional risk (n = 116) and body mass index (n = 112) were assessed using the Elderly Nutrition Screening Questionnaire. Paired sample t-tests and McNemar analyses were performed to determine changes over time for knowledge, autonomy, confidence and dietary habits, and specific dietary behaviours, respectively. Pearson correlation tests were performed to assess associations between variables. Significant improvements were

observed over time in knowledge, confidence, and desired dietary habits, but not in autonomy. At the end of the intervention, a greater proportion of participants reported always consuming recommended amounts of whole grains, fruits and vegetables, water, and milk or milk alternatives. A significant association was observed between confidence and dietary habits and between knowledge and confidence. Food skills interventions that link nutrition knowledge with cooking competence offer the opportunity to improve dietary habits among community-dwelling older people. (RH)

ISSN: 21551197

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

230/40

Food anxiety is associated with poor health status among recently hospital-discharged older adults; by Anna Vaudin, Nadine R Sahyoun.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 245-262.

Older adults returning home from the hospital may encounter health issues that cause anxiety about their ability to obtain enough food. Home-delivered meal (HDM) services support nutritional needs and improve food security of those who cannot provide for themselves. A study conducted in six States examined feelings of anxiety about older people (aged 60+) getting enough food, comparing three time points: prior to hospitalisation, at hospitalisation (n = 566) and after receiving HDMs for two months post-hospitalisation (n = 377). Food anxiety during hospitalisation was significantly higher among Hispanic ethnicity, current and former smokers, diabetics, and those who eat alone or have difficulty shopping. Food anxiety was significantly lower from baseline to two months follow-up (P 0.0001), and participants showed improvements in certain coping strategies used to get their meals. Indicators of food anxiety can help the health care system and community nutrition services to target those at highest risk of negative health outcomes. (RH)

ISSN: 21551197

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

230/41

Food insecurity and health outcomes among older adults: the role of cost-related medication underuse; by Patience Afulani, Dena Herman, Alisha Coleman-Jensen (et al.): Taylor and Francis. Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 3, July-September 2015, pp 319-342.

The relationship between food security and cost-related medication under-use among older adults (age 65+) in the United States is examined. This study also aims to determine if this relationship differs by sex, chronic disease status, and type of health insurance. Data are from a combined sample of older adults in the 2011 and 2012 National Health Interview Survey (N = 10,401). Both bivariate and multivariate analyses show a dose-response relationship between food insecurity and cost-related medication under-use among older people increases likelihood of cost-related medication under-use with increasing severity of food insecurity (P 0.001). This association is not conditional on sex, chronic disease status, or type of health insurance. However, females and those with a chronic condition are more likely to report cost-related medication under-use than males and those without a chronic condition respectively. Also, older people with Medicare and Medicaid or other public insurance are less likely to report cost-related medication under-use than older people with only Medicare. (RH)

ISSN: 21551197

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

230/42

The impact of a home-delivered meal program on nutritional risk, dietary intake, food security, loneliness, and social well-being; by Lauri Wright, Lauren Vance, Christina Sudduth, James B Epps.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 218-227.

Maintaining independence and continuing to live at home is one solution to managing the rising health care costs of ageing populations in the United States. Furthermore, older people are at risk of malnutrition and food insecurity. Home-delivered meal schemes are a tool to address food, nutrition and well-being concerns of this population. This pilot study reviews the nutritional status, dietary intake, well-being, loneliness, and food security levels of older people participating in a Meals on Wheels (MOW) delivery service in central Florida. Clients who were new to this Meals on Wheels delivery service between January and April 2014 participated in pre- and post-phone interviews; of 62 older people enrolling (mean age 74.11), 51 completed the study. The survey was composed of five scales or questionnaires; and statistical analyses were conducted using SPSS. Improvements across all five measures were statistically significant after participating two months in the home-delivered meal service. Implications for further research, practice, and the Older Americans Act (OAA) are discussed. (RH)

ISSN: 21551197

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

230/43 Older Americans Act nutrition programs: a community-based nutrition program helping older adults remain at home; by Jean L Lloyd, Nancy S Wellman.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 90-109.
Nutrition interventions are important as the older population, most of whom live in the community, increases in size and diversity. They are key to leading a healthy, functional life and mitigating chronic health conditions. The Older Americans Act Nutrition Program served 86.3 million congregate and 137.4 million home-delivered meals to 1.6 million and 850,000 older adults, respectively (2012). Congregate and home-delivered participants were older, poorer, sicker, more functionally impaired, and at a greater risk of institutionalisation than the general U.S. older population. The Nutrition Program is publicly and privately funded. About 44% of congregate and 30% of home-delivered expenditures are from federal sources, which dropped from \$25 per older adult in 1990 to \$12 in 2013. Despite multiple funding sources, funding is insufficient for the expanding older population. Health, nutrition, and social service professionals need to coordinate their community-based services to truly help older adults remain in their homes. (RH)
ISSN: 21551197
From : <http://www.tandfonline.com>

230/44 Sustaining our nation's seniors through federal food and nutrition programs; by Erika Gergerich, Marcia Shobe, Kameri Christy.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 3, July-September 2015, pp 273-292.
Food insecurity is a pressing issue in the United States where one in six people suffer from hunger. The older adult population faces unique challenges to receiving adequate nutrition. The federal government currently employs four food and nutrition programs that target the older population in an effort to address their specific needs. These are the Congregate Meals and Home Delivered Meals Programs (provided through the Older Americans Act, or OAA), and the Senior Farmers' Market Nutrition Program, and Child and Adult Care Food Program (provided by the United States Department of Agriculture). As the older adult population continues to grow, it will be important to evaluate and improve these services and the social policies related to them. This review describes each policy; considers economic and political elements that have shaped each policy; describes the level of success for each policy; and offers suggestions for future research and food and nutrition program development. (RH)
ISSN: 21551197
From : <http://www.tandfonline.com>

DISABILITY

230/45 The role of aging and disability resource centers in serving adults aging with intellectual disabilities and their families: findings from seven states; by Caitlin E Coyle, Michelle Putman, John Kramer, Jan E Mutchler.: Taylor and Francis.
Journal of Aging and Social Policy, vol 28, no 1, January-March 2016, pp 1-14.
For the first time, adults with intellectual and developmental disabilities (I/DD) - such as Down syndrome and autism - are living to experience old age. The purpose of this project was to assess the activities of ageing and disability resource centres (ADRCs) as they seek to serve older adults with intellectual disabilities and their family caregivers. Data come from 21 in-depth qualitative interviews with ADRC staff in seven states. Results of this qualitative analysis indicate that ADRCs are not focusing explicitly on adults aging with I/DD and their family caregivers, but meeting the needs of this population is a future goal of ADRCs. Challenges related to accessing and providing information and referral services for adults aging with I/DD were described, and highlight existing unmet needs of this population. Supporting adults who simultaneously require ageing and disability services requires true coordination of aging and disability service systems. (RH)
ISSN: 08959420
From : <http://tandfonline.com>

ECONOMIC ISSUES

(See Also 230/75)

230/46 Budget briefing, July 2015; by National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, July 2015, 3 pp.
On 8 July 2015, Chancellor of the Exchequer George Osborne presented his Emergency / Summer Budget, announcing that a further £37bn worth of savings and spending cuts would be introduced over the next five years. This briefing covers the main items that were announced relating to older people. It also notes policies that were published in the March 2015 Budget. (RH)
From : <http://npcuk.org/2020>

EMPLOYMENT

- 230/47 Protocol for a mixed-methods longitudinal study to identify factors influencing return to work in the over 50s participating in the UK Work Programme: Supporting Older People into Employment (SOPIE); by Judith Brown, Joanne Neary, Srinivasa Vittal Katikireddi [et al].
BMJ Open 2015;5:e010525.doi:10.1136/bmjopen-2015-010525, 16 November 2015, 10 pp.
Increasing employment among older workers is a policy priority, given the increase in life expectancy and the drop in labour force participation after the age of 50. Reasons for this drop are complex but include poor health, age discrimination, inadequate skills or qualifications, and caring roles. However, there is limited evidence on how best to support this group back to work. The Work Programme is the UK Government's flagship policy to facilitate return to work (RTW) among those at risk of long-term unemployment. Supporting Older People Into Employment (SOPIE) is a mixed-methods longitudinal study involving a collaboration between academics and a major Work Programme provider (Ingeus). The study will investigate the relationship between health, worklessness and the RTW process for the over 50s. This article outlines the three main study components and its strengths and weaknesses. Embedded fieldwork will document the data routinely collected by Ingeus and the key interventions or activities delivered. The quantitative study investigates some 14,000 individuals (aged 16-64 years, with 20% aged over 50) who entered the Ingeus Work Programme in a 16-month period in Scotland and were followed up for 2 years. Employment outcomes (including progression towards work) and how they differ by client characteristics (including health), intervention components received and external factors will be investigated. The qualitative component will explore how employment services can be better tailored to the needs of the over 50s. Results will be disseminated through journal articles, national and international conferences. Findings will inform current and future welfare-to-work and job retention initiatives to extend healthy working lives. (RH)
ISSN: 20446055
From : <http://bmjopen.bmj.com/content/5/12/e010525.full.pdf+html>

END-OF-LIFE CARE

- 230/48 End of life care: helping people to be cared for and die at home; by Alison Giles, Housing Learning and Improvement Network - Housing LIN. London: Housing Learning and Improvement Network - Housing LIN, February 2016, 14 pp (Practice briefing).
Public Health England commissioned the Housing LIN (Learning and Improvement Network) to produce this briefing. Drawing on the Housing LIN's knowledge of the sector, it looks at the importance of end of life care delivered at home. It considers the context, inequalities in end of life care, and examples of good or emerging practice. It is intended to be a practical guide for those working in mainstream and/or specialist housing, care and support, and public health to understand their respective roles, and how they may work with each other and with the wider health care system, to help people to have their end of life care wishes met.
From : http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Practice_briefings/HLIN_PracticeBriefing_PHE_EndOfLife.pdf

FALLS

- 230/49 How do general practitioners engage with allied health practitioners to prevent falls in older people?: An exploratory qualitative study; by Alasdair Grant, Lynette Mackenzie, Lindy Clemson.: Wiley.
Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 149-154.
The present study aimed to explore general practitioners' (GPs') perceptions about their use of Chronic Disease Management (CDM) items to access allied health interventions, in particular occupational therapy and physiotherapy, with the purpose of preventing falls, as well as to identify GP support needs with regard to development of partnerships with local allied health practitioners. A qualitative study was conducted in the Sydney metropolitan area through individual semistructured interviews with eight GPs, which were recorded, transcribed and analysed thematically. Themes included (i) difficulties and opportunities associated with multidisciplinary care; (ii) potential for CDM items to be used to support falls prevention strategies; and (iii) the user-friendliness of the CDM items. Effective coordination of multidisciplinary care between GPs and allied health professionals was desired but difficult to achieve through the CDM system, making translation of falls prevention evidence into clinical practice challenging. Further education on falls prevention and CDM item modification is needed to bridge this gap. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

FAMILY AND INFORMAL CARE

(See Also 230/96)

- 230/50 The composition of parents' and grandparents' child-care time: gender and generational patterns in activity, multi-tasking and co-presence; by Lyn Craig, Bridget Jenkins.: Cambridge University Press.
Ageing and Society, vol 36, no 4, April 2016, pp 785-810.
How do grandparents spend their child-care time? The authors examine how the composition of grandparent child care differs from parent child care, and whether child-care composition is more gender-similar for grandparents than for parents. They use the most recent (2006) Australian Bureau of Statistics Time Use Survey to investigate along three dimensions: (a) the activities child care consists of (routine versus non-routine); (b) whether it is multi-tasked (and whether it is paired with productive activities or with leisure); and (c) whether it is done solo or with a partner present. They find that fathers' and grandmothers' active child care is similarly apportioned between routine and non-routine activities, while mothers spend much more, and grandfathers spend much less, of their child-care time in routine care activities. Fathers and grandfathers spend similar proportions of their child-care time multi-tasking with leisure (about 50%) and performing care without their spouse present (about 20%), differing significantly from women on both these measures. Gender differences in the proportion of child care multi-tasked with productive activities (paid work, domestic work or other child care) are the same in both generations. However, gender differences in the proportion of child care spent in routine activities and done without a partner present, are significantly less for grandparents than for parents. The narrower gender gaps result from grandmothers spending less of their child-care time on these measures than mothers, not from grandfathers spending more of their child-care time on these measures than fathers. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 230/51 The space of family care-giving in Australian aged care facilities: implications for social work; by Maree Petersen, Jill Wilson, Olivia Wright (et al).: Oxford University Press.
British Journal of Social Work, vol 46, no 1, January 2016, pp 81-97.
While the importance of involving families in care provision in residential care facilities is recognised, how to achieve an inclusive care space that balances the needs of families, residents, staff and the sector's regulatory requirements remains problematic for social work and the aged care sector. In this paper, a spatial perspective is used to examine the role of family carers in residential care facilities in Australia. Information obtained from focus groups with families, naturalistic interviews with staff and families, and observations of mealtimes in one case study site is analysed thematically to demonstrate how the physical, social and symbolic meanings of space interact to produce or impede family care-giving. The findings provide important guidelines for social work in this setting, suggesting practice at micro, mezzo and macro levels. These include the acknowledgement of families in care-giving, genuine partnerships between staff and families, and family-inclusive policies within facilities. In addition, this paper highlights how the social work profession and the residential care sector more generally can strengthen their person-centred focus, engage with families, and lessen the marginalisation of families in care-giving. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org

HEALTH CARE

- 230/52 A focus group study investigating medical decision making in octogenarians of high socioeconomic status with successful outcomes following cardiac surgery; by John C Oldroyd, Michele R Levinson, Gemma Stephenson ... (et al).: Wiley.
Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 174-179.
The present study aimed to explore medical decision making among octogenarians having cardiac surgery. Five focus groups were conducted in a private hospital setting with octogenarians of high socioeconomic status who had successful cardiac surgery in the previous 3-13 months. The octogenarians' motivations for having cardiac surgery included survival, relief of symptoms, convenience and improving quality of life. The decision to have surgery involved clinical advice by doctors that the time had come to take up a surgical option. The patients' decisions did not take into account alternative treatment options either because these had not been presented by doctors or because medical management had failed. The final decision was made by patients. Decisions to have cardiac surgery are made by octogenarian patients after discussions with family based on their risks as communicated by their doctors. This underlines the importance of effective risk communication by doctors to help patients make appropriate medical decisions. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

230/53

Outcomes of cognitively impaired older people in transition care; by Nancye May Peel, Kah Wai Chan, Ruth Eleanor Hubbard.: Wiley.

Australasian Journal on Ageing, vol 34, no 1, March 2015, pp 53-57.

The benefits of Transition Care Programs (TCPs) for patients with cognitive impairment are not well established. This study aimed to investigate the impact of TCP on patients according to their cognitive status. In this prospective cohort study, 351 patients were comprehensively assessed at TCP admission using the interRAI Home Care instrument and divided into two groups based on scores on the Cognitive Performance Scale. Of 346 patients assessed for cognition, 242 (69.9%) were considered cognitively intact, and 104 (30.1%) were classified as cognitively impaired. There were no significant differences in TCP outcomes between the two groups, including community living at six months, hospital readmission rates or achievement of TCP goals. Cognitively intact and cognitively impaired patients have similar outcomes post-TCP. Older patients should not be refused Transition Care based on the presence of cognitive impairment. (JL) ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

HEALTH SERVICES

(See Also 230/53)

230/54

Briefing: The health and care of older people in England 2015; by Jill Mortimer, Marcus Green, Age UK. [January 2016 update] London: Age UK, February 2016, 62 pp.

This report updates that first published in October 2015; it takes account of and comments on measures introduced in the Autumn Statement and Comprehensive Spending Review 2015 (HM Treasury). During the summer of 2015, Age UK commissioned Britain Thinks to carry out focus groups with older people about what they wanted from the NHS and social care. This report states that while most greatly value the NHS and their health care professionals, there are concerns about having access to the right care at the right time in the right place. Most of the report is based on information in more than forty graphs and charts from a range of authoritative sources, to analyse the extent to which needs are being met by health and care services. It finds that older age groups are more likely to have health conditions, but which are preventable and mostly manageable. On social care funding and services, there has been a sharp decline in funding since 2010: resources are increasingly focused on those with the greatest needs, leading to a rise in unmet need, and pressure on unpaid carers. On the NHS, funding increases have not kept pace with rising demands and costs. The report points to a system under stress, with more hospital admissions that might have been avoidable with appropriate care, and delayed discharges thereafter. If we are to be confident about future needs being met, the Government must make changes to funding. The Comprehensive Spending Review 2015 included measures centred on social care that will start to take effect from 2016/17. For example, local authorities with social care responsibilities will be able to raise funds through a social care precept, raising council tax by up to a further 2% above the existing permitted threshold. The report concludes that while measures introduced by the Comprehensive Spending Review 2015 are to be welcomed, they appear to fall short of meeting future challenges. (RH)

From : http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Briefing-The_Health_and_Care_of_Older_People_in_England-2015-UPDATED_JAN2016.pdf?dtrk=true

HOME CARE

(See Also 230/24, 230/42)

230/55

'At home it's just so much easier to be yourself': older adults' perceptions of ageing in place; by Damien Stones, Judith Gullifer.: Cambridge University Press.

Ageing and Society, vol 36, no 3, March 2016, pp 449-481.

By 2050, the number of people in Australia aged over 85 is expected to quadruple. Yet, from a socio-psychological research perspective, little is known about the experiences of people who continue to live at home during late old age (85 years and over), a period when challenging problems associated with ageing escalate and threaten to compromise independence. Utilising a qualitative methodology, the subjective lived experience of 23 very old adults (19 women, four men, mean age 90.7 years, range 85-101 years) who live independently in rural Australia were elicited. The aims of the research were to understand their thoughts and feelings about ageing in place at home, and what psychological, social and practical adaptive strategies they employ to cope with difficulties encountered during very old age. In-depth interviews were analysed in an interpretive phenomenological tradition of thematic analysis, interpretation of paradigm cases, and interpretation of exemplars. Participants described how historical, cultural and environmental contexts shaped their everyday thoughts, activities and what was meaningful for them. The findings add to our understanding of the largely unnarrated lives of the very old, suggesting a need

for person-centred home-care assessment processes and aid significant others (family, friends and neighbours), in order to understand better what very old adults need to live independently. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

230/56 Does participation in home-delivered meals programs improve outcomes for older adults?: Results of a systematic review; by Anthony D Campbell, Alice Godfryd, David R Buys, Julie L Locher.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 124-167. Participation in home-delivered meals programmes may contribute to the health and independence of older adults living in the community, especially those who are food insecure or those who are making transitions from acute, subacute, and chronic care settings to the home. The purpose of this study was to conduct a comprehensive and systematic review of all studies related to home-delivered meals in order to shed light on the state of the science. A complete review of articles appearing in PubMed using the keyword "Meal" was conducted; and titles, abstracts, and full-texts were screened for relevance. Included in this review are 80 articles. Most studies are descriptive and do not report on outcomes. Frequently reported outcomes included nutritional status based on self-reported dietary intake. Additionally, most studies included in this review are cross-sectional, have a small sample size, and/or are limited to a particular setting or participant population. More rigorous research is needed to (1) gain insight into why so few eligible older adults access home-delivered meals programmes, (2) support expansion of home-delivered meals to all eligible older adults, (3) better identify what home-delivered meals models alone and in combination with other services works best and for whom, and (4) better target home-delivered meals programs where and when resources are scarce. (RH)
ISSN: 21551197 [From : http://www.tandfonline.com](http://www.tandfonline.com)

230/57 Home- and community-based meal services for older adults: Special issue; by David R Buys, Julie L Locher (eds).: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 81-272. Articles in this special issue of Journal of Nutrition in Gerontology and Geriatric consider what the evidence reveals regarding home- and community-based meal and nutrition services for older people - from an American perspective. Results of a systematic review on whether participation in home-delivered meals programs improves outcomes for older adults highlight what is known and the gaps to be filled. In other articles, the sampled populations considered range from local to nationwide, and the research evidence base generally relies on observational findings based on small, local reports. The editors conclude that the key message that emerges is that a more rigorous and systematic approach to data collection and analysis is needed whether considering existing schemes or possible alternatives. (RH)
ISSN: 21551197 [From : http://www.tandfonline.com](http://www.tandfonline.com)

230/58 Important features of home-based support services for older Australians and their informal carers; by Nikki McCaffrey, Liz Gill, Billingsley Kaambwa (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 23, no 6, November 2015, pp 654-664. In Australia, newly initiated, publicly subsidised 'Home-Care Packages' designed to assist older people (aged 65 years and over) living in their own home must now be offered on a 'consumer-directed care' (CDC) basis by service providers. However, CDC models have largely developed in the absence of evidence on users' views and preferences. This study aimed to determine what features (attributes) of consumer-directed, home-based support services are important to older people and their informal carers, to inform the design of a discrete choice experiment (DCE). Semi-structured, face-to-face interviews were conducted in December 2012-November 2013 with 17 older people receiving home-based support services and 10 informal carers from 5 providers located in South Australia and New South Wales. Salient service characteristics important to participants were determined using thematic and constant comparative analysis and formulated into attributes and attribute levels for presentation within a DCE. Initially, eight broad themes were identified: information and knowledge, choice and control, self-managed continuum, effective co-ordination, effective communication, responsiveness and flexibility, continuity, and planning. Attributes were formulated for the DCE by combining overlapping themes such as effective communication and co-ordination, and the self-managed continuum and planning into single attributes. Six salient service features that characterise consumer preferences for the provision of home-based support service models were identified: choice of provider, choice of support worker, flexibility in care activities provided, contact with the service co-ordinator, managing the budget, and saving unspent funds. Best practice indicates that qualitative research with individuals who represent the population of interest should guide attribute selection for a DCE: this is the first study to employ such methods in aged care service provision. Further development of services could incorporate methods of consumer engagement such as DCEs which facilitate the identification and quantification of users' views and preferences on alternative models of delivery. (RH)
ISSN: 09660410 [From : wileyonlinelibrary.com/journals/hsc](http://wileyonlinelibrary.com/journals/hsc)

230/59

The Japanese voluntary sector's responses to the increasing unmet demand for home care from an ageing population; by Mayumi Hayashi.: Cambridge University Press. Ageing and Society, vol 36, no 3, March 2016, pp 508-533.

As Japan faces the challenge of the increasing demand for home care from its ageing population in an era of economic constraints, the expectation has evolved that the voluntary sector will fill the shortfall in statutory provision through semi-volunteers providing affordable home care. Drawing on qualitative interviews with managers from 15 voluntary organisations, this article explores their experiences in trying to meet this expectation. Even though most organisations provided supplementary home-care services, the empirical evidence indicates a limited capacity to deliver this expectation, with respondents aware of the deteriorating situation. It has been ascertained that supply mechanisms differ between the traditional voluntary - and the new hybrid - organisations. The former employ 'cost-efficient' labour such as 'paid volunteers' on below minimum pay rates. In contrast, the 'hybrids' use paid employees at regular pay rates, a finding that contradicts optimistic assumptions about the ideological role of 'traditional' voluntary organisations. This article suggests the importance of acknowledging diverse responses from the voluntary sector, including the new hybrids with their acknowledgement of voluntary and commercial imperatives. Open mindedness and a preparedness to revise interpretations of the earlier 'models' of the voluntary sector are essential. The conclusion proposes that the best strategy to unlock the voluntary sector's full potential to deliver supplementary home care is a multi-platformed approach, with adequate funding from the public purse, which pragmatically maximises resources. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

230/60

A model home-delivered meals program to support transitions from hospital to home; by Jinmyoung Cho, Jennifer L Thorud, Sherry Maraishak-Simon (et al.): Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 34, no 2, April-June 2015, pp 207-217. Meals On Wheels, Inc (MOWI) of Tarrant County, Fort Worth, Texas collaborated with local community-based organisations and hospitals to provide home-delivered meals and an evidence-based medication management intervention as a care transition service. The model programme was designed to address risk factors commonly associated with preventable hospital readmissions. MOWI staff provided meals to 121 patients recently discharged from an inpatient hospitalisation or emergency department visit from March 2013 through March 2014. A total of 18,010 meals were delivered to the 121 clients. On average, clients received 6.25 meals per week with meal delivery starting, on average, 8.95 days post-discharge. Ninety-three of the 121 clients also elected to receive the HomeMeds program. Client self-report of health care utilisation (e.g. hospital readmission) at three months and six months was lower than expected given client characteristics. Positive changes in the Emergent Care Assessment and resolution of medication alerts provide additional evidence of a positive effect of the home-delivered meals program. More research is needed to document the benefits of home-based care supports following hospitalisation. (RH)

ISSN: 21551197

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

HOSPITAL CARE

230/61

Hospital admissions in poorly nourished, compared with well-nourished, older South Australians receiving 'Meals on Wheels': findings from a pilot study; by Natalie Luscombe-Marsh, Ian Chapman, Renuka Visvanathan.: Wiley.

Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 164-169.

The present study aimed to evaluate whether 'Meals on Wheels' (MOW) improves health and reduces hospital admissions in poorly nourished (PN) older people. 250 older South Australians were retrospectively classified: (i) PN receiving MOW (MOW PN); (ii) PN not receiving MOW (non-MOW PN); and (iii) well-nourished (WN). Data regarding their health were compared. Health outcomes at baseline for MOW PN and non-MOW PN were not different, but both were worse than the WN. Over 12 months, weight loss was 2-3 times greater in both PN than WN groups. Hospital admissions were not different for MOW PN compared with non-MOW PN and WN, but non-MOW PN had 2.9 as many admissions and spent five days more in hospital than WN. Providing MOW to nutritionally vulnerable older people may not prevent age-related decline in health, although a potential reduction in hospital admissions warrants investigation. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

HOSPITAL DISCHARGE

(See 230/40, 230/60)

HOSPITAL SERVICES

- 230/62 Operational productivity and performance in English NHS acute hospitals: unwarranted variations: an independent report for the Department of Health by Lord Carter of Coles; by Patrick Carter. [London]: [Department of Health], February 2016, 88 pp.
Lord Carter of Coles is Chair of the NHS Procurement and Efficiency Board. This review looked at productivity and efficiency in English non-specialist acute hospitals, which account for half of the total health budget. It found "significant unwarranted variation across all of the main resource areas", estimated as "worth £5bn in terms of efficiency opportunity"; but a significant proportion of this £5bn cannot be unlocked, unless delays in transfer are managed more effectively - a point discussed in the section, Quality and efficiency across the patient pathway, on delayed transfers of care. A repeated message of discussions with trusts was of the challenges faced with two wider system issues, one of which is delayed transfers of care. The report gives examples of practice which resolve problems identified. The report recommends that the Department of Health (DH), NHS England and NHS Improvement, working with local government representatives, "provide a strategy for trusts to ensure that patient care is focussed equally upon their recovery and how they can leave acute hospital beds; or transfer to a suitable step down facility as soon as their clinical needs allow, so they are cared for in the appropriate setting for themselves, their families and their carers."
From : Download at: <https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>

HOUSING

(See 230/31)

HOUSING WITH CARE

(See Also 230/24, 230/91)

- 230/63 Review of community facilities in Australian retirement villages: a content analysis; by Bo Xia, Martin Skitmore, Jian Zuo, Laurie Buys.: Wiley.
Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 144-148.
Facilities in retirement villages form a supportive environment for older residents. The purpose of this paper was to investigate the provision of these facilities, which are regarded as a viable accommodation option for the increasing ageing population in Australia. A content analysis of facilities in 124 retirement villages operated by 22 developers in Queensland and South Australia was conducted. It was found that the most widely provided facilities are community centres, libraries, barbeque facilities, hairdressers/salons and billiards/snooker/pool tables. Commercial operators provide more facilities than not-for-profit organisations, and larger retirement villages normally have more facilities due to the economies of scale involved. The results of this study provide a useful reference for providing facilities within retirement villages that may support the quality lifestyles of older residents. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 230/64 The use of common spaces in assisted living schemes for older persons: a comparison of somatic and dementia units; by Margan Andersson, Jan Paulsson, Inga Malmqvist, Goran Lindahl.: Cambridge University Press.
Ageing and Society, vol 36, no 4, April 2016, pp 837-859.
This study explores how common spaces in assisted living schemes for older people are used by the residents. Common spaces are the major location for in-house social interaction on the units. Observation studies, group interviews with staff and individual interviews with residents, relatives, architects and key stakeholders in the context of Swedish elder-care were conducted. The results show a higher presence on the dementia units, compared to the somatic units. No significant correlation was found between the residents' mobility limitations and their degree of presence in the common spaces. The results also suggest a contradiction between the staff's intentions to provide a social context and the capabilities of the residents. Although common spaces are not used much between meals, the residents stress their importance for social interaction, suggesting that common spaces have important qualitative aspects, rather than quantitative. The results also show that few of the residents used the common spaces together with their relatives. The increasing use of assistive technology creates a shortage of space, suggesting a conflict between the efforts to create a home-like environment and the use of assistive technology. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

INTEGRATED CARE

230/65

Moving towards integrated aged care assessment: a comparison of assessment tools across three regional Victorian services; by Jeni Warburton, Suzanne Cowan, Pauline Savy, Fiona MacPhee.: Wiley.

Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 177-182.

Recent national aged care policy reforms in Australia are directed at streamlining entry into aged care services, building on the challenges associated with developing integrated assessment processes. Such reform is core to achieving a comprehensive, efficient process. This study reports on the first stage of a collaborative project with three regional aged care assessment services to explore how services can better work together and improve the assessment process. Specifically this paper reports the collection of local demographic and assessment data to describe and compare assessment tools and processes across services. Findings demonstrate the high level of need of those entering the community aged care system; the diversity of tools and processes utilised by the three services; and the high level of duplication and commonality across assessment categories. These suggest the need for improved service integration to clarify the assessment process for older people and conserve regional aged care workforce. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

INTERMEDIATE CARE

(See Also 230/53, 230/60)

230/66

Effects of a 4-week transitional care programme for discharged stroke survivors in Hong Kong: a randomised controlled trial; by Frances Kam Yuet Wong, Siu Yeung.: Wiley Blackwell.

Health and Social Care in the Community, vol 23, no 6, November 2015, pp 619-631.

Stroke rehabilitation involves care issues concerning the physical, psychosocial and spiritual aspects. Hospital-based rehabilitation has its limitations, because many of the care issues only emerge when patients return home. Transitional care models supporting patients after discharge from the hospital have proved to be effective among chronically ill patients, but limited studies have been conducted with stroke survivors. This study was a randomised controlled trial conducted to test the effectiveness of a transitional care programme (TCP), which was a nurse-led 4-week programme designed based on the assessment-intervention-evaluation Omaha System framework. Between August 2010 and October 2011, 108 stroke patients who were discharged home, able to communicate, and had slight to moderate neurological deficits and disability were randomised into control (n = 54) and intervention groups (n = 54). Data on the patient-related and clinical outcomes were collected at baseline, 4 weeks when the TCP was completed, and 8 weeks after discharge from hospital. Repeated measures analysis of variance with intention-to-treat strategy was used to examine the outcomes. There were significant between-group differences in quality of life, the primary outcome measure of this study, in both physical ($F(1, 104) = 10.15, P = 0.002$) and mental ($F(1, 104) = 8.41, P = 0.005$) domains, but only the physical domain achieved a significant time * intervention interaction effect ($F(1, 103) = 7.73, P = 0.006$). The intervention group had better spiritual-religion-personal measures, higher satisfaction, higher Modified Barthel Index scores and lower depression scores when compared with the control group. They also had lower hospital readmission and use of emergency room rates, but only the use of emergency room had significant difference when compared to control. This study is original in testing a transitional model among stroke patients discharged from hospital. The TCP shares common features that have been proved to be effective when applied to chronically ill patients, and the duration of 4 weeks seems to be adequate to bring about immediate effects. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

230/67

Understanding and improving older people's experiences of service transitions: implications for social work; by Denise Tanner, Jon Glasby, Shirley McIver.: Oxford University Press.

British Journal of Social Work, vol 45, no 7, October 2015, pp 2056-2071.

This paper examines the concept of transition and its centrality to later life experiences. It considers how an enhanced and more user-centred understanding of transitions can be harnessed to improve older people's experiences of moving into and between health and social care services. In particular, it focuses on the neglected dimension of subjective experiences of transition; and it considers how social workers can engage with older people's emotional responses at times of change to improve their experience of transition processes and outcomes. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

INTERNATIONAL AND COMPARATIVE

(See Also 230/59, 230/71, 230/87)

230/68

The (mis)matching of resources and assessed need in remote Aboriginal community aged care; by Di Bell, Melissa A Lindeman, John Binda Reid.: Wiley.

Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 171-176.

The aim of the present study was to examine processes of aged care needs assessment for Aboriginal people in remote central Australia to assist development of appropriate models of aged care. This was a qualitative study involving 11 semistructured interviews with aged care assessors and two focus groups with Aboriginal community members. The study reported four major themes concerning how needs assessments relate to realities of service delivery: cultural perspectives on aged care, context of service delivery, equity and access to services, and programme (mis)alignments. Disparities were found to exist between assessment recommendations and service availability, with a potential mismatch between Aboriginal understandings of needs, interpretations by individual assessment staff and programme guidelines. Incorporating a conceptual framework, such as the International Classification of Functioning, Disability and Health, into service guidelines to ensure structured consideration of a person's holistic needs may assist, as will building the capacity of communities to provide the level and type of services required. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

LEGAL ISSUES

(See 230/79)

LIFE-LONG LEARNING

230/69

Universal learning: findings from an analysis of serious case review executive summaries; by Jay Aylett.: Emerald.

Journal of Adult Protection, vol 18, no 1, 2016, pp 28-39.

The purpose of this paper was to report and discuss the findings of a thematic analysis from a survey of 114 serious case review (SCR) executive summaries in adult safeguarding. The Care Act 2014 (Section 44) makes the establishment of Safeguarding Adults Boards a statutory requirement. One of their responsibilities/functions is to undertake Safeguarding Adults Reviews (SAR-previously known as SCRs). They must also publish an annual report which includes the recommendations and actions from these SARs. This paper drew attention to the potential of SCRs as national learning materials, and offered recommendations for strengthening the scope for interpretation in practice. This paper mapped the findings and recommendations from 114 SCRs undertaken in England and Wales between 2000 and 2012. It then identified the dominant themes and universal lessons to emerge, and made suggestions for the improvement of learning. The demographic profile of SCRs bore some correlation to UK prevalence reports on perpetrator characteristics, but there was variance in relation to victim characteristics, where people with mental illness were the subject of SCRs with a level of frequency that did not mirror the prevalence of mental illness in reported abuse in the UK. The thematic analysis of conclusions and recommendations identified that these could be categorised as either idiosyncratic or bureaucratic. The quality and quantity of information contained within the various SCR executive summary reports collated evidenced the lack of consistency/standardisation. Consequently the analysis of demographic characteristics from these reports was compromised by incomplete data. In order to strengthen the scope of interpretation and understanding from future SARs to inform wider learning within the safeguarding community some national collation and standardisation is necessary. (JL)

ISSN: 14668203

From : www.emeraldgroupublishing.com/jap.htm

LONELINESS AND SOCIAL ISOLATION

(See Also 230/112)

230/70

Combating loneliness: a guide for local authorities; by Local Government Association - LGA; Campaign to End Loneliness; Age UK. London: Local Government Association, January 2016, 32 pp.

Loneliness is a significant and growing issue for many older people. This guide uses the latest evidence to set out a range of actions for effectively combating loneliness, focusing on older people. It offers a brief summary of key research on the issue of loneliness, and some practical steps every local authority, working in collaboration with other local partners, can take to tackle

the problem. These practical steps are illustrated by case studies drawn from around the country. (RH)

From : <http://www.local.gov.uk/documents/10180/7632544/L15-431+Combating+loneliness++a+guide+for+local+authorities/b4b88757-2623-4696-ae04-565892a58909>

230/71

Loneliness among older persons in Uganda: examining social, economic and demographic risk factors; by Abel Nzabona, James Ntozi, Gideon Rutaremwa.: Cambridge University Press. Ageing and Society, vol 36, no 4, April 2016, pp 860-888.

Later-life loneliness is becoming an area of great concern in Uganda in light of gradual weakening of extended family as a source of old-age human support. Although information about the effects of feeling lonely exists, little is known about the associated risk factors within the country's social and cultural setting. This paper discusses prevalence and correlates of feeling lonely among older persons. An interviewer-administered questionnaire was used to collect data on 605 older people in a 2012 cross-sectional study. Respondents were asked to evaluate how they felt in terms of loneliness during the administration of the questionnaire. A total of ten focus group discussions and 12 key informant interviews were also conducted to collect qualitative data. Binary logistic regression was used to predict factors affecting loneliness. Findings indicate that approximately seven in ten older people felt lonely. Older people residing in an urban area were more likely to be lonely than their counterparts living in a rural environment. In comparison with married older people, older people who were widowed were more likely to be lonely. Absence of a television and pension benefits, and prevalence of limb joint ill-health predicted loneliness. The findings have several implications, including developing age-friendly urban centres, encouraging old-age social organisations, decentralising the health-care system for older people, and establishing a special old-age fund. (RH)

ISSN: 0144686X From : journals.cambridge.org/aso

230/72

Predicting the prevalence of loneliness at older ages; by Jose Iparraguirre, Age UK.: Age UK, 2016, 20 pp.

The author uses data from Wave 5 (2010/10) of the English Longitudinal Study on Ageing (ELSA) to obtain predictors of loneliness and to test for the presence of spatial neighbouring effects (i.e. spatial dependence) among people aged 65+ across small geographical units in England. These results are applied to data from the Census 2011 to predict the prevalence of loneliness across England. The study finds a large variation in prevalence of loneliness across the country which cannot be explained by local area characteristics such as rurality or multiple deprivation. The results also tend to confirm what has been found in the literature, that widowhood, housing tenure and poor self-reported health are associated with higher prevalence of loneliness, while household size is inversely associated. The author concludes that the estimates can be used to identify hotspots and to design tailor-made interventions to address particular characteristics behind prevalence of loneliness in each area. Having a national or regional picture of the prevalence of loneliness across local areas should be of use in designing and evaluating joined-up policies that can be applied to local initiatives that could counter this problem. (RH)

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

LONG TERM CARE

230/73

Growing old together: sharing new ways to support older people; by Independent Commission on Improving Urgent Care for Older People, NHS Confederation. London: NHS Confederation, 2016, 42 pp.

The NHS Confederation launched the Commission on Improving Urgent Care for Older People in March 2015, which brings together experts from across the care system, and was set up because of concern that the care system is increasingly ill-adapted to the needs of older people, particularly those with long-term conditions and/or frailty. The Commission's aim has been to produce guidance for people involved in designing care for older people. This report outlines eight key principles to be used in any redesign of services: we must start with care driven by the older person's needs and personal goals; a greater focus on proactive care; acknowledge current strains on the system and allow time to think; care coordination and navigation; encourage greater use of multidisciplinary and multi-agency teams; ensure that workforce, training and core skills reflect modern-day requirements; leadership should encourage us to do things differently; and metrics must truly reflect the care experience for older people. The report makes the case for change, and describes case study evidence of successful urgent care systems in all sectors. Among recommendations are: building up online resource on the NHS Confederation website; peer-to-peer learning and training resources; and stakeholder engagement (including events). (RH)

From : <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Growing%20old%20together%20report%20%20final%20for%20web.pdf>

- 230/74 The impact of postponement of reforms to long-term care financing in England: a briefing note; by Ruth Hancock, Derek King, Shamil Popat, Care and State Pension Reform Team - CASPeR. London: Pensions Policy Institute, February 2016, 8 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. This briefing note assesses the financial implications of the delay in the introduction of the reforms for individuals who are likely to face care costs which exceed the cap in the interim period between April 2016 and 2020. (RH)
From : Download at: <http://www.pensionspolicyinstitute.org.uk/casper>
- 230/75 Long-term care insurance and market for aged care in Japan: focusing on the status of care service providers by locality and organisational nature based on survey results; by Makoto Kubo.: Wiley. Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 153-157.
This article describes the introduction of Japan's long-term care insurance (LTCI) system, introduced in 2000 to alleviate the burden on family members caring for older relatives, and the creation of the care market. It then examines the status of care service providers by locality and organisational nature. Questionnaires were sent to 9505 home-based care service providers registered in the databases of 17 prefectures. The prefectures were selected according to population size. Study findings showed that numerous for-profit providers have newly entered the aged care service market and are operating selectively in Tokyo, a typical example of a metropolitan area. Furthermore, both for-profit and non-profit providers have suffered from a shortage of care workers and difficult management conditions, which tend to be more pronounced in Tokyo. The market under long-term care insurance was successful in terms of the volume of services, but most providers were sceptical as to whether competition in the market could facilitate quality care services. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 230/76 Tracing stigma in long-term care insurance in Israel: stakeholders' views of policy implementation; by Roni Strier, Perla Werner.: Taylor and Francis. Journal of Aging and Social Policy, vol 28, no 1, January-March 2016, pp 29-48.
Almost all developed countries provide some answers for long-term care, but only a few countries - such as Japan, Austria, the Netherlands, Germany and Israel - have implemented long-term care insurance (LTCI) based on legislation and entitlement principles. In Israel, a community-based LTCI social programme has achieved multiple goals and considerably improved the life of frail older people. However, some studies show that despite the rising costs of home care and the mandatory and almost universal nature of LTCI, there are still cases in which people with Alzheimer's disease (AD) and other types of dementia or their relatives vacillate or even decline to make use of their rights. The authors examined the question of whether these patterns may reflect the presence of welfare stigma (i.e. stigmatised views of LTCI) either related to identity stigma of persons with AD or to treatment stigma, that are usually associated with welfare bureaucracy. Based on a qualitative design, this article uses a methodology of personal in-depth and focus group triangulation, by which the views of three groups of stakeholders are explored and compared: people with AD, relatives, and professionals. Findings showed the presence of stigmatic self-images among those with AD or other types of dementia, and the absence of such images in relatives' and professionals' views of them and of LTCI. However, treatment stigma was found to be primarily associated with eligibility determination procedures. The study concludes that LTCI, even when mandated and almost universal, may also generate welfare stigma due to the ways in which it is implemented. (RH)
ISSN: 08959420
From : <http://tandfonline.com>

LONG TERM CONDITIONS

- 230/77 Older people with social care needs and multiple long-term conditions; by NICE - National Institute for Health and Care Excellence. London: NICE - National Institute for Health and Care Excellence, 4 November 2015, 24 pp (NICE guideline 22).
Although there has been a focus on integrated health and social care services, some older people are still being treated as a collection of conditions or symptoms, rather than as a whole person. This guideline considers how person-centred social care and support for older people with social care needs and multiple long-term conditions should be planned and delivered. It includes recommendations on: identifying and assessing social care needs; care planning, including the role of the named care coordinator; supporting carers; integrating health and social care planning; delivering care; preventing social isolation; and training health and social care practitioners. It

examines how those responsible for commissioning, managing and providing care for people with social care needs and multiple long-term conditions should work together to deliver safe, high-quality services that promote independence, choice and control. It is relevant to all older people with social care needs and multiple long-term conditions, including those living in their own homes, in specialist settings or in care homes. Following a detailed review of the evidence, this guideline was developed by a Guideline Committee, and in the context of a changing guidance and legislation, most notably the Care Act 2014. The Guideline Committee found gaps and uncertainties found in the evidence; it recommends further research on: older people's experiences; service delivery models; supporting people in care homes to stay active; developing a "risk positive" approach in care homes; and self-management. (RH)

From: <http://www.nice.org.uk/guidance/ng22/resources/older-people-with-social-care-needs-and-multiple-longterm-conditions-1837328537797>

MEDICATION

- 230/78 The right medicine: improving care in care homes; by Royal Pharmaceutical Society. London: Royal Pharmaceutical Society, February 2016, 11 pp.
Too many care home residents are taking medicines which do them more harm than good. At a time when every pound of NHS resource needs to be scrutinised, the Royal Pharmaceutical Society (RPS) believes that a far more efficient system would have one pharmacist, as part of a multidisciplinary team, responsible for the whole system of medicines and their use within a care home. The RPS outlines evidence to demonstrate that this would improve care, reduce NHS medicines waste, and reduce the serious harm that can be caused by inappropriate use of medicines. This includes consideration of issues such as reducing falls (and involving a pharmacist in assessing residents' falls risk), and improving end of life care. (RH)
From : Download: <http://www.rpharms.com/promoting-pharmacy-pdfs/care-homes-report.pdf>

MENTAL CAPACITY

- 230/79 Enduring Powers of Attorney: promoting attorneys' accountability as substitute decision makers; by Cheryl Tilse, Jill Wilson, Ben White ... (et al.): Wiley.
Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 193-197.
The misuse and abuse of Enduring Powers of Attorney (EPAs), particularly in relation to financial decision-making, is a growing concern. This paper explores the opportunities to enhance accountability of attorneys at the time of the execution of the document in Queensland. A four-stage multi-method design comprised a critical reference group; semi-structured interviews with 32 principals or potential principals, attorneys and witnesses; two focus groups with service providers and a state-wide survey of 76 principals, attorneys and witnesses. Across all methods and user groups, understanding the role and obligations of the attorney in an EPA was consistently identified as problematic. Promoting accountability and understanding can be addressed by greater attention to the role of the attorney in the forms and/or guidelines and in the structure and witnessing of the forms, increased direction about record keeping and access to appropriate advice and support. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

MENTAL HEALTH

(See Also 230/45, 230/53, 230/104)

- 230/80 Legacies of the Great War: shell shock to delirium; by Susan Ogle.: Wiley.
Australasian Journal on Ageing, vol 33, no 3, September 2014, pp 198-200.
To mark the centenary of the start of World War I, this article briefly reflects on the relationship between war, psychological distress and ageing, looking at poems and other literary works by eminent writers including Freud, WHR Rivers, Remarque, Siegfried Sassoon, Robert Graves and David Malouf. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

MENTAL HEALTH SERVICES

- 230/81 Social workers as members of community mental health teams for older people: what is the added value?; by Michele Abendstern, Susan Tucker, Mark Wilberforce (et al.): Oxford University Press.
British Journal of Social Work, vol 46, no 1, January 2016, pp 63-80.
Social workers have worked with older people with mental ill health in multidisciplinary teams for many years, but research regarding their contribution is sparse. This article draws on

qualitative data from semi-structured staff interviews from a multiple case study of community mental health teams (CMHTs) for older people, some with and others without social worker members. Interviews included questions about team roles and the impact of the presence or absence of social workers on team functioning. A grounded theory approach was adopted to analyse the data, enabling issues of importance to interviewees to emerge. Non-social work CMHT staff were found to place a high value on social worker team membership due to their specific skills, knowledge and values, and with regard to communication pathways. Social workers and other team members' views were found to differ regarding whether social workers within CMHTs should operate as generalists or specialists. The findings suggest the need for formal structures extending beyond the co-location of multidisciplinary staff; appropriate and sufficient supervision for social work team members; and the development of more workable and direct referral systems between CMHTs and social services adult social work teams. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

MIGRATION

(See Also 230/27)

230/82

Embraced by the past, hopeful for the future: meaning of health to ageing persons who have migrated from the Western Balkan region to Sweden; by Qarin Lood, Greta Haggblom-Kronlof, Lisen Dellenborg.: Cambridge University Press.

Ageing and Society, vol 36, no 3, March 2016, pp 649-665.

Previous research has often visualised ageing and migration as risk factors for poor health, pointing to a need for targeting health-promoting efforts towards ageing people who were born abroad. However, most research has been conducted from an objective and poor health perspective, losing the broader picture of health in the context of ageing and migration. A key issue left unexplored is the meaning of health from a subjective perspective with focus upon those who constitute the target groups for health promotion and other health-care services. A large number of people are now ageing in countries other than their country of birth. Therefore, studying the meaning of health in relation to this part of the population is of growing importance. As part of a larger health promotion project, the aim of this study was to explore the meaning of health to ageing persons who have migrated from the Western Balkan region to Sweden. Data were collected by individual interviews, conducted in the participants' mother tongue. Inspired by Ricoeur's hermeneutic approach, health was interpreted as a retrospective and prospective process of exercising control over one's own life, daily activities and social commitments. This interpretation is discussed in relation to how a person-centred approach to health-care services could bridge health inequities in an ageing and globalising society. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

230/83

Retirement migration, the other story: caring for frail elderly British citizens in Spain; by Kelly Hall, Irene Hardill.: Cambridge University Press.

Ageing and Society, vol 36, no 3, March 2016, pp 562-585.

Recent years have seen a growth in research on retirement or lifestyle migration to Spain, but this has tended to focus on the reasons for moving, as well as the lifestyles adopted as part of a healthy and active retirement. However, ageing in Spain can bring challenges as a person's resources for independent living diminish. This paper draws on narrative interviews with vulnerable older British people in Spain, focusing on those who have encountered a severe decline in health, are frail, and in need of care. It looks at the formal and informal networks and agencies that support these individuals, in particular the resources and strategies they employ to access care. Drawing on a framework of care provision developed by Glucksmann and Lyons, four broad modes of provision for old age care used by older British people in Spain are identified: state or public; family or community; voluntary or not-for-profit; and market or for-profit. The paper argues that there are language, cultural, spatial and financial barriers when accessing care in Spain as an older British citizen. It is concluded that there are some frail, vulnerable people that may fall through a support gap, whereby they are no longer the responsibility of UK welfare services, yet are not fully recognised in their new country of residence. The question arises as to whether more should be done to support this population. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

NEIGHBOURHOODS AND COMMUNITIES

(See 230/17)

NURSING

(See 230/94)

OLDEST OLD

- 230/84 Childhood living conditions, education and health among the oldest old in Sweden; by Hanna Berndt, Stefan Fors.: Cambridge University Press.
Ageing and Society, vol 36, no 3, March 2016, pp 631-648.
The objectives were to investigate the associations between social and financial living conditions in childhood, education and morbidity in old age. The study population (N = 591; 76+ years old) was assembled from two nationally representative Swedish surveys, in 1968 and 2011, that together made longitudinal analysis possible. Morbidity in old age comprised self-reported measures of musculo-skeletal disorders, cardiovascular disease, self-rated health and impaired mobility. There were no independent associations between adverse childhood living conditions and morbidity. However, adverse childhood living conditions were associated with an increased likelihood of low education. Moreover, low education was associated with a higher probability of health problems in old age. The results did not show any associations between adverse childhood conditions and late-life morbidity. However, adverse childhood conditions were associated with lower levels of education which, in turn, was associated with health problems and attrition from the study. These results suggest that adverse childhood conditions may indeed be associated with health and survival in old age, but mainly through mechanisms acting earlier in the lifecourse. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

PENSIONS AND BENEFITS

- 230/85 Ethnicity and occupational pension membership in the UK; by Athina Vlachantoni, Zhixin Feng, Maria Evandrou, Jane Falkingham.: Wiley Blackwell.
Social Policy and Administration, vol 49, no 7, December 2015, pp 801-823.
Using data from the UK Household Longitudinal Study, this article explores patterns of employment and the odds ratios of membership in an employer's pension scheme among working-age individuals from minority ethnic groups and the White British population, taking into account factors such as migration history and public or private sector employment. Findings show that ethnicity remains a strong determinant of a person's pension protection prospects through being in paid work, being an employee and working for an employer who offers a pension scheme. However, for those working for an employer who does offer a pension scheme, the effect of ethnicity on their odds of being a member of that scheme reduces, except among Pakistani and Bangladeshi people for whom the differentials remain. Information is also given on the pension protection of Polish workers. (NH)
ISSN: 01445596
From : <http://wileyonlinelibrary.com/journal/spol>
- 230/86 How well-informed are pension scheme members on their future pension benefits?: evidence from Ireland; by Alan Barrett, Irene Mosca, Brendan Whelan.: Taylor and Francis.
Journal of Aging and Social Policy, vol 27, no 4, October-December 2015, pp 295-313.
One part of the policy response in many countries to increasing pension coverage will be greater private provision on the part of individuals. This requires that individuals are well informed about pensions. In this article, the authors assess levels of knowledge of pensions in a representative sample of older Irish adults. They find that two-thirds of individuals enrolled in pension schemes do not know what amount will be paid out on retirement, and/or whether the payments will be in the form of lump sums, monthly payments, or both. One policy implication is the need for increased information to be directed at certain groups, in particular, women and less educated people. More fundamentally, the results suggest that the mandatory elements in pension systems should be extended. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>
- 230/87 Pension reform in China; by Tao Liu, Li Sun.: Taylor and Francis.
Journal of Aging and Social Policy, vol 28, no 1, January-March 2016, pp 15-28.
China has recently established a universal non-contributory pension plan covering urban non-employed workers and all rural residents, in addition to the pension plan covering urban employees that was already in place. In this latest reform, China has also discontinued the special pension plan for civil servants, and integrated this privileged welfare class into the urban old-age pension insurance programme. With these steps, China has achieved a degree of universalism and integration of its pension arrangements, which is unprecedented in the non-Western world. Despite

this radical pension transformation strategy, the authors argue that the current Chinese pension arrangement represents a case of "incomplete" universalism. First, its benefit level is low. Moreover, the benefit level varies from region to region. Finally, universalism in rural China has been undermined due to the existence of the "policy bundle". The authors also argue that the 2015 pension reform has created a situation in which the stratification of Chinese pension arrangements has been "flattened", even though it remains stratified to some extent. (RH)

ISSN: 08959420

From : <http://tandfonline.com>

PERSONAL FINANCES

230/88 Households below a minimum income standard: 2008/09 to 2013/14; by Matt Padley, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, February 2016, 4 pp (Findings 3197).

The proportion of people in households with incomes below the minimum income standard (MIS) increased by a third between 2008/09 and 2013/14, from 21 to nearly 28 per cent. For pensioners, the risk of being below MIS rose slightly, but remained far lower than for other groups, at 8.5 per cent. (NH)

From : <https://www.jrf.org.uk/report/households-below-minimum-income-standard-200809-201314>

230/89 Preparing for later life: working longer and saving more; by Suzanne Hall, Nigel Keohane, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF. Findings, 3171, January 2016, 4 pp.

Preparing better for later life by saving more and working longer is particularly difficult for people in low-paid, low-skilled work. This research looks at how barriers to saving and working longer can be overcome and how policies could support low-income households to plan better for later life. It finds that the cost of living is one of the main barriers cited by participants as a barrier to saving. Most participants accepted they would need to work longer to be able to 'afford' to retire. Views varied greatly according to the life stage of the individual, with younger participants prioritising family expenses such as saving for Christmas. (RH)

ISSN: 09583084

From : <https://www.jrf.org.uk/report/preparing-later-life-working-longer-and-saving-more>

PHYSICAL ACTIVITY

230/90 Australian and New Zealand Society for Geriatric Medicine: position statement - exercise guidelines for older adults; by Michelle Dhanak, Robert Penhall.: Wiley.

Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 287-294.

Regular exercise is essential to healthy ageing and can help prevent a range of illnesses in later life. Evidence suggests that exercise interventions are cost-effective. Physical activity can increase longevity, can help prevent cognitive decline, reduce the risk of falls and delay or prevent disability. There is a lack of consensus about the type of medical assessment and screening tests required before advising an older person to start an exercise programme. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

230/91 Examining correlates of self-reported and objectively measured physical activity among retirement village residents; by Andrea Nathan, Lisa Wood, Billie Giles-Corti.: Wiley.

Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 250-256.

In the present study, physical activity (PA) patterns of retirement village residents were investigated using self-report and objective measures. 323 Residents from retirement villages in Perth, Australia, were surveyed on PA behaviour and various demographic, residency, health-related and mobility factors. Most participants wore accelerometers for seven days. 32 retirement village managers were surveyed on village descriptive characteristics, including the provision of amenities and facilities. Logistic regression models examined village and resident characteristics associated with PA. Based on objective measurement, only 27.1% of participants were found to be sufficiently active. Walking was one of the most popular PA modes. Few village characteristics were associated with PA; however, villages located in more walkable neighbourhoods increased participants' odds of transport walking. Travelling outside the village daily also increased PA odds. Overall, most residents were insufficiently active to gain health benefits. Considering individual and environmental factors, within the retirement village and neighbourhood settings, and associations with PA, warrants attention. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

RELATIONSHIPS (PERSONAL)

230/92

'As long as it's good': intergenerational family perspective of bridging gaps between reality and ideality of second couplehood as a problem and as a solution; by Chaya Koren, Shiran Simhi.: Cambridge University Press.

Ageing and Society, vol 36, no 4, April 2016, pp 716-740.

Second couplehood in old age following widowhood or divorce is a phenomenon developing with the increase in life expectancy and is yet to be accepted as part of the normative ageing process. This paper examines how Israeli family members of three generations perceive second couplehood in old age as a new phenomenon within a changing society and a dynamic family structure. The multigenerational families of 19 second couplehood dyads (a total of 38 multigenerational families) were recruited using criterion sampling. The second couplehood dyads were composed of men who repartnered at age 65+ and women at 60+, with children and grandchildren from a lifelong marriage. The authors tape recorded and transcribed verbatim 107 semi-structured qualitative interviews with older partners, their adult children and grandchildren. Analysis was based on grounded theory and dyadic-analysis principles adapted to families. Two main themes were found that presented gaps between reality and ideality experienced by the participants regarding second couplehood: as a problem through its disadvantages, and as a solution through its advantages. The gaps in both themes were bridged by the account: 'as long as it's good'. Findings are discussed in the context of modernisation theory, the life-course and the family lifecycle perspectives relating to changes in family structure and ambivalence and how to deal with them on the macro, mezzo and micro levels. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

REMINISCENCE

(See 230/80)

RESEARCH

230/93

Recruiting older people for research through general practice: the Brief Risk Identification Geriatric Health Tool trial; by Christine McLean, Ngaire Kerse, Simon A Moyes ... (et al): Wiley. Australasian Journal on Ageing, vol 33, no 4, December 2014, pp 257-263.

The aim of the present study was to describe successful methods of recruitment and identify practice characteristics related to increased recruitment of older people for a randomised controlled trial. General practices in three regions of New Zealand and community-dwelling patients aged 75 and above were recruited for the Brief Risk Identification Geriatric Health Tool (BRIGHT) trial. General practitioners (GPs) were faxed invitations with telephone follow-up. Reply-paid cards with telephone follow-up were used to invite older people. GP and practice characteristics were examined in relationship to recruitment rate. During 2007_2008, 158 of 438 GPs (36%) in 60 of 116 practices approached (52%) were recruited. Regional variation was marked and 3893 of 8308 invited (49%) older people were recruited. The GP's length of time at the practice and training in New Zealand was associated with recruitment success. Despite variability in practice recruitment, a reasonably large and representative sample of older people was recruited through general practices. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

RESIDENTIAL AND NURSING HOME CARE

(See Also 230/10, 230/24, 230/26, 230/35, 230/78, 230/106)

230/94

Admiral nursing in care homes; by Isabelle Latham.: Hawker Publications.

Journal of Dementia Care, vol 23, no 6, November/December 2015, pp 26-29.

Admiral Nurses provide much needed support in the community, but their growing role in care homes has had less attention. The Order of St John Care Trust (OSJCT) was one of the first care home provider organisations to employ an Admiral Nurse to provide in-house dementia specialist consultancy, training, advice and support. An independent evaluation of the My Home Life Admiral Nurses (MHLAN) considered the nature of the MHLAN role, the form it takes, and the extent to which it fits within the Admiral nursing competencies and the My Home Life framework. The evaluation also considered the impact of the post across OSJC, its care homes, staff and residents. Recommendations are made for the future development of the role within OSJCT and the care home sector. (RH)

ISSN: 13518372

From : <http://www.careinfo.org/journal-of-dementia-care/>

- 230/95 Attitudes towards family-staff relationships in Australian residential aged care settings: development and psychometric evaluation of the 'Family and Staff Relationship Attitude Tool' (FASRAT); by Michael Bauer, Deirdre Fetherstonhaugh, Virginia Lewis.: Wiley. *Australasian Journal on Ageing*, vol 33, no 3, September 2014, pp 170-173.
The present study aimed to develop and psychometrically evaluate the Family and Staff Relationship Attitude Tool (FASRAT) for use in Australian residential aged care facilities to assess the attitudinal beliefs of residential aged care staff towards staff-family relationships. Development and testing of the psychometric properties of the 26-item FASRAT occurred in three phases which included item development based on a systematic review of the research literature, interviews with aged care staff and families, expert panel review and testing with aged care staff. Content validity and internal consistency of the FASRAT support its use as an instrument to measure staff attitudinal beliefs about staff-family relationships in the residential aged care setting. The FASRAT will enable residential aged care facilities to measure the attitudinal beliefs of its staff about staff-family relationships and provide a basis for the development and implementation of interventions to address identified gaps which impact on relationship quality. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 230/96 Beyond family satisfaction: family-perceived involvement in residential care; by Justine Irving.: Wiley. *Australasian Journal on Ageing*, vol 34, no 3, September 2015, pp 166-170.
The aim of this study was to explore perceived family involvement in residential aged care and its relationship with satisfaction and facility impressions. A questionnaire was posted to residents' next of kin from four South Australian residential aged care facilities. 150 next of kin participated in the survey. Family-perceived involvement was significantly and positively correlated with satisfaction and facility impressions. The findings of this study add to the limited body of research into family involvement in long-term residential care. Feedback from the family regarding particular aspects of involvement may also improve the experience of long-term care for both family and resident, and assist with the identification of specific issues towards which organisations may target their quality improvement efforts. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag
- 230/97 Client satisfaction as a driver of quality improvement in services for older people: a Western Australian case study; by Duncan Boldy, Maria Davison, Ravani Duggan.: Wiley. *Australasian Journal on Ageing*, vol 34, no 1, March 2015, pp 62-67.
This paper describes a practical example of the use of adapted versions of a resident satisfaction questionnaire for quality improvement in a large aged care service organisation. Residential care and aged care questionnaires each covered 11 aspects, the 'housing' questionnaire nine. Each aspect included Likert scale-type satisfaction questions. Questionnaires were distributed for completion by residents or by a friend or family member where a resident was unable to self-complete (e.g. because of dementia). Over the six separate customer satisfaction surveys conducted by the organisation since 1999, the analysis scheme has been refined and forms the basis of a report to the Board highlighting major findings and making recommendations regarding future actions. Most recently, the Board has decided to focus on three main areas, with actions identified for each, namely satisfaction with staff (e.g. enhanced staff training), social activities and involvement (e.g. increased occupational therapy), and opportunities for enhanced feedback. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag
- 230/98 Framing scandalous nursing home care: what is the problem?; by Hakan Jonson.: Cambridge University Press. *Ageing and Society*, vol 36, no 2, February 2016, pp 400-419.
This article investigates different ways in which nursing home scandals in Sweden have been framed, discusses the relations between these existing frameworks, and identifies ways of describing the problem that are absent in the current debates. Data for the study consisted of media articles, television documentaries and internet debates, expert reports and court hearings, and interviews with representatives of organisations dealing with the issue of mistreatment in care services for older people. An analytical tool developed within social movement research was used to identify three 'debates' on such mistreatment in Sweden, where competing ways of framing the problem have been used: (a) a debate where staff are cast as either perpetrators or victims; (b) a debate on privatisation and profit as the motive for neglect of care recipients; and (c) a debate on deserving and non-deserving recipients of socially provided care centred around populist claims. The analysis highlights a need to introduce an alternative frame for interpretation where mistreatment in care for older people is regarded as involving scandalous cases of ageism. This anti-ageism frame would provide older people with a lead role in the drama - not just as victims but as stakeholders in relation to the problem. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

- 230/99 How the care managers handle the process when older people consider relocation to a residential home; by Maria Soderberg, Agneta Stahl, Ulla Melin Emilsson.: Oxford University Press. *British Journal of Social Work*, vol 45, no 8, December 2015, pp 2423-2440.
The aim of this article is to reveal how care managers handle the process when older people consider relocation to a residential home in a Swedish context. The article is based on vignette-based interviews with seven care managers. The main findings in the article are that the care managers assist older people in their decisions by turning ageing in place and relocation, respectively, into seemingly natural choices. In both approaches, they use warrants related partly to 'the best for older people', partly to 'the common good of economising'. The conclusions drawn are that by applying risk management and extensive alliance strategies, the care managers are not really able to question their own work situation, and that they perform their work in a context of different parties restraining themselves. The implications for social work policy and practice are that the approach referring to older people's self-determination, while actually dealing in risk assessment, must be thoroughly reconsidered. Other practical implications are that the idea of the purchaser/provider model must be clarified, beyond the assessment of resources. (RH)
ISSN: 00453102
From : www.bjsw.oxfordjournals.org
- 230/100 Involuntary relocation and safe transfer of care home residents: a model of risks and opportunities in residents' experiences; by Anna F Leyland, Jason Scott, Pam Dawson.: Cambridge University Press.
Ageing and Society, vol 36, no 2, February 2016, pp 376-399.
Few studies explore the application of literature on care home closures in practice or how it can influence residents' experiences. This study aimed to investigate from multiple perspectives how a protocol, designed by a local council for the involuntary relocation and safe transfer of older adult residents, was adhered to and the influence that the protocol had on the experiences of residents who relocated from two care homes. Interviews were conducted with 34 stakeholders, including relocated residents (N=11), relatives (N=2), care home staff (N=13), managers (N=6) and advocates (N=2), and analysed using framework analysis. The protocol covered key aspects of guidelines extracted from research evidence grouped into four themes: involvement; staff approaches; preparation; and consistency and familiarity, with the majority of the guidelines being followed in practice. Two further themes that centred on the processes of transitional adjustment and impact of relocation were influenced by the protocol but were also mediated by factors relating to the environment and the resident. Involvement of residents, relatives and advocates, extensive planning and a person-centred approach were of particular importance in improving residents' experiences of relocation.
The authors propose a model that places residents' experiences at the centre of relocations. The model draws on and applies the themes they identified in this study and applies them within the context of opportunities and risks. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 230/101 Making nursing homes more community-oriented: insights from an exploratory study in Germany; by Kerstin Hamel.: Cambridge University Press.
Ageing and Society, vol 36, no 4, April 2016, pp 673-693.
Nursing homes have been criticised for restricting the lifestyle of older people in need of care. As concepts of elder care have changed and services in formal care have developed further, efforts towards de-institutionalisation have led to the enhancement of community care models. This paper discusses how ideas of community care can also influence reform within institutional care. The study focuses on the challenges and obstacles of practice change arising in German nursing homes, by opening up to civil society principles. Applying the model of organisational hybridisation, the concept of 12 German nursing homes regarding family and community partners' involvement were analysed through explorative qualitative interviews with nursing home directors. The nursing homes have conceived various forms of co-operation with community actors. Nevertheless, emerging tensions between state, market and civil society conceptions of the nursing homes limit practical change. The 'organisational hybridisation' has generated two general problems for discussion. First is the difficulty nursing homes have in opening their doors to new perceptions of care as well as to the interests of their community partners. Second, is the fact that the nursing homes tend either to strive for an integration in community life, or for the maintenance of a 'sheltered zone' for their residents implies that nursing homes' definition of 'normality' has a strong influence on their chosen concept of care. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 230/102 Map of care home ratings in England. London: Care Quality Commission, 2016.
The Care Quality Commission has launched a new online resource to make it easier for people to

see which care homes have been rated as Outstanding, Good, Requires Improvement or Inadequate in their local area. The CQC has rated nearly 10,000 care homes (both with and without nursing) across England, based on the inspection regime that it rolled out in October 2014. Nearly two thirds (64%) of all active care homes rated so far have been judged as providing 'Good' standards of care. (NH)

From : <http://www.cqc.org.uk/content/map-care-home-ratings-england>

RESILIENCE

230/103

Ethnic/racial minority older adults and recovery: integrating stories of resilience and hope in social work; by Atsuko Karin Matsuoka.: Oxford University Press.

British Journal of Social Work, vol 45, supplement 1, December 2015, pp i135-i152.

Although a recovery approach is relevant to older adults, a significant gap exists in social work literature regarding mental health recovery among ethnic/racial minority older adults. This paper explores the meaning of 'recovery' and the applicability of the Wellness Recovery Action Plan (WRAP), a recovery-based programme, to Japanese-Canadian older adults through qualitative data collected as part of an evaluation of two WRAP workshop series in a metropolitan city in Canada, 2010-12. All eight workshop participants (two male and six female, all Japanese speakers, aged 64-89 years) took part in the study. A strength-based critical social work approach, which incorporates the understanding of resilience and hope and the intersectionality of oppression, was used to facilitate the programme. Qualitative data analysis identified key themes of the participants' workshop experiences, including reaffirming self-worth, being positive (hope), being self-reflective and mindful, supporting each other and advocating for themselves. The participants experienced positive changes in line with Jacobson and Greenley's (2001) internal and external conditions for recovery. In particular, it found an unexpected long-term outcome: the formation of a peer support group by participants. Social work practice in recovery is discussed. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

230/104

Older adults' meanings of preparedness: a New Zealand perspective; by Robyn Tuohy, Christine Stephens.: Cambridge University Press.

Ageing and Society, vol 36, no 3, March 2016, pp 613-630.

Contemporary Western social policy encourages older adults to maintain independence in the community. Socio-cultural norms of independence have recently become associated with successful ageing. Personal autonomy and self-responsibility are cultural markers by which older adults increasingly define their lives and identity. Many older adults seek to remain independent within their communities, while coping with age-related decline, and living alone with decreased social connectedness. These characteristics have also been associated with personal and social vulnerability and explain why older adults are at higher risk of experiencing disproportionate negative outcomes during disasters. This paper describes findings from narrative interviews with a sample of independent community-dwelling New Zealand older adults. The interviews sought to explore their views about disaster preparedness. However, within their accounts was a collective and bigger story about personal preparedness, and social relationships in later life, which extended beyond the context of preparing for a future disaster event. Older adults identified age-specific preparedness as a way to maintain independence in the everyday context of their lives. Concerns about health influenced their choices and actions as they evaluated and prioritised goals and strategies to maintain independence and wellbeing. Social relationships were also considered an important resource to support independence. Understanding the role of preparedness in the everyday lives of older adults has implications for improving the disproportionate negative outcomes this vulnerable age group can experience during a disaster. Therefore, health, gerontology and emergency management have much in common when considering older adults' preparedness during non-disaster times. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

RETIREMENT

(See 230/83)

SENSORY LOSS

230/105

Older people: evidence-based review; by Royal National Institute of Blind People - RNIB. London: RNIB, 2014, 20 pp.

This evidence-based review is one of a series produced by RNIB researchers which brings together key research about blind and partially sighted people of different age groups. This review looks in more detail at the experience of older blind and partially sighted people in the UK. It includes a profile of this group (age 65+), the policies that govern their access to health, social

care, and other services, and a commentary on what the evidence tells us. Some of the statistics presented relate to people aged over 85: this is the fastest growing age group in the UK, and the incidence of sight loss significantly increases for people aged over 85. A "Sight loss data tool" (rnib.org.uk/datatool) produced by RNIB provides local and regional facts and figures about blind and partially sighted people and those at risk of sight loss. (RH)

From: https://www.rnib.org.uk/sites/default/files/RNIB_Evidence_based_review_older_people.pdf

RNIB, 105 Judd Street, London WC1H 9NE.

SEXUALITY

230/106

Assessment of sexual health and sexual needs in residential aged care; by Linda McAuliffe, Michael Bauer, Dierdre Fetherstonhaugh, Carol Chenco.: Wiley.

Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 183-188.

The present study aimed to investigate if, when and how assessments regarding residents' sexual health and needs occur within Australian residential aged care facilities. A census of all Australian residential aged care facilities was conducted. A survey developed specifically for the project was posted to all 2766 residential aged care services in Australia. Eight weeks were allowed for the return of surveys. A total of 1094 completed surveys were returned, representing a 39.7% response rate. The type of information most often collected concerned disruptive sexual behaviour, and assessments most frequently occurred following disruptive behaviour. One-quarter of facilities reported having a sexual health/needs assessment form, although only 10 facilities provided evidence of this. Survey responses indicated that sexual health and needs are not routinely assessed in residential aged care, and facilities do not commonly have a dedicated sexual health/needs assessment form to guide them through an assessment process. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

SLEEP

230/107

Position statement: sleep in the older person; by Australian and New Zealand Society for Geriatric Medicine.: Wiley.

Australasian Journal on Ageing, vol 34, no 3, September 2015, pp 203-212.

Normal ageing is associated with a number of changes in sleep patterns, and the prevalence of sleep disorders increases with age. Poor sleep quality may result in cognitive impairment and reduced quality of life. This article looks at the causes of abnormal sleep in the older patient, and assessment and treatment strategies, both pharmacological and non-pharmacological. (JL)

ISSN: 14406381

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SOCIAL CARE

(See Also 230/54, 230/81)

230/108

Focus on: Social care for older people: reductions in adult social services for older people in England; by Sharif Ismail, Ruth Thorlby, Holly Holder, QualityWatch; Health Foundation; Nuffield Trust.: QualityWatch, Health Foundation, Nuffield Trust, 2014, 46 pp.

QualityWatch Focus On reports provide in-depth analysis of key topics. This report examines the scope and scale of cuts to spending on social services for older people in England from 2009/10 to 2012/13. Local authorities are responsible for providing publicly-funded social care; and this report uses the 2009/10 financial year as a baseline to track and describe the scale and nature of reductions in publicly-funded social care for older adults in England that have occurred, partly the result of the Coalition Government's efforts to reduce public sector spending following the financial crisis of 2008. Whereas in 2009/10, spending on social care for older people in England was £10.6 billion, in 2012/13 this had fallen to £6.6 billion. The report comments on social care provision before 2010 and issues such as unmet need. It notes the impact of cuts to social care budgets for older adults since then, which have been implemented by tightening eligibility criteria or reducing the amount of provision, for example. It examines the impact of budget cuts on outcomes, notably on well-being, health services and quality of life. (RH)

From: http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/140326_QualityWatch_Focus_On_Social_care_older_people.pdf

230/109

Personalised commissioning in adult social care: report by the Comptroller and Auditor General; by National Audit Office - NAO.: National Audit Office, 3 March 2016, 54 pp (HC 883 Session 2015/16).

The National Audit Office (NAO) starts by noting some key facts about adult social care in England in 2014/15. Around 500,000 adults had their social care services paid for through local

authority personal budgets (PBs); local authorities spent £6.3 bn on long-term social care for adults in the community; and 26% of long-term social care users said it was difficult to find information about support. There has also been a real-terms reduction of 7% in local authorities' spending on adult social care between 2010/11 and 2014/15. This report is one in a series by the NAO examining adult social care in England. It reviews progress with personalised commissioning; and given the current financial environment and the extension of personal budgets into healthcare, it looks at the practical challenges and opportunities associated with implementing personalised commissioning. It covers only social care that is fully or partly paid for by authorities; and unless otherwise stated, it excludes carers who receive personal budgets in their own right. The NAO found widespread support across local government and the adult care sector for the concept of personalised commissioning. It points to evidence suggesting that personal budgets benefit most, but not all, users; and that the way a personal budget is implemented is key to whether users benefit from it. Local authorities across England report a wide range in the proportions of users taking up personal budgets, including direct payments; however, some are constrained in how and the extent to which they can personalise care by the need to reduce overall spending. However, the Department of Health's (DH) local authority-level data provide no evidence that personalised commissioning improves user outcomes: the Department does not expect substantial financial savings from personalised commissioning, which differs from local authorities' expectations of savings. The report also considers the policy context and users' outcomes, and the capacity of the care market. Appendices give information about the NAO's audit approach and evidence base. (RH)

From: <https://www.nao.org.uk/wp-content/uploads/2016/03/Personalised-commissioning-in-adult-social-care.pdf>

- 230/110 Reimagining adult social care: evidence review: executive summary; by Peter Beresford, John Bolton, Adi Cooper (et al), Research in Practice for Adults - RIPFA. Dartington, Totnes: Research in Practice for Adults, 2015, 8 pp.

This executive summary of the full Evidence Review asks the broad question: If we were able to start designing adult social care from a blank slate, and build a system based on the evidence of what people want and what is effective, what would that system look like? The Evidence Review provides an analysis of key research on the important issues in adult social care today: safeguarding adults from abuse; promoting independence, involvement (through co-production) and advocacy; and the adult social care workforce in England. It aims to inform the policy debate with an evidence-informed view. (RH)

From: <https://www.ripfa.org.uk/publications-resources/adult-social-care-policy-strategy-and-planning/194-reimagining-adult-social-care-evidence-review-exec-summary/file>

- 230/111 Unlocking the potential: [on cover]: 'We need a step-change in the way people plan for social care'; by Les Mayhew, Duncan O'Leary, Demos. London: Demos, 2014, 111 pp.

The passage through Parliament of the Care and Support Bill marks a watershed moment in the history of social care funding in England. For the first time, the costs of social care will be capped for each individual, but with various exceptions and caveats about which specific costs the cap includes. This report argues that the reforms are necessary, but not sufficient, to create a new culture in which citizens plan for the costs of care in later life. It examines what further steps policy makers might take to encourage and enable people to plan ahead for care costs, and considers the kind of private sector products that might contribute to this. Among ideas suggested are: a "financial health check" for those approaching retirement; that Government should adopt a simpler means-test; the Government should encourage and reward self-funding; and models that are based on savings, insurance or housing wealth as equity. (RH)

Price: £10.00

From: Demos, Magdalen House, 136 Tooley Street, London SE1 2TU.

E-mail: hello@demos.co.uk Website: www.demos.co.uk

SOCIAL NETWORKS

- 230/112 Childhood memories, family ties, sibling support and loneliness in ever-widowed older adults: quantitative and qualitative results; by Eva-Maria Merz, Jenny De Jong Gierveld.: Cambridge University Press.

Ageing and Society, vol 36, no 3, March 2016, pp 534-561.

Family relationships play a major role in individuals' lives and can be a source of comfort, support and protection during the entire lifecourse. Particularly in the context of life events, such as widowhood, family relationships may be salient for (older) adults in coping with feelings of grief, loss and loneliness. Using Dutch survey data and 18 in-depth interviews from a sub-sample, this study examines the role of family relationships through the lifespan in reducing loneliness among ever-widowed older adults (i.e. those who have at some time during their life experienced the death of a spouse). Particular attention was paid to childhood memories, family ties and support from siblings. Quantitative analyses examined associations between loneliness and childhood

experiences of relationships with parents, family ties and sibling support. Qualitative data elucidated how ever-widowed adults recall relations with parents and siblings and experience current family relations. Quantitative and qualitative data showed that emotional support from siblings reduced loneliness. Additionally, positive memories of childhood relationships and current family ties were negatively related to loneliness. In times of ever-increasing longevity, work detailing how family relationships across the lifecourse are supportive in alleviating loneliness is a key issue on the social research and policy agenda. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

230/113

Social engagement from childhood to middle age and the effect of childhood socio-economic status on middle age social engagement: results from the National Child Development Study; by Heidi Hietanen, Marja Aartsen, Noona Kiuru (et al).: Cambridge University Press. *Ageing and Society*, vol 36, no 3, March 2016, pp 482-507.
Social engagement has powerful effects on well-being, but variation in individual engagement throughout the lifecourse is wide. The trajectories may differ by gender and be affected by socio-economic status (SES). However, long-term development of social engagement is little studied and the effect of childhood SES on later-life social engagement remains obscure. The authors describe social engagement development from childhood to middle age by gender, and test the effect of childhood SES on middle age social engagement. Data (N=16,440, 51.3% male) are drawn from the on-going National Child Development Study (NCDS), a longitudinal study of those born in England, Scotland and Wales the first week of March 1958. Social engagement was measured by social activities, voluntary work and social contacts, with follow-ups at age 11, 16, 23 and 50. SES was measured by father's occupational social class and tenure status. Structural equation modelling suggested inter-individual stability in social engagement, showing that development of social engagement started in childhood and increased social engagement in middle age through adolescence and early adulthood. Longitudinal effects were detected within and across the social engagement domains. Lower childhood SES was significantly related to a lower level of voluntary work and social activity in middle age, but to higher levels of social contacts. Although stability in social engagement is moderate over the lifecourse, variation within and across the different social engagement domains is shaped by differences in childhood SES. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

TRANSPORT

230/114

Evaluation of driving confidence in post-stroke older drivers in South Australia; by Annabel McNamara, Julie Ratcliffe, Stacey George.: Wiley. *Australasian Journal on Ageing*, vol 33, no 3, September 2014, pp 205-207.
The present study aimed to determine whether self-perceived driving confidence levels are lower in the post-stroke driving population than their aged-matched non-stroke driving peers. A lack of driving confidence has been linked to self-limiting driving behaviours. Adelaide Driving Self-Efficacy Scale (ADSES) scores were collected for a stroke population who returned to driving with a mean age of 65 years and an older non-stroke driver population with a mean age of 72. Study results showed that the non-stroke and stroke groups showed no significant differences in ADSES scores. So stroke survivors who return to driving have no differences in their driving confidence when compared with their aged-matched non-stroke driving peers. Timely recognition of lack of driving confidence might allow for appropriately targeted intervention strategies and prevent premature driving cessation. (JL)
ISSN: 14406381 [From : wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

VOLUNTEERING

230/115

Age of opportunity: putting the ageing society of tomorrow on the agenda of the voluntary sector today; by Susie Rabin, Commission on the Voluntary Sector and Ageing; New Philanthropy Capital; International Longevity Centre UK - ILC UK. London: New Philanthropy Capital, April 2014, 29 pp.
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 aims 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 paper covers areas which the Commission thinks are of particular interest to the sector: relations between the different sectors; the health and well-being of an ageing population; an increasing use of the internet and new technology; the numbers of older people volunteering; changes in employment and retirement; and funding the sector. The paper is based on the Commission's full report (at www.voluntarysectorageing.org), which outlines the size and state of the voluntary sector, and includes key figures and data on England's ageing population. (RH)
[From : NPC, 185 Park Street, London SE1 9BL.](http://www.voluntarysectorageing.org)

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