

New Literature on Old Age

EDITOR

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ALCOHOL AND DRUG MISUSE

- 231/1 Drinking behavior among older adults in a planned retirement community: results from The Villages survey; by Sarah Fishleder, Lawrence Schonfeld, Jaime Corvin ... (et al): Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 5, May 2016, pp 536-543.
This study described patterns of alcohol consumption among continuing care retirement community (CCRC) residents and explored the role of drinking motives and affective states on drinking context and consumption. Using a phone-based daily diary approach older adults were surveyed about their daily alcohol consumption, context of drinking (e.g. drinking alone), positive and negative affect, and their motives for drinking. The CCRC had over 2,500 residents with most (88%) in independent living, 8% in assisted living, and 4% in a nursing home; there were multiple venues where alcohol was served. Participants were recruited for this study via flyers, pamphlets, and informational videos. CCRC residents drank most frequently at home and were alone almost half of drinking days on average, although the context of drinking varied considerably by participant. Problem alcohol use was rare, but hazardous use due to specific comorbidities was common. Respondents endorsed higher social motives for drinking and lower coping motives. Social motives were associated with decreased likelihood of drinking alone, but negative affect was associated with decreased likelihood of drinking outside one's home. Coping and social motives were associated with greater consumption, and higher positive affect was associated with lower consumption. Among CCRC residents, alcohol use may be socially motivated rather than motivated by coping with negative affect. Future research should examine other motives for drinking in older adulthood. Evaluation of older adults living in CCRCs should include attention to health factors beyond problem use as other forms of hazardous use may be common in CCRCs. (JL)
ISSN: 08856230
From : www.orangejournal.org

ARTS AND MUSIC

- 231/2 Buddy's Glee Club: singing for life; by Amy A Clements-Cortes.: Taylor and Francis.
Activities, Adaptation and Aging, vol 37, no 4, October-December 2013, pp 273-290.
The Buddy's Glee Club study was implemented to understand the benefits of participating in a choir on the health, wellness, and successful ageing of older adults who are either cognitively intact or diagnosed with dementia. Participants were recruited from an adult day care centre in a Canadian metropolitan area; they took part in a weekly 1-hour choral session for 16 weeks. They were assessed both pre- and post-intervention for general health, self-esteem, anxiety, feelings and/or emotions, and quality of life. After 16 weeks, participants were interviewed. Five large themes emerged from the data: friendship and companionship, simplicity, happiness and uplifting and positive feelings, relaxing and reduced anxiety, and fun. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 231/3 Contemporary visual art and identity construction: well-being among older people; by Andrew Newman, Anna Goulding, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 26).
The relationships between older people's engagement with contemporary visual art, identity construction and sense of well-being was explored.
Over 21 months, 56 participants in 7 groups made three visits to contemporary art galleries across north-east England, including the BALTIC Centre of Contemporary Art and the Northern Gallery for Contemporary Art. Focus group interviews before and after each visit were used to gauge the impact of participation in the intervention in terms of subjective well-being. Even if participants did not like the art, they enjoyed talking about the works; they also used the art to reminisce as part of a group, which developed bonding relationships with other participants. Practical barriers to participation identified included transport and access to venues; and inside the galleries, small fonts on labels were difficult to read and lighting was not always bright enough. A 12-month follow-up project, 'Contemporary visual Art: policy and practice', funded by ESRC, aims to develop research-informed arts policy and arts interventions designed to improve older people's well-being. The research has also contributed to 'Dementia and imagination: connecting communities and developing well-being through socially engaged visual arts practice', a 3-year project at Bangor University, funded by an AHRC Communities, Cultures, Health and Well-being Research Grant, as part of the Connected Communities programme. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk

- 231/4 Theatre arts for improving cognitive and affective health; by Tony Noice, Helga Noice, Arthur F Kramer.: Taylor and Francis.
Activities, Adaptation and Aging, vol 39, no 1, January-March 2015, pp 19-31.
This article presents the methodological details of a theatrical intervention designed to enhance the mental and/or emotional health and psychological well-being of older adults. A step-by-step plan is offered for health care professionals and activity directors who might wish to carry out this programme. The authors' supporting research documented significant improvements in performance of activities of daily living (ADLs), as well as on standard measures of memory, comprehension, problem-solving ability, and personal growth through this particular intervention.
(RH)
ISSN: 01924788
From : <http://www.tandfonline.com>

ASSISTIVE TECHNOLOGY

(See Also 231/26, 231/31, 231/80)

- 231/5 Appropriate talking pattern of an information support robot for people living with dementia: a case study; by Yuko Nishiura, Takenobu Inoue, Misato Nihei.: Emerald.
Journal of Assistive Technologies, vol 8, no 4, 2014, pp 177-187.
The authors of this paper were in the process of exploring an information support robot to support daily activities of people with mild cognitive impairment or dementia. The purpose of the study was to reveal how the robot should talk to an older woman with dementia to make her perform daily activities. The robot asked the participant to do a number of daily activities as follows: Task A taking medicine; Task B measuring blood pressure; and Task C cleaning up the room in three different ways for each task. In the talking pattern 1 (TP1), the robot simply informed what the tasks were. The talking patterns 2 and 3 (TP2 and TP3) were separated according to the process of activities in two and three steps, respectively. The participant was required to answer 'yes' if she understood what the robot said to her, and perform the tasks. The participant was not able to prepare water in Task A when the robot spoke the TP1 (performance rate (PR) was 71.4 per cent). However she could perfectly take medicine in the case when the robot spoke the processes of the task by the TP3 (PR was 100.0 per cent). Similar tendencies were observed in the Tasks B and C. Multicentre studies would be required to apply these findings to a larger population. It may be important to determine how the robot talked to people with dementia to properly facilitate their daily activities. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm
- 231/6 An assistive household robot: doing more than just cleaning; by Julia Kantorovitch, Janne Vare, Vesa Pehkonen ... (et al).: Emerald.
Journal of Assistive Technologies, vol 8, no 2, 2014, pp 64-76.
The purpose of this paper was to create new ideas for assistive technology products at home, especially products using robotic consumer appliances available in the homes of older people. The work was founded on a reported increase in household robots as well as an ageing population in the industrialised world. Earlier studies have shown that in addition to cleaning functions, new household robots can change home routines and people's relationship to them. Taking these studies as a starting point, this paper proposed a vacuum cleaner robot as a platform for developing pervasive safety services and described implementation of a conceptual prototype which brought the feeling of safety to an older person and their relatives by assisting in case of accidents. The results were then presented of an empirical evaluation of the prototype with end-users. It was proved that reasonably priced off-the-shelf components could be used to build the safety product demonstration model. The initial evaluation results, as well as referenced studies showed that the acceptance rate of a household robot-based product was high. However to add more practicality to the research and move towards product development, a strong industrial partner involved in household robotics would be needed. For increased reliability and robustness, more research is required in areas of advanced sensing technology and decision algorithms. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm

- 231/7 AT and telecare to manage fire risks in the homes of older and vulnerable people; by Kevin Doughty, Mike Orton.: Emerald.
Journal of Assistive Technologies, vol 8, no 1, 2014, pp 35-43.
The purpose of this paper was to identify opportunities where technology interventions could help manage the risks associated with fire and explosions in homes of people who are older or who are vulnerable through other causes such as mental health problems or a history of substance abuse. The approach focused on reviewing the latest available statistics in order to identify the major

causes and rooms in which fire accidents occurred. The authors found that the number of incidents and fatalities continues to decrease as a result of preventive measures such as a greater use of smoke detectors, but that there remained issues with cooking safety. New products for limiting damage and managing risks are available which could have a positive impact. The paper concludes that the challenges are making both professionals and the public aware of the available technologies and of introducing them following appropriate assessment of needs and risks. Greater resources need to be offered for training of the public and of health and safety professionals. Further funding may be needed to implement the introduction of new technology. (JL)

ISSN: 17549450

From : www.emeraldgroupublishing.com/jat.htm

231/8

Design for Ageing Well: improving the quality of life for the ageing population using a technology enabled garment system; by Jane McCann, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 20).

These findings describe a cross-disciplinary collaboration that aimed to bring 'smart' clothing, (modern functional textiles with assistive wearable technologies) to enhance well-being and the everyday lives of the market-neglected, rapidly growing 'Active Ageing' community. The focus was the development of a clothing 'layering system' for participation in walking comprising close-fitting base-layer garments (incorporating vital signs and activity monitoring), mid-layer insulating garments (with warming devices), and outer protective wear. Future product development by the wearable technology and 'smart' clothing industry has been informed by co-design and repeated evaluation by end users, walkers aged 60-75. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download: <http://newdynamics.group.shef.ac.uk/nda-findings-20.html>

231/9

The development of safer walking technology: a review; by Esme Wood, Gillian Ward, John Woolham.: Emerald.

Journal of Assistive Technologies, vol 9, no 2, 2015, pp 100-115.

The purpose of this paper was to gain a greater understanding of the development of safer walking technology for people with dementia through contemporary literature. A two stage systematic approach to searching the literature was adopted. Initially this involved searching the literature to gain a broad overview of the development of safer walking technology and the context in which it had been developed. The literature was then examined in detail to look at published evidence surrounding the use of safer walking technology by people with dementia. These articles were quality appraised and a meta ethnographic approach taken to synthesis of the findings. There was found to be a small but growing body of literature within this field. Whilst there is only limited evidence to support the use of safer walking technologies for people with dementia, the evidence to date indicates great potential for its use. If provided with the right support and guidance, safer walking technology has the potential to increase freedoms and independence for people with dementia; gaining them improved access to outdoor spaces and environments to support their health and wellbeing. However if the technology continues to be associated with only risk management it will not achieve this potential. For many people with dementia, health and social care professionals can play an important role in ensuring appropriate assessment and support in the decision-making process. However greater support is needed in decision making for all people with dementia, especially those people not currently engaged with specialist services. (JL)

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231/10

Empirical studies on the effectiveness of assistive technology in the care of people with dementia: a systematic review; by Richard Fleming, Shima Sum.: Emerald.

Journal of Assistive Technologies, vol 8, no 1, 2014, pp 14-34.

The purpose of this paper was to assess empirical support for the use of assistive technology in the care of people with dementia as an intervention to improve independence, safety, communication, wellbeing and carer support. Following a literature search 232 papers were identified as potentially relevant. Inclusion criteria were: studies published between 1995 and 2011, incorporating a control group, pre-test-post-test, cross sectional or survey design, type of interventions and types of participants. The 41 papers that met criteria were subjected to an assessment of their validity using the model provided by Forbes. Following the assessment seven papers were considered as strong, ten moderate and 24 weak. The review is presented around the following topics: independence, prompts and reminders; safety and security; leisure and lifestyle, communication and telehealth; and therapeutic interventions. The literature exploring the use of assistive technologies for increasing independence and compensating for memory problems illustrate the problems of moving from the laboratory to real life. The studies are usually limited by very small samples, high dropout rates, very basic statistical analyses and lack of adjustment for multiple comparisons and poor performance of the technology itself. Research to date has been

unable to establish a positive difference to the lives of people with dementia by the general use of the assistive technology reviewed here. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm

- 231/11 New models of assessment and prescription of smart assisted living technologies for personalised support of older and disabled people; by Kevin Doughty, Gareth Williams.: Emerald.
Journal of Assistive Technologies, vol 10, no 1, 2016, pp 39-50.
The purpose of this paper was to introduce an end-to-end process to improve the prescription, uptake and utilisation of assisted living technologies in order to improve outcomes for older and disabled people. The approach involved consideration of the ways in which people's support needs were considered and how a more relevant picture could be drawn using their own goals and the issues and obstacles that prevent them achieving improvement. New models of support were introduced in order to improve the suitability of prescriptions for people who lived under different circumstances, sometimes with family carers. It was found that the application of an enhanced assessment approach required professionals and family members to understand more about the range of available technologies and their limitations. In order to avoid rejection of the technology, there would be a need for service providers to extend the range of applications that they offer, and to consider the suitability of the home environment for introducing new systems. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm

BLACK AND MINORITY ETHNIC GROUPS

(See Also 231/83)

- 231/12 Families and caring in South Asian communities; by Christina R Victor, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 4 pp (NDA Findings 25).
The Bangladeshi and Pakistani communities are characterised by high levels of morbidity, deprivation and social exclusion compared with both other minority groups and the more general population. Participants in this project had moved to the UK for either work (men) or marriage (women). Most never anticipated 'growing old' in the UK, but only a few intended to return to Bangladesh/Pakistan when they retired. The 110 participants were 60 Pakistani (60) and 50 Bangladeshi (50 men and 60 women, all aged 50+). Data were collected by in-depth interviews lasting about an hour; only 5 interviews were conducted in English. Strong links with the local community were found to be the norm, providing vital resources in coping with growing old in a foreign land, a focus for social engagement, and support in times of celebration (weddings) or stress (bereavement). Expectations of their children providing care for old age were strong and 'state' care services were viewed as being used only as a last resort. However, some participants were uncertain if their expectations would be realised in the future; and others were ambivalent about having such expectations of their children. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
- 231/13 Grannies, elders, and friends: aging Aboriginal women in Toronto; by Cyndy Baskin, Caitlin J Davey.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 1, January 2015, pp 46-65.
The term elder, when used in the Aboriginal context, describes an older person who is a cultural and spiritual guide and has insights and understanding to transmit the wisdom of previous generations. Aboriginal seniors also have important roles in their communities, albeit without the special status awarded to elders. Both Aboriginal seniors and elders are a growing population in Canada and their numbers are expected to increase. The aim of the present study, based in Toronto, was to highlight the strengths and resiliency of 12 female Aboriginal elders and seniors as they aged together. For these women, being actively involved in their families and the Aboriginal community gave them a solid grounding in who they were, what their roles were and how they contributed to the whole. Of particular significance was the support and friendship the women offered each other through their commonalities, activities and sense of humour. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 231/14 Inuit elderly: a systematic review of peer reviewed journal articles; by Balvinder K Somogyi, Melanie Barker, Calvin Maclean, Pamela Grischkan.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 5, July 2015, pp 484-502.
Over the last century Inuit have experienced rapid social changes that have greatly impacted their way of life, health and intergenerational traditions. Although there is a growing body of research concerning Inuit youth, relatively little is known about older Inuit. In an effort to bridge this

knowledge gap, a systematic review of peer-reviewed journal articles was conducted. This review identified a dearth of research on older Inuit and highlighted limitations in service provision to this primarily rural and isolated population. Implications for policy and practice and recommendations for future research are also discussed. (JL)

ISSN: 01634372

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

CARERS AND CARING

- 231/15 Care ideals in the Netherlands: shifts between 2002 and 2011; by Thijs van den Broek, Pearl A Dykstra, Romke J van der Veen.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 268-281.
This study's premise was that normative care beliefs can inform the current care policy debate. The authors conducted latent class regression analyses on two waves of Netherlands Kinship Panel Study data (n = 4,163) to distinguish care ideals that captured multiple dimensions of normative care beliefs simultaneously. They also assessed how these care ideals have shifted in the early twenty-first century. They distinguished four care ideals: warm-modern (family and state jointly responsible for caring, egalitarian gender roles); cold-modern (large state responsibility, restricted family responsibility, egalitarian gender roles); traditional (restricted state responsibility, large family responsibility, moderately traditional gender roles); and cold-traditional (large state responsibility, restricted family responsibility, traditional gender roles). Between 2002 and 2011, there has been a shift away from warm-modern care ideals towards cold-modern care ideals. This is remarkable, because Dutch policy makers have increasingly encouraged family members to take on an active role in caring for dependent relatives. (RH)
ISSN: 07149808 From : journals.cambridge.org/cjg
- 231/16 Experience of burden in carers of people with dementia on the margins of long-term care; by Caroline L Sutcliffe, Clarissa M Giebel, David Jolley, David J Challis.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 2, February 2016, pp 101-108.
This study aimed to identify factors determining carer burden in a group of carers supporting people with dementia (PwD) deemed to be at high risk of moving to long-term residential or nursing home care. National data collected as part of the European RightTimePlaceCare project were analysed. This included 81 dyads of community-dwelling people with dementia and their informal carers. Structured face-to-face interviews were conducted in North West England between June 2011 and April 2012. Interviews collected data relating to the person with dementia (cognitive functioning, activities of daily living, neuropsychiatric symptoms and formal and informal dementia care resource use) and carers' level of burden (22-item Zarit Burden Index), hours spent caring and availability of additional informal support. Logistic regression analysis identified five factors associated with high carer burden: neuropsychiatric symptomatology in the PwD, intensive supervision of the PwD by the carer, being a female carer, being an adult-child carer and absence of informal carer support. Use of home care or day care services was unrelated to burden. Support programmes focusing on challenging behaviours and risk management may be of benefit to carers. More individually tailored interventions for specific carer groups including female or younger carers may be warranted. The implementation of peer support networks could be beneficial to carers who lack additional family support. (JL)
ISSN: 08856230 From : www.orangejournal.org
- 231/17 Impacts of care-giving and sources of support: a comparison of end-of-life and non-end-of-life caregivers in Canada; by Allison M Williams, Li Wang, Peter Kitchen.: Wiley.
Health and Social Care in the Community, vol 24, no 2, March 2016, pp 214-224.
This is the second in a series of papers that deal with care-giving in Canada, as based on data available from Statistics Canada's General Social Survey ((GSS Cycle 21: 2007). The GSS includes three modules, where respondents were asked questions about the unpaid home care assistance that they had provided in the last 12 months to someone at end of life(EOL) or with either a long-term health condition or a physical limitation. This paper uniquely examines the caregiver supports employed by EOL caregivers when compared to non-EOL caregivers (short-term and long-term caregivers combined). It builds on the authors' first paper (Health and Social Care in the Community, vol 22, no 2, pp 187-196), which reviewed the differences between short-term, long-term and end-of-life caregivers. The objective of this paper was to investigate the link between the impact of the care-giving experience and the caregiver supports received, while also examining the differences in these across EOL and non-EOL caregivers. The authors use factor analysis and regression modelling to examine differences between the two types of caregivers. The study revealed that with respect to socio-demographic characteristics, health outcomes and caregiver supports, EOL caregivers were consistently worse off. This suggests that although all non-EOL caregivers are experiencing negative impacts from their care-giving role, comparatively greater supports are needed for EOL caregivers. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

231/18 Love stories: understanding the caring journeys of aged Greek-Australian carers; by Debbie Horsfall, Ilse Blignault, Astrid Perry, Penny Antonopoulos.: Wiley.
Health and Social Care in the Community, vol 24, no 2, March 2016, pp 194-202.
The authors document the findings of a short-term longitudinal study that explored the caring journeys of aged Greek carers providing in-home care for their spouse. Through a deeper understanding of carers' decisions and decision-making and insights from service providers and community leaders, the aim was to inform policy makers, service managers and providers about how to develop and promote culturally appropriate support services, negotiating with carers and care recipients in a timely way. Initially, three focus groups and one follow-up forum were conducted with service providers and Greek community leaders. Then, over a 6-month period, two in-home interviews and two telephone interviews were conducted with 12 older Greek carers. The authors sought to understand factors influencing carers' decision-making regarding service uptake, providing information about services as required. Through thematic analysis, it was found that most carers wanted to remain as independent as possible and to avoid forced separation (through institutionalisation) from the one they loved. These caers placed great value on their caring role which, while a struggle at times, gave them a sense of meaning, purpose and belonging. It was also found that carers had great resourcefulness, strength and competence. They were all in long-term relationships, had negotiated coming to a foreign country and establishing themselves, and were now in the process of negotiating old age and increasing frailty, while at the same time providing care and support to family and friends. The authors' findings suggest that services need to be communicated in ways which support what carers value, not on outdated assumptions about cultural groups, otherwise providers will perpetuate exclusion. The authors propose an outreach in-home service model with an emphasis on ageing well and staying at home. This model of service provision is a model of care which emphasises relationships and community, and seeks to build social and cultural capital. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

231/19 Meeting the needs of male caregivers by increasing access to accountable care organizations; by Abby J Schwartz, Kathleen McInnis-Dittrich.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, nos 7-8, October-December 2015, pp 655-670.
As the population of informal male caregivers of older adults continues to grow over time, they have become more visible to the service system. However as the vast majority of supports serve female caregivers, it is important to bring men 'inside' of the service system. Following a review of the male caregiver experience, this commentary discusses how Accountable Care Organizations (ACOs), a provision of the Patient Protection and Affordable Care Act of 2010 (United States), is one way that men can be brought into and access the service system. Although male caregivers are the focus of this paper, the recommendations suggested are useful for professionals working with all caregivers regardless of gender. Discussion includes a rationale as to why ACOs are a unique service that are currently being developed that provides a window of opportunity for health professionals to meet caregiver needs in new ways. This would include the evaluation of and addressing male caregiver psychosocial and support needs at the time of addressing care receivers' medical needs. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>

CRIME

231/20 Fear of crime and older people in low- and middle-income countries; by Peter Lloyd-Sherlock, Sutapa Agrawal, Nadia Minicuci.: Cambridge University Press.
Ageing and Society, vol 36, no 5, May 2016, pp 1083-1108.
This paper analyses data from the World Health Organization (WHO) Study on Global AGEing and Adult Health (SAGE) on the prevalence of reported fear of crime at home and on the street among older people in China, Ghana, India, Mexico, Russia and South Africa. SAGE provides nationally representative data for 35,125 people aged 50+. These reveal large national variations in reported crime fear: for example, 65 per cent of older South Africans felt unsafe on the street, compared to only 9 per cent of older Ghanaians. The paper examines factors potentially associated with crime fear, including age, socio-economic status and frailty, and relates these to different theoretical models of crime fear. Female sex and frailty are associated with higher rates of crime fear across the study countries. Other associations are less consistent, e.g. urban residence is associated with higher levels of fear in some countries and lower levels in others. The paper considers the potential effects of crime fear on mobility beyond the home, health status and quality of life. A strong association is found for mobility, but effects on health and quality of life are harder to interpret as the direction of causality can be two-way. Overall, the paper demonstrates the potential impact of crime fear on older people's well-being and highlights a need for further, more contextualised research. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

DEMENTIA

(See Also 231/65)

- 231/21 'I don't know if you want to know this': carers' understandings of intimacy in long-term relationships when one partner has dementia; by Jane Youell, Jane E M Callaghan, Kevin Buchanan.: Cambridge University Press.
Ageing and Society, vol 36, no 5, May 2016, pp 946-967.
This article explores experiences of relational intimacy, including sexual intimacy, in long-term relationships when one partner has dementia. The qualitative study explores how six participants experience their intimate relationships with their partners with dementia. Semi-structured interviews provided a rich source of data which were analysed using Interpretive Phenomenological Analysis. Three master themes emerged from the analysis: 'everydayness', 'absent presence' and 'I don't know if you want to know this_'. Participants explored how living with dementia constructed specific, everyday relational challenges, and disrupted everyday intimacies. Intimacy, including sexual intimacy, remains an important element of older couple relationships. Relational experiences present specific and difficult to articulate experiences for the partners of people living with dementia, particularly experiences related to sex and sexuality. Representations of older adults (particularly older adults with a long-term illness) as relatively asexual beings can make elements of these relational challenges particularly difficult to express. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 231/22 Handling the dilemma of self-determination and dementia: a study of case managers' discursive strategies in assessment meetings; by Johannes H Osterholm, Annika Taghizadeh Larsson, Anna Olaison.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 6, August-September 2015, pp 613-636.
In assessment meetings concerning care services for people with dementia, Swedish case managers face a dilemma. On the one hand, according to the law, the right to self-determination of every adult citizen must be respected, but on the other hand cognitive disabilities make it difficult to fulfil obligations of being a fully-fledged citizen. In this article, the authors examine 15 assessment meetings to identify discursive strategies used by case managers to handle this dilemma. The authors also examine how these affect the participation of persons with dementia, and indicate implications of their study for social work practice and research. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>
- 231/23 Living well with fronto-temporal dementia; by Chris Norris.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 34-37.
The author was diagnosed with fronto-temporal dementia in 2013, which caused him to have to retire from work. He points to key appointments with general practitioner (GP) and at a memory clinic, leading to the diagnosis. He describes how he is constantly having to find coping mechanisms to deal with difficulties as he experiences them, in writing, reading, routines, conversations, and handling emotions. He also comments how important it is to listen to patients correctly, so that more of them can be helped to live well with dementia. (RH)
ISSN: 13603671 From : www.bps.org.uk
- 231/24 A survey of sleep quality in people with dementia and their carers; by Rosie Begbie, Stephanie Crawford.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 29-35.
Much has been written about the negative impact of sleep disturbance in those who care for people with dementia has been widely reported. The authors report results of a survey to assess the sleep quality of patients with dementia and their carers in a community-based sample of 33 patient-relative pairs in East Refrewshire. The Insomnia Severity Index (ISI) questionnaire, a self-report measure, was used. More than two-thirds of carers and almost half of the patients surveyed presented with symptoms of sleep disturbance, pointing to the need for routine assessment and treatment. (RH)
ISSN: 13603671 From : www.bps.org.uk
- 231/25 Writing for older people with memory difficulties and/or early stage dementia; by Mike Bender.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 20-28.
Having written a self-help manual, 'You're worried you might have Alzheimer's: what you can do about it' ((Beeswing Publications, 2013), the author CONSIDERS the literature available for older people who are worried about experiencing memory difficulties and/or who may have early stage dementia. He looks at the popular literature for people as sufferers or relatives; writing for older

people with early stage dementia; what a book about memory difficulties in later life should look like; and what the content should be of a self-help manual for older people with memory difficulties. Essential to the compilation of such self-help is the value placed on eliciting comments from relatives and sufferers on topics such as setting up and maintaining a mutual support system, and interactions with professionals. (RH)

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From : www.bps.org.uk

DEMENTIA CARE

(See Also 231/5, 231/10, 231/16, 231/22, 231/24)

231/26

Assistive technology in dementia care: methodological issues in research design; by Annette Altendorf, Jason Schreiber.: Emerald.

Journal of Assistive Technologies, vol 9, no 1, 2015, pp 38-47.

The aim of this paper was to illustrate some of the ethical issues and methodological obstacles encountered when trialling and using safer walking technologies and monitoring devices in dementia care. It discusses some of the more complex devices such as smart home technology, global positioning systems (GPS), infrared sensor and radio frequency identification (RIFD) technologies for safer walking and monitoring systems. Using a number of recent studies as examples statistical, methodological and ethical issues are then illustrated. Some of the reasons why randomised controlled trials or quasi-experimental designs are difficult to achieve in this area are also discussed. Much has already been achieved in using technology to aid people with memory and related problems. However, statistical evidence for the effectiveness of safer walking and monitoring devices in dementia care is still lacking. Careful considerations such as 'treat the client as you would like to be treated' should be applied when making a decision about a particular device. (JL)

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From : www.emeraldgroupublishing.com/jat.htm

231/27

Care arrangements for community-dwelling people with dementia in Germany as perceived by informal carers: a cross-sectional pilot survey in a provincial-rural setting; by Milena von Kutzleben, Sven Reuther, Olga Dortmann, Bernhard Holle.: Wiley Blackwell.

Health and Social Care in the Community, vol 24, no 3, May 2016, pp 283-296.

The majority of people with dementia live at home, and informal carers assume the role of key care providers, often supported by formal services. This pilot study aimed to assess home-based care arrangements, to illustrate usage of formal services over time, and to identify factors associated with perceived stability of the care situation from the informal carer's perspective. A self-administered questionnaire (D-IVA Instrument for Assessing Home-Based Care Arrangements for People with Dementia) was developed and distributed in a provincial-rural setting in Germany as a cross-sectional survey. Data analysis used descriptive statistics, unbiased conditional inference trees and thematic analysis for open-ended questions. In total, 84 care arrangements were assessed. The majority of participants were direct relatives of the care-dependent person [mostly adult children (48.8%) or spouses (27.4%)]. Formal services were already sought in the first year after onset of memory problems. The most frequently used formal services were home care nursing services (53.0%), day care (49.4%) and respite care (29.6%), whereas 15.5% did not use any type of formal support. Companion home visit, home care nursing service and day care were used over the longest periods of time. The recruitment strategy used in this study may have recruited those who were relatively more dependent on their informal carers. In this small sample, carers' perceived stability of the care situation was high, and this was associated with the country of origin and sex of the person with dementia ($P = 0.004$ and 0.023 respectively). Most care arrangements consisted of a mix of informal and formal services. However, informal carers assumed prime responsibility. The questionnaire D-IVA proved to be suitable. It remains a challenge to further examine factors associated with perceived stability and to explain the phenomenon in its whole complexity. Further research using the D-IVA should consider applying complementing quantitative measures as well as qualitative methods. (RH)

ISSN: 09660410 From : wileyonlinelibrary.com/journals/hsc

231/28

Consensus views on advance care planning for dementia: a Delphi study; by James B Sinclair, Jan R Oyeboode, R Glynn Owens.: Wiley.

Health and Social Care in the Community, vol 24, no 2, March 2016, pp 165-174.

The uptake of advance care planning (ACP) is particularly low among people with dementia. This may reflect barriers to communication between professionals, patients and families in the face of lack of consensus about the process. This study aimed to methodically investigate consensus views of how ACP should be explained and carried out with people with dementia. A three-round Delphi study explored views of how and when ACP should be addressed, what should be covered, who should be involved, and why rates of ACP are low. Seventeen participants took part comprising

family members, old age psychiatrists and policy makers. Thirty-two items reached consensus. The panel agreed on 11 different areas for discussion. They concurred that ACP was best addressed after the person has come to terms with the diagnosis when the individual feels ready to do so. There was a consensus view that the process should be couched in terms of 'certain possibilities'. Consensus items emphasised personal choice and autonomy, while also prioritising the need to discuss financial aspects and to include spouses. There was no consensus that professionals should be involved, although the panel viewed them as carrying some responsibility for low uptake. It is suggested that ACP should include general discussion of values, as well as coverage of specific points. Professionals need to offer discussion and information on ACP, but also make clear that the patient has the right to choose whether to pursue ACP or not. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

231/29

Dementia advisers survey: survey of provision of dementia adviser services; by Ipsos MORI Social Research Institute; Age UK; Department of Health - DH. London: Ipsos MORI, February 2016, 61 pp.

Dementia advisers provide a single identifiable point of contact for people with dementia and their carers following a diagnosis. The Department of Health (DH), working with Age UK and Ipsos MORI, undertook a project to investigate the provision of services available for older people in England, with a particular interest in understanding the role and functions of dementia adviser services. Ipsos MORI conducted an online survey with those responsible for commissioning dementia services in care commissioning groups (CCGs) and local authorities (LAs) in October and November 2015. Of 209 CCGs and 150 LAs, 89 CCGs and LAs responded to the voluntary survey. The aim was to understand the profile and regional variation of dementia-specific services being provided to those with dementia and their families; understand the scope and nature of the dementia services that are provided; identify gaps in service provision for people living with dementia and their families; and understand the profile of services available to older people throughout England. This survey's findings cover who commissions dementia adviser services; services available to older people, including dementia services; how dementia adviser services are commissioned, including the extent of joint commissioning; who provides dementia adviser services; the ways in which dementia advisers provide support; and the cost of commissioning services. Dementia adviser services were found in most of the areas surveyed: 81 out of 89 (91%) commissioners stated that there is a dementia adviser service or similar in their area. In three-quarters of cases, the CCG/LA commissions the Alzheimer's Society to deliver dementia adviser services, by individuals variously also referred to as dementia support workers, dementia Care advisers or dementia navigators. Nearly half (47%) of the commissioners responding said that they jointly commission dementia adviser services with other CCGs and LAs. Where a dementia adviser service is unavailable or is not known to exist within an area, commissioners report a variety of other services available for older people, and people with dementia and their carers. (RH)

From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/513191/Dementia_Advisers_Full_Report.pdf

231/30

Extended safety and support systems for people with dementia living at home; by Lennart Magnusson, Lars Sandman, Karl Gustav Rosen, Elizabeth Hanson.: Emerald.
Journal of Assistive Technologies, vol 8, no 4, 2014, pp 188-206.

The purpose of this paper was to highlight the complexity surrounding the implementation of advanced electronic tracking, communication and emergency response technologies, namely, an extended safety and support (ESS) system for people with dementia (PWD) living at home. Results were presented from a Swedish demonstration study (2011-2012) conducted in 24 municipalities. This was a descriptive intervention study with a pre-post test design. Questionnaires were administered to PWD, carers and professionals at the outset and eight months later. ESS logging data were analysed. Findings showed that ESS usage rates varied widely. A total of 650 alerts were triggered, mainly when the PWD was outdoors. Activities were reduced amongst PWD, most likely due to a progression of their disease. Carers noted that PWD were more independent than previously on those occasions when they engaged in outdoor activities. Staff considered that nearly half of PWD could remain living at home due to the ESS, compared with a third amongst carers. In total 50 per cent of carers felt it was justified to equip their relative with an ESS without their explicit consent, compared to one in eight staff. Overall the study showed that carers played a crucial role in the adoption of ESS. (JL)

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231/31

Leveraging everyday technology for people living with dementia: a case study; by A J Astell, B Malone, G Williams ... (et al): Emerald.
Journal of Assistive Technologies, vol 8, no 4, 2014, pp 164-176.

The purpose of this paper was to present the self-described journey of an individual with dementia named Brian. The paper looked at his re-learning of old technologies, his learning of new ones and the impact this had on his life. This was a single case study detailing the participant's

experiences collaborating with a researcher to co-create methods of facilitating this learning process, which he documented in the form of an online blog and diary entries. These were analysed using Nvivo software to reveal key themes. Study findings showed that Brian was able to relearn previously used technologies and learn two new ones. This led to an overarching theme of positive outlook on life supported by person-centredness, identity and technology, which challenged negative perceptions about dementia. This paper provides an example of how learning and technology improved the life of one person with dementia. By sharing the approach the authors hope to encourage others to embrace the challenge of designing and developing innovative solutions for people with a dementia diagnosis by leveraging both current mainstream technology and creating novel bespoke interventions for dementia. (JL)

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DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 231/109)

DEPRESSION

(See Also 231/81, 231/119)

231/32

'Beating the Lows in Later Life': evaluation of a mental health awareness raising campaign aimed at OAs; by Mary Hughes, Fionnuala Edgar.: British Psychological Society.

Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 58-65. Prevalence rates for mental health difficulties among older adults (OAs) are high, with over a third experiencing symptoms of mental illness (Age Concern, 2007). Within Dumfries and Galloway, OAs are under-represented, relative to working age adults, in referrals to the psychology service. Under-referred has been suggested to arise as a consequence of direct and indirect stigma and ageist attitudes towards mental health problems in OAs. This study aimed to explore perceptions of OAs in relation to mental health stigma and barriers to treatment. The authors also aimed to evaluate the impact of a pilot local mental health awareness-raising campaign, 'Beating the Lows in Later Life' on referral rates to psychology and guided self-help services. Surveys were made available in both an electronic and print format to community-dwelling OAs, via general practitioner (GP) surgery waiting rooms, public libraries and electronic distribution to members of two local branches of the University of the Third Age (U3A). Referral rates in the period following the awareness training campaign (May-June 2013) were compared with those in the same period of the previous year. 32 respondents completed the survey. Despite no significant differences in referral rates following the campaign, respondents reported increased confidence in help-seeking and decreased perceptions of mental health stigma. Lack of awareness about service available, acceptance of anxiety of depression are normal, mobility issues and stigma were reported as being key barriers to treatment-seeking by OAs. (RH)

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231/33

Aging, depression, and wisdom: a pilot study of life-review intervention and PTSD treatment with two groups of Vietnam veterans; by Lori R Daniels, James Boehnlein, Phillip McCallion.: Taylor and Francis.

Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 420-426.

Vietnam War veterans are a sometimes overlooked subgroup of the ageing baby boomer generation. 40 years after the war ended, war veterans still seek out counsellors from the United States Department of Veterans Affairs (VA or Vet Center) in order to assist with traumatic stress symptoms. However there are currently no specific age-related protocols for treating older war veterans suffering from posttraumatic stress disorder (PTSD), nor have established PTSD interventions incorporated gerontology content for these older trauma survivors. This pilot study juxtaposed life review within regular PTSD group counselling for 12 Vietnam veterans at a community-based Vet Center using a partial crossover design. The Life Review and Experiencing Form (LREF) structured the delivery of the life review component. T-tests and repeated measures ANOVA were used to examine depression and self-assessed wisdom outcomes using measures previously tested with older adults. Findings suggest that life review prior to PTSD group therapy has clinical benefits for reducing symptoms of depression and increasing self-assessed wisdom. The study illuminates the possible relationship of traumatic stress symptom effects on the natural reminiscing process for older veterans and provides insights into methods for more age-appropriate treatment for trauma survivors participating in Vet Center and/or VA programmes nationwide. (JL)

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

ECONOMIC ISSUES

(See 231/58, 231/77)

EMPLOYMENT

- 231/34 Ageing organisations and the extension of working lives: a case study approach; by Wieteke Conen, Kene Henkens, Joop Schippers.: Cambridge University Press.
Journal of Social Policy, vol 43, no 4, October 2014, pp 773-792.
This paper analyses case studies conducted with Dutch organisations, to examine how economic climate and policy changes at national level have affected organisational practices aimed at the extension of working lives of older workers in the last decade. The findings show that personnel policies are typically short-term and vary in their existence and content, congruous to the economic climate. Policy changes in retirement arrangements, and the debate about raising the official retirement age, have made both employees and employers realise that the extension of working lives has become an unavoidable fact, although both parties still seem intrinsically opposed to it. In the last decade, changes to safety regulations and the increase in costs for employers if employees drop out of work due to ill health have led to an increasing focus on health-related measures in professions that involve intense physical work over. While national level policy changes in areas such as health and safety do percolate down and begin to affect organisational practice, it is at the organisational level that such changes still need to be worked through. (RH)
ISSN: 00472794
From : journals.cambridge.org/JSP
- 231/35 Exploring themes and best practices in integrated working: the Older Adults Workforce Integration Programme (OAWIP); by Julian Mellor.: Institute of Ageing and Health (West Midlands).
Ageing and Health, no 20, 2016, pp 9-13.
The author reports on work undertaken on a health Education West Midlands Innovation Programme which was established to explore the workforce aspects of integrated working in health and social care services for older people. Sponsored by the HR Director at Birmingham Community Health Trust and established in 2013, the programme is being evaluated by an external organisation, following completion of six pilot projects. The findings reveal some important learning about the barriers and enablers of effective integrated working, as well as the relationship between workforce initiatives, system leadership and organisational development. The programme has developed some new approaches and resources across several aspects of integrated working, which are now being scaled up across the West Midlands.
From : www.iah-wmids.org.uk
- 231/36 Government as institutional entrepreneur: extending working life in the UK and Japan; by Matthew Flynn, Heike Schroder, Masa Higo, Atsuhiko Yamada.: Cambridge University Press.
Journal of Social Policy, vol 43, no 3, July 2014, pp 535-553.
This paper discusses how governments use the levers of power afforded through business and welfare systems to affect change in the organisational management of older workers. It does so using national stakeholder interviews in two contrasting economies: the United Kingdom and Japan. Both governments have taken a 'light-touch' approach to work and retirement. However, the highly institutionalised Japanese system affords the government greater leverage than that of the liberal UK system in changing employer practices at the workplace level. (RH)
ISSN: 00472794
From : journals.cambridge.org/JSP
- 231/37 The social construction of retirement and evolving policy discourse of working longer; by Philip Taylor, Catherine Earl.: Cambridge University Press.
Journal of Social Policy, vol 45, no 2, April 2016, pp 251-268.
The evolving social construction of older workers and retirement is considered in respect of the competing 'world views' from public policy, and the social advocacy of productive and vulnerable older workers. Contradictions and disjunctions, in terms of public policies aimed at changing employer behaviour towards older workers, are identified. It is argued that current representations of older workers have serious flaws that provide a weak basis for policy development. Not only do these representations undermine the prospects for overcoming prejudicial societal attitudes, but may also in fact strengthen them. It is further argued that sheltering older workers in employment placements will inevitably limit the extent and nature of their participation. Instead, the mainstreaming of their employment is justified, bearing in mind negative attitudes towards ageing. (RH)
ISSN: 00472794
From : journals.cambridge.org/JSP

231/38 Work, aging, and risks to family life: the case of Australia; by Simon Biggs, Ashley Carr, Irja Haapala.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 321-330.
The relationship between work and family is considered, with an emphasis on policy solutions, and using Australian policy as a case example in the context of international trends. A mismatch between policy initiatives and familial and personal priorities constitutes a new social risk associated with demographic and sociocultural development. Contemporary trends, both nationally and internationally, evidence solutions to the "problem of demographic ageing", by adopting a form of economic instrumentalism. This restricts legitimate age identities to those associated with work and work-related activity. When applied to family life, such a focus runs the risk of reducing policy interest in intergenerational engagement to unpaid care roles, while personal development and age-related life priorities are ignored. The need for cultural adaptation to population ageing is becoming accepted in policy debate, and is considered here as an effective response to the personal, social, and economic risks of population ageing and associated effects on family life. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

231/39 Working Late: strategies to enhance productive and healthy environments for the older workforce; by Cheryl Haslam, Stacy James, Joanna Crawford (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 22).
By 2020, more than a third of the UK workforce will be aged over 50. It is now essential to facilitate extended working lives by promoting health in the workplace. Working Late investigated the policy issues associated with later life, working and developed interventions and design solutions to promote health, productivity and quality of working life of older people. The research involved a mixed methods approach comprising: focus groups, interviews, surveys and interventions. The project was underpinned by user engagement involving agencies, employers and older workers to guide the research process. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download at: <http://newdynamics.group.shef.ac.uk/nda-findings-22.html>

END-OF-LIFE CARE

(See 231/43)

EPIDEMIOLOGY

(See 231/47)

FALLS

231/40 People are getting lost a little bit: systemic factors that contribute to falls in community-dwelling octogenarians; by Dorothy Gotzmeister, Aleksandra A Zecevic, Lisa Klilnger, Alan Salmoni.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 397-410.
Octogenarians living in the community are the fastest-growing demographic group in Canada. Simultaneously, they have the highest prevalence of falls, and are at nine times greater risk of injury due to a fall. A systems approach is essential to our understanding on how to improve the safety of octogenarians' ageing in place. Understanding how societal factors interact and affect the older adult can help care custodians to identify and remove safety defects that bring about falls. This study aimed to identify system-wide factors that contribute to falls in community-dwelling octogenarians. Eight falls were investigated using the systemic falls investigative method. Participants ranged in age from 83-90 years. Across-case analyses identified 247 contributing factors, grouped within four distinct themes: (a) everyday living has become risky; (b) supervision limitations; (c) health care system disconnects; and (d) poor fall risk identification and follow-up. This qualitative study provides systemic insights into how and why falls occur in community-dwelling octogenarians. (RH)
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From : journals.cambridge.org/cjg

FAMILY AND INFORMAL CARE

(See Also 231/12, 231/38, 231/100)

- 231/41 Challenges for the aging family in the People's Republic of China; by David R Phillips, Zhixin Feng.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 290-304.
The People's Republic of China has the largest population of older people of any country in the world. It is a nation that has experienced enormous economic, social and demographic changes over the past three and a half decades. Traditionally, the family was the main social support for older persons. This changed somewhat under early socialism, but in recent years, the importance of family support has been reasserted. However, over this time, the family's ability to support its older members has been considerably altered and arguably weakened. This article reviews four key issues (population change, the hukou system, economic reform, and general features concerning modernisation) that have gradually changed families' capacity to provide support for older members. (The hukou is the system that is used to register the residence of all Chinese citizens, who are classified as either agricultural or rural, and non-agricultural or urban.) The direction and focus of research and public policy directions are considered, under which the state might take some responsibilities from the family, support capacity to care, and improve the quality and quantity of support for older citizens. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg
- 231/42 Diverse family structures and the care of older persons; by Karen A Roberto, Rosemary Blieszner.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 305-320.
Demographic and social trends lead to a variety of micro-level and internal structural contexts that influence caregiving in families with older members. The results of macro-level changes have received little focused attention in the ageing literature, where much of the caregiving research has addressed issues within the context of traditional family structure. Yet the conventional nuclear family model is increasingly uncommon, as new, pluralistic models of family life are emerging in contemporary society. This article considers such pluralistic models of family life and variations by age and generation, marital status, sexual orientation, biological ties, parental status, and place and distance between family members. Most elder care is provided by relatives, albeit with varying patterns of involvement and responsibility across family structures. Both conventional and pluralistic families face challenges in meeting the care needs of their oldest members, leaving some older adults at risk of having unmet needs. Additional research on family risk and resilience relating to the care of older relatives is warranted, particularly with respect to pluralistic models of family life. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg
- 231/43 End-of-life co-residence of older parents and their sons in rural China; by Zhen Cong, Merrill Silverstein.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 331-341.
The authors examined how intergenerational exchanges with sons and daughters predicted older parents' likelihood of co-residing with a son prior to death in a rural area of China's Anhui Province. Their investigation drew on theories of contingent co-residence, modernisation, and social exchange. Co-residence was conceptualised as having practical and symbolic importance in rural Chinese culture. The sample included 470 older parents, reported as deceased during 2001-2009, and their posthumous informants. Logistic regression was used to assess intergenerational support and cohesion as predictors of co-residence with a son just prior to death. Older parents who provided instrumental support to, and received instrumental support from, sons and had better emotional relationships with sons were more likely than their counterparts to co-reside with a son at the end of life. Living with sons demonstrates filial piety for older parents at the end of life, but its realization is sensitive to intergenerational transactions. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg
- 231/44 Intra-couple caregiving of older adults living apart together: commitment and independence; by Jenny De Jong Gierveld.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 356-365.
Recently, rising numbers of mid-life and older adults have been starting a "living apart together" (LAT) relationship following divorce or widowhood. LAT describes an intimate relationship wherein partners maintain separate households. This study investigated the characteristics of care arrangements in older long-term LAT couples and elicited personal comments about intra-couple care. The authors interviewed 25 LAT partners and a comparison group of 17 remarried older

adults in the Netherlands in a side study of the Netherlands Kinship Panel Study. Results showed that about half of the LAT partners intended to exchange care if needed (partnership commitment); the other half had ambiguous feelings or intentions to refuse care (independence orientation). However, for those LAT partners already confronted with illness in their current relationship, all provided care to the partner in need. The minority of LAT partners who would not exchange care reciprocally are more likely to give as opposed to receive care. (RH)

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FRAILITY

231/45

Frailty: a costly phenomenon in caring for elders with cognitive impairment; by Aine Butler, Damien Gallagher, Paddy Gillespie ... (et al.): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 31, no 2, February 2016, pp 161-168.

Dementia draws on a variety of public and private resources. There is increasing pressure to define the cost components in this area to improve resource allocation and accountability. The aim of this study was to characterise frailty in a group of cognitively impaired community-dwelling older adults and evaluate its relationship with cost and resource utilisation. The study assessed a cross-sectional, convenient sample of 115 cognitively impaired patients aged 55 years and above who attended the National Memory Clinic in St James' University Hospital, a Trinity College-affiliated hospital in Dublin, Ireland. Participants had a clinical diagnosis of possible Alzheimer's disease or mild cognitive impairment. Frailty was measured using the biological syndrome model. Formal health and social care costs and daily informal caregiving costs were collected and the total costs of care estimated by applying the appropriate unit cost estimate for each resource activity. Stepwise regression models were constructed to establish the factors associated with increased care costs. Patient dependence, frailty and number of co-morbid illnesses explained 43.3% of the variance in observed daily informal care costs in dementia and cognitively impaired patients. Dependence was the sole factor retained in an optimal model explaining 19% of the variance in formal health and social care costs. Frailty retained a strong association with daily informal care costs even in the context of other known risk factors for increasing care costs. Interventions that reduce frailty as well as patient dependence on others may be associated with cost savings. (JL)

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GOVERNMENT AND POLICY

(See 231/67)

HEALTH AND WELLBEING

(See 231/8, 231/68, 231/70)

HEALTH CARE

231/46

Not too old, not too young: older women's perceptions of physicians; by Hazel MacRae.: Cambridge University Press.

Canadian Journal on Aging, vol 34, no 4, December 2015, pp 545-560.

Older women interact with physicians more frequently than older men and younger people, yet knowledge and understanding of their experiences with physicians is limited. This study investigated older women's perceptions of their interactions with physicians, and identified what older women want from physicians. Findings from in-depth interviews with 30 older Canadian women reveal the majority want to be actively involved in their own health care. In the patient-physician relationship, the women typically give priority to physicians' personal attributes and behaviour towards the patient. For many of the women, the age and gender of the physician also matter. (RH)

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HEALTHY AGEING

(See Also 231/121)

231/47

Life history and risk of death after 50: a survival analysis for Europe; by Anna Nicinska, Malgorzata Kalbarczyk-Steclik.: Cambridge University Press.

Canadian Journal on Aging, vol 34, no 4, December 2015, pp 481-491.

The authors investigated the impact of events from an individual's past on the risk of death for Europeans aged 50 and older, controlling for other relevant variables. Their analysis was based on the data from retrospective biographical interviews, regular longitudinal interviews, and

end-of-life interviews from the Survey of Health, Ageing and Retirement in Europe (SHARE). In particular, they captured retrospectively self-reported health in childhood; periods of poverty, hunger, and poor health experienced in the past; and the history of health care, including regular dental care, blood tests, and blood pressure measurements. This information, along with age, gender, current subjective and objective health, and other socio-demographic characteristics, enables assessment of the risk of death. The proportional hazard model was applied to explain the risk of death. The survival analysis shows that events experienced in the past significantly affect risk of death for Europeans aged 50 and older, controlling for other relevant variables. (RH)

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HIV AND AIDS

231/48 "A shrinking kind of life": gay men's experience of aging with HIV; by James Masten.: Taylor and Francis.

Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 319-337.

More people are living with HIV into midlife and older age. Although increased longevity brings new hope, it also raises unanticipated challenges - especially for gay men who never thought they would live into middle and older age. Middle-aged and older people are more likely to face multiple comorbidities, yet many lack the necessary supports to help them adapt to the challenges of ageing with HIV. This article presents the findings of a qualitative study developed to explore gay men's experience of ageing with HIV. Multiple in-depth exploratory interviews were conducted with 15 gay-identified men living with HIV/AIDS over an 18-month period. A systematic strategy data analysis consistent with grounded theory revealed a pattern of subtle adjustments to living with HIV that resulted in diminishing circles of social support and social involvement. This dynamic is referred to as 'a shrinking kind of life', an in-vivo code built from the participant's own words. Four themes from the research are discussed: physical challenges; a magnitude of loss; internal changes; and stigma due to homophobia, AIDS-stigma and ageing. Conclusions include recommendations for future research and implications for practice in the field. Practitioners knowledgeable of the factors that impact their social involvement can empower gay men through individual and group interventions to confront a shrinking kind of life and define for themselves what it means to optimally age with HIV. (JL)

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

231/49 Emotional social support and access to care among older people living with HIV in rural China; by Chunqing Lin, Li Li, Guoping Ji, Wu Jie.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 30, no 10, October 2015, pp 1041-1047.

Globally the number of older people living with HIV (PLH) is growing. Furthermore older PLH are facing particular challenges related to accessing health care. The objective of this study was to investigate the older PLH's access to care and its relationship to emotional and tangible social support. A cross-sectional study was conducted among 225 PLH who were 50 years of age or older in Anhui, China. A computer-assisted personal interview was used to collect the participants' demographic characteristics, perceived health status and access to care. The following two dimensions of social support were measured: emotional support and tangible support. The association between emotional/tangible support and access to care was calculated using Pearson's/point-biserial correlations and with multiple linear regression. Higher tangible support was reported by the participants who were married or living with a partner, those who had higher annual income levels and those with better perceived health status. Emotional support was correlated with higher education, higher income and better perceived health status. Multiple regression analyses showed that access to care was significantly associated with emotional support but not with tangible support. These findings point to the importance of providing emotional support for older PLH. It is suggested that emotional support should be provided for older PLH in addition to tangible assistance in order to engage them in treatment and care. (JL)

ISSN: 08856230

From : www.orangejournal.org

HOME CARE

(See Also 231/92, 231/107)

231/50 Development of two measures of client engagement for use in home aged care; by Jess Rose Baker, Fleur Harrison, Lee-Fay Low.: Wiley Blackwell.

Health and Social Care in the Community, vol 24, no 3, May 2016, pp 363-374.

The aim of this Australian study was to develop and validate two measures of client engagement in aged home care. The Homecare Measure of Engagement-Staff questionnaire (HoME-S) is a self-complete measure of six dimensions of client engagement: client acceptance, attention,

attitude, appropriateness, engagement duration and passivity. The Homecare Measure of Engagement-Client/Family report (HoME-CF) is a researcher-rated interview, which obtains client and/or family perspectives regarding frequency and valence of conversational and recreational engagement during care worker visits. Care workers (n = 84) completed the HoME-S and a measure of relationship bond with client. Researchers interviewed clients (n = 164) and/or their family (n = 117) and completed the HoME-CF, and measures of agitation, dysphoria, apathy and cognitive functioning. The HoME-S and HoME-CF demonstrated good test-retest and inter-rater reliability, and showed significant negative correlations with apathy, agitation and non-English-speaking background. Controlling for client and care service characteristics, a stronger care worker-client relationship bond and English-speaking background were independently associated with higher HoME-S scores, and apathy was independently associated with higher HoME-CF scores. The study concludes that the HoME-S and HoME-CF are psychometrically sound engagement measures for use in homecare. Clients who are apathetic or from non-English-speaking backgrounds may be less responsive to traditional care worker engagement strategies. Engagement may be augmented in clients who have stronger relationships with their care workers. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

231/51

Factors associated with the amount of public home care received by elderly and intellectually disabled individuals in a large Norwegian municipality; by Oystein Dohl, Helge Garasen, Jorid Kalseth, Jon Magnussen.: Wiley Blackwell.

Health and Social Care in the Community, vol 24, no 3, May 2016, pp 297-308.

This study reports an analysis of factors associated with home care use in a setting in which long-term care services are provided within a publicly financed welfare system. Two groups of home care recipients were considered: older people and intellectually disabled individuals. Routinely collected data on users of public home care in the municipality of Trondheim in October 2012, including 2493 people aged 67 years or older and 270 intellectually disabled people, were used. Multivariate regression analysis was used to analyse the relationship between the time spent in direct contact with recipients by public healthcare personnel and perceived individual determinants of home care use (i.e. physical disability, cognitive impairment, diagnoses, age and gender, as well as socioeconomic characteristics). Physical disability and cognitive impairment are routinely registered for long-term care users through a standardised instrument that is used in all Norwegian municipalities. Factor analysis was used to aggregate the individual items into composite variables that were included as need variables. Both physical disability and cognitive impairment were strong predictors of the amount of received care for both elderly and intellectually disabled individuals. Furthermore, a negative interaction effect between physical disability and cognitive impairment for older home care users was found. For older individuals, the authors also found significant positive associations between weekly hours of home care and having comorbidity, living alone, living in a service flat and having a safety alarm. The reduction in the amount of care for older individuals living with a cohabitant was substantially greater for males than for females. For intellectually disabled individuals, receiving services involuntarily due to severe behavioural problems was a strong predictor of the amount of care received. The analysis showed that routinely collected data capture important predictors of home care use, and thus facilitate both short-term budgeting and long-term planning of home care services. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

HOSPITAL CARE

231/52

Predicting outcome in older hospital patients with delirium: a systematic literature review; by Thomas A Jackson, Daisy Wilson, Sarah Richardson, Janet M Lord.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 31, no 4, April 2016, pp 396-403.

Delirium is a serious neuropsychiatric syndrome common in older hospitalised adults. It is associated with poor outcomes, however not all people with delirium have poor outcomes and the risk factors have not been well described. The objective was to report which predictors of outcome had been reported in the literature. The study performed a systematic review of the literature using four key search criteria. These were: (1) participants with a diagnosis of delirium, (2) clearly defined outcome measures, (3) a clearly defined variable as predictor of outcomes and (4) participants in the general hospital, rehabilitation and care home settings, excluding intensive care. Studies were then selected in a systematic fashion using specific predetermined criteria by three reviewers. 559 articles were screened, and 57 full text articles were assessed for eligibility. Of these, 27 studies describing 18 different predictors of poor outcome were reported. The studies were rated by the Newcastle-Ottawa Score and were generally at low risk of bias. Four broad themes of predictor were identified; five delirium related predictors, two co-morbid psychiatric illness related predictors, eight patient related predictors and three biomarker related predictors. The most numerous described and clinically important appear to be the duration of the delirium

episode, a hypoactive motor subtype, delirium severity and pre-existing psychiatric morbidity with dementia or depression. These are all associated with poorer delirium outcomes. Important predictors of poor outcomes in patients with delirium have been demonstrated. These could be used in clinical practice to focus direct management and guide discussions regarding prognosis. These results also demonstrate a number of key unknowns, where further research to explore delirium prognosis is recommended and is vital to improve understanding and management of this condition. (JL)

ISSN: 08856230

From : www.orangejournal.org

HOUSING

231/53 30 years of Care & Repair England 1986-2016: [and] Older people, housing, health and care: key facts; by Care & Repair England. Nottingham: Care & Repair England, 2016, 8 pp.
This Care & Repair England 30th anniversary brochure is accompanied by an "infographic", 'Older people, housing, health and care: key facts' (which is also available at: <http://careandrepair-england.org.uk/facts-figures/>). (RH)
From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. Website: <http://www.careandrepair-england.org.uk>

231/54 Growing older together: an overview of collaborative forms of housing for older people; by Jon Stevens, Housing Learning and Improvement Network - Housing LIN.: Housing Learning and Improvement Network - Housing LIN, March 2016, 32 pp.
This case study report is published to coincide with the 2016 Housing LIN annual conference, People Powered Change: a Festival of Ideas. It shows how collaborative models of service delivery for older people are now being widely adopted in the health and care sectors; and it suggests that in this respect, housing is lagging behind. Using nine case studies as examples, it demonstrates that collaborative ways of providing housing are becoming more common. These examples - when considered alongside examples from the two previous Housing LIN reports - illustrate the wide and expanding range of collaborative housing options for older people. The report emphasises that collaborative housing schemes can be produced in a variety of ways, for example, self-organised schemes, co-produced options, and market (off-the-shelf) developments. (RH)
From : http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Reports/HLIN_Growing_Older_Together_Report.pdf

231/55 Off the radar: housing disrepair and health impact in later life; by Sue Adams, Care & Repair England; BRE Trust. Nottingham: Care & Repair England, 2016, 25 pp.
Older people are more likely to live with chronic health conditions which can be exacerbated by poor housing; and most also spend a greater amount of time at home. With significant funding constraints in local authorities, especially for adult social care, and in the context of growing pressures on the NHS, sustaining good health in later life is more important than ever. This report sets out the national picture of the scale of poor housing conditions amongst older people, the resulting impact on the health and wellbeing of an ageing population, and the concentration of poor housing in the owner occupied sector. It quantifies the scale of action necessary to address housing disrepair amongst older households, identifying the benefits of targeted use of public funds for those in greatest need. It finds that 1.2 million of households aged 65+ live in a non-decent home, and that poor housing costs the NHS £1.4 billion pa. Data analysis support was provided by BRE. (RH)
From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG.
<http://careandrepair-england.org.uk/wp-content/uploads/2014/12/Off-the-Radar-2016-Final.pdf>

HOUSING WITH CARE

231/56 Correlates of attitudes toward personal aging in older assisted living residents; by Nan Sook Park, Yuri Jang, Beom S Lee ... (et al.): Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 3, April 2015, pp 232-252.
This study explored factors contributing to older adults' self-perceptions about their own ageing in assisted living (AL) communities. Data analysis was completed based on interviews with 150 older residents from 17 AL communities in the United States. The study examined the effect of objective factors (health-related variables/negative life events) and subjective factors (satisfaction with facility/social support) on residents' attitudes toward personal ageing and assessed whether health perception mediated the relationship between health-related variables/negative life events and residents' attitudes toward personal ageing. Multiple regression analyses found that functional disability and hearing impairment negatively affected attitudes toward personal ageing among AL residents, and satisfaction with social support positively influenced attitudes. Health perception

mediated attitudes toward personal ageing. Findings suggest the importance of social workers helping older AL residents recognise social support as a means of promoting their positive self-regard. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>

INCOME AND PERSONAL FINANCE

- 231/57 Age-friendly banking: what it is and how you do it; by David Steele, Age UK; AARP Public Policy Institute. London: Age UK, 2016, 43 pp.
'Age-friendly banking' should mean banking services, products and facilities that remain accessible and easy to use as people age, assist caregivers, and prevent financial exploitation. This report describes some of the challenges faced by older people in using banking and payments systems, and how banks in the UK and USA have been finding solutions to problems facing older customers. It includes 13 case studies of ways in which banks, building societies and clearing services in the UK and the USA are helping customers to avoid scams; prevent fraud, financial abuse or exploitation; and provide accessible services such as mobile bank branches and services for carers. Based on the case studies and feedback from older people, the report presents an agenda for innovation comprising: detecting and stopping financial scams; enabling caregivers to assist with banking; accessible branch banking; designing banking services to be age-friendly; better call handling systems; responding to customer vulnerability; and age-friendly products. An age-friendly banking checklist includes these points, and also seeks improvements that incorporate: appropriate flexibility in identification check; better ways of "passing security"; age-friendly technology; listening carefully and speaking clearly; pathways to better interest rates; removal of age restrictions on financial products; and understanding vulnerability.
From : Age UK, Tavistock House, 1-6 Tavistock Square, London WC1H 9NA. Download: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Policy/money-matters/report_age_friendly_banking.pdf?dtrk=true

- 231/58 Economic well-being among older-adult households: variation by veteran and disability status; by Janet M Wilmoth, Andrew S London, Colleen M Heflin.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 399-419.
This analysis used data from the Survey of Income and Program Participation (SIPP) to examine whether veteran and disability statuses were jointly associated with poverty and material hardship among households that included an older adult. Compared to households that did not include a person with a disability or veteran, disabled nonveteran households were more likely to be in poverty and to experience home hardship, medical hardship and bill paying hardship. Disabled veteran households were not significantly different in terms of poverty but exhibited the highest odds of home hardship, medical hardship, bill paying hardship and food insufficiency. Implications for social work practice are discussed. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>

INEQUALITY AND HUMAN RIGHTS

- 231/59 An investigation into inequalities in adult lifespan; by Les Mayhew, David Smith, Faculty or Actuarial Science and Insurance, Cass Business School, City University London; International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, May 2016, 32 pp.
People in the UK are living longer than ever, but the gap between the oldest and shortest lived appears to be increasing. The authors use data from the Human Mortality Database to measure the differences in age between the first 10% of adult deaths and the top 5% of survivors. They find that in the period from 1879 to 1939, this gap steadily closed. They argue that this reduction in inequalities in age at death was due to the benefits of clean drinking water, mass vaccination and other public health improvements which were available to everyone; but such improvements were disproportionately shared by the poor relative to the rich. Although life expectancy continued to rise after 1950, the inequality gap remained roughly constant, and in recent years has started to widen again - more so for men than for women. A key difference between pre-1939 and now is that deaths are increasingly from chronic rather than infectious diseases or environmental causes. Since chronic disease is often attributable to life choices such as smoking and diet, the blame for the widening must be laid increasingly at the door of individual unhealthy lifestyles rather than ambient risks and hazards.
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
http://www.cass.city.ac.uk/___data/assets/pdf_file/0011/316100/ILCCASS-LEANDI-REPORT_final_25_04_16.pdf

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 231/75)

- 231/60 Correlates of, and barriers to, internet use among older adults; by Janet Chang, Carolyn McAllister, Rosemary McCaslin.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 1, January 2015, pp 66-85.
Older adults constitute the group with the greatest increase in internet usage in the past decade, however usage varies greatly within this population. Services to older adults require a current understanding of internet use trends. This study utilised a quantitative survey method to examine correlates of, and barriers to, current internet use in a demographically diverse county in Southern California. Findings indicate that the presence of a computer at home, a job requiring computer use, age, education and ethnicity are important factors in predicting internet use in older adults. Implications for social work practice with older adults are discussed. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 231/61 Evaluating an accessible web interface for older adults: the impact of mild cognitive impairment (MCI); by Marten Haesner, Anika Steinert, Julie Lorraine O'Sullivan, Elisabeth Steinhagen-Thiessen.: Emerald.
Journal of Assistive Technologies, vol 9, no 4, 2015, pp 219-232.
Cognitive changes occur with age and cognitive limitations can negatively influence computer use. Human-interaction studies show that older adults in particular can benefit from using web platforms. The purpose of this paper was to measure the possible impact of cognitive impairment in web usability and to analyse the differences between older adults with and without cognitive impairment. In the presented pilot study, 50 older adults tested a web-based interface on a PC and tablet computer that was designed based on a styleguide for this specific user group. In two sessions participants had to conduct six tasks. In a third session older adults were left unsupervised in the laboratory where they were confronted with unexpected events triggered by a principal investigator. The performance results differed significantly between the two groups. Older adults with mild cognitive impairment (MCI) needed more time and were more likely to make mistakes when using a web platform. After analysing error data, it became apparent that errors made by older adults with MCI occurred due to a lack of orientation in websites. The authors present valid data of this interesting target group and reveal their specific problems when handling a new online platform. The importance of a flat website hierarchy can be essential in developing senior friendly web pages. The authors also highlight methodological issues and illustrate the importance of qualitative information of the usability data, e.g. the different types of problems or errors. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm
- 231/62 Smartphone use and internet literacy of senior citizens; by S G Hong, S Trimi, D W Kim.: Emerald.
Journal of Assistive Technologies, vol 10, no 1, 2016, pp 27-38.
The purpose of this paper was to analyse the effects of smartphone use on internet literacy and use by senior citizens. Overall results of the study showed that the use of smartphones does significantly impact the internet literacy and use of older individuals. Educational background and the duration of smartphone use enhance the ability of seniors to use the internet. A similar study can be conducted in other different countries and see the effect (if any) of national cultures and the type/purpose of usage of the internet. An expansion of this research, with a larger sample size and more variables, would shed greater insight on this important topic. This study provides suggestions to governments, in cooperation with the private sectors, on how to diminish the digital divide for senior citizens not only to improve their well-being, but also because seniors are an important resource that contributes to society financially and intellectually. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm

INTEGRATED CARE

- 231/63 Toward the development of a more integrated aged care assessment process for rural older Australians: practitioners' perspectives; by Jeni Warburton, Suzanne Cowan, Pauline Savy, Fiona Macphee.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 5, July 2015, pp 503-520.
There is an identified need for more effective assessment processes in rural Australia, with prior research revealing little knowledge sharing and even duplication across existing services. This article aims to explore the challenges to more closely integrated assessment processes, drawing on interview data with practitioners from three agencies located in the same rural region. Findings highlight the challenges of rural assessment, both demand-driven (more older people with complex

needs, geographic isolation) and supply issues (time and distance, funding formulae, workforce shortages). The need for closer collaboration is recognised but significant systemic issues require addressing if it is to be achieved. (JL)

ISSN: 01634372

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

INTERGENERATIONAL ISSUES

(See Also 231/38)

- 231/64 Generational solidarity in Europe and Israel; by Ruth Katz, Ariela Lowenstein, Dafna Halperin, Aviad Tur-Sinai.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 342-355.
This study explored various dimensions of generational relationships between older parents and their adult children using the second wave of SHARE (Survey of Health, Ageing and Retirement in Europe), and comparing it to Dykstra's and Fokkema's (2011) analyses of the first wave. Results were further compared to the OASIS study (Old Age and Autonomy: the Role of Service Systems and Intergenerational Solidarity). The intergenerational solidarity model served as the main conceptual framework. Analyses yielded four family relationship types present in all countries, albeit with different frequencies. Around half of the respondents in the 11 countries were identified with close ties and flow of support. Four conclusions were drawn: (1) importance of personal resources; (2) cultural differences and meanings for families; (3) highlighting within-country difference; and (4) strength of intergenerational solidarity. The importance of understanding generational relationships in the current era with higher longevity and changing family structures is emphasised. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg
- 231/65 Intergenerational programs for persons with dementia: a scoping review; by Bethany Galbraith, Hannah Larkin, Aynsley Moorhouse, Tamara Oomen.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 357-378.
Participation in intergenerational programmes can have a positive impact on quality of life and well-being across age groups. This study sought to examine the characteristics, goals and outcomes of intergenerational programmes for persons with dementia and children or youth. 679 unique abstracts were identified through a search of various literary sources and of these, 27 articles met criteria for review. Articles must have gathered information on programme design, goals, outcomes or participants' perceptions. Overall, three themes emerged: programme design, outcomes for child or youth participants, and outcomes for persons with dementia. Music, arts-based, and narrative programmes were most common. Outcomes included effects on perceptions of ageing and dementia, behaviour, mood, engagement and sense of self. The use of qualitative and quantitative data, as well as descriptive articles, provided a richer picture of the relational features of intergenerational programmes to emerge. The type of programme had less of an impact on positive outcomes than if the activity was meaningful for participants and supported shared opportunities for relationship building and growth. The relationship-based skill set and scope of social work practitioners provided opportunity for the development, facilitation and evaluation of intergenerational programmes. The difficulties of establishing best practices due to methodological challenges and implications for further research are presented. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 231/66 Young vs old - landscape vs portrait: a comparative study of touch gesture performance; by Linda Wulf, Markus Garaschall, Michael Klein, Manfred Tscheligi.: Emerald.
Journal of Assistive Technologies, vol 9, no 3, 2015, pp 136-146.
In recent years touch interactions have been widely applied in public kiosk systems as well as mobile and tablet devices. It has been shown that touch interaction devices have a high potential for adoption by novice users in general and particularly by older adults with little or no ICT experience. Tablet devices in particular have the potential to reach older adults and hence minimise the digital divide. The purpose of this paper was to gain deeper insights into performance differences of younger and older users when performing touch gestures, as well as the influence of tablet device orientation (portrait vs landscape). The authors performed a comparative study involving 20 younger (25-45 years) and 20 older participants (65-85 years). Each participant executed six gestures with each device orientation. Age was set as a between-subject factor. The dependent variables were task completion time and error rates (missed target rate and finger lift rate). To measure various performance characteristics, the authors implemented an application for the iPad that logged completion time and error rates of the participants when performing six gestural tasks _ tap, drag, pinch, pinch-pan, rotate left and rotate right _ for both device orientations. The results showed a significant effect of age on completion

time and error rates. Means revealed faster completion times and lower error rates for younger users than for older users. In addition a significant effect of device orientation on error rates could be stated. Means showed higher error rates for portrait orientation than for landscape orientation. Qualitative results revealed a clear preference for landscape orientation in both age groups and a lower acceptance of rotation gestures among older participants. In this study the authors were able to show the importance of device orientation as an influencing factor on touch interaction performance, indicating that age is not the exclusive influencing factor. (JL)

ISSN: 17549450

From : www.emeraldgroupublishing.com/jat.htm

INTERNATIONAL AND COMPARATIVE

(See Also 231/13, 231/15, 231/20, 231/41, 231/81)

- 231/67 The discontents of reform: boundary work and welfare stigma at mixed elder homes in China; by Haijing Dai.: Cambridge University Press.
Journal of Social Policy, vol 43, no 3, July 2014, pp 497-515.
During the 1990s welfare reforms in China, which highlighted budgetary cuts and decentralisation, local governments in Taizhou, Zhejiang Province, placed self-financing older people in public welfare homes or sent the "Three Nos" (no children, no income and no relatives) on public assistance to the emerging non-governmental elder institutions, so as to strategise their public spending. The author uses ethnographic data collected at the reformed mixed elder homes to examine how physical, social and cultural boundary work is constructed and maintained during the everyday interactions of those older people who pay and the public clients on welfare. The self-financing customers, through their efforts of distinction, stigmatise the "Three Nos" older people as incompetent, irresponsible and dependent individuals of low quality, and condemn their incompatibility with the regional market prosperity. Although marginalised within institutions, those on public welfare adopt the ideals of collectivity, equality and reciprocity under state socialism as their persistent yet weak resistance. Previous research has hailed the welfare reforms for introducing diverse funding mechanisms and innovative service models. This study of the antagonistic boundary work at mixed welfare institutions calls for an assessment of the class hierarchy and social inequality that have appeared in the post-reform era. (RH)
ISSN: 00472794
From : journals.cambridge.org/JSP

LEISURE

- 231/68 Back to basics: health and wellness benefits of gardening in older adults; by James P Robson Jr, Meredith L Troutman-Jordan.: Taylor and Francis.
Activities, Adaptation and Aging, vol 39, no 4, October-December 2015, pp 291-306.
Older people are particularly vulnerable to disease and health decline. Gardening is an effective intervention that can be used to improve older people's health and wellness. In addition to meeting the six Institute of Medicine aims for improvement, this economically sound, non-pharmacological intervention can be used to treat health conditions common to older people, decrease the incidence of obesity and sedentary lifestyle, and improve successful ageing, all while decreasing the cost of health care. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 231/69 Effects of mahjong on the cognitive function of middle-aged and older people; by Lu Chu-Man, Mei-Ying Chang, Mei-Chi Chu.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 30, no 9, September 2015, pp 995-997.
Brief article looking at whether playing mah-jong on a regular basis can mitigate the effects of age-related cognitive decline. 92 participants aged between 51-84 took part in an intervention in which they played mah-jong for 70-90 minutes three times a week for 12 weeks. The findings provided evidence supporting the hypothesis that playing mah-jong requires memorising complex motor sequences and may be beneficial to short-term memory. (JL)
ISSN: 08856230
From : www.orangejournal.org
- 231/70 Exploring the relationship between different types of serious leisure and successful aging; by Chungsup Lee, Laura L Payne.: Taylor and Francis.
Activities, Adaptation and Aging, vol 39, no 1, January-March 2015, pp 1-18.
As the ageing population grows and their life expectancy increases, one concern is how to live a happy and healthy later life; in other words, how to age successfully. In this sense, leisure is one important aspect of successful ageing. This study examined the relationship between different types of serious leisure and successful ageing in later life. Participants whose serious leisure

activity included a high social component were more likely to engage more seriously. However, there were no significant differences between different types of serious leisure activity and successful ageing. This research suggests that older adults have broad choices of leisure activities to experience successful ageing. (RH)
ISSN: 01924788 From : <http://www.tandfonline.com>

LONELINESS AND SOCIAL ISOLATION

- 231/71 Building companionship: how better design can combat loneliness in later life; by Claudia Wood, Jo Salter, Demos; McCarthy & Stone. London: Demos, April 2016, 25 pp.
There is growing concern about isolation and its impact on older people's health and its cost implications for the NHS and social care. This report focuses on how loneliness in later life can be combated by creating more connected communities and better design of retirement housing. It draws on the results of two surveys: the first was an independent survey carried out in December 2015 by Voluntas of 2,422 McCarthy & Stone homeowners exploring life in McCarthy & Stone developments; the second was an omnibus survey of 2,059 members of the British general public by Populus Data Solutions in March 2016, which asked questions about socialising, loneliness and community spirit. The report explores the link between retirement housing and loneliness, and how retirement housing might tackle this by having shared facilities, communal space, activities, and provision of maintenance, as well as design considerations. More than a million older people in Great Britain always or often feeling lonely, with the highest levels of loneliness being reported in London and the North West, and the lowest in Yorkshire. Those aged 80+ are almost twice as likely to report feeling lonely compared to their younger counterparts. Those living in retirement housing tend to report feeling much less lonely than their peers in mainstream housing. (RH)
From : Demos, Unit 1, Lloyds Wharf, 2-3 Mill Street, London SE1 2BD.
<http://www.demos.co.uk/wp-content/uploads/2016/04/Building-Companionship-Report.pdf>
- 231/72 The heterogeneity of socially isolated older adults: a social isolation typology; by Anja Machielse.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 338-356.
Recent statistics show a growing number of older adults who are living alone and are socially isolated. It is against this background that, in recent years, many interventions have been developed to address social isolation among older people. However evaluative studies show that most interventions are ineffective, an important reason being the heterogeneity or diversity of the socially isolated. This article offers insight into this heterogeneity by presenting a typology with different profiles of socially isolated older adults and the intervention implications of this typology. The typology is derived from an extensive qualitative study on socially isolated older individuals in the Netherlands. The typology imposes some degree of order to a diversity of circumstances, ambitions and possibilities of the socially isolated older population, thereby deepening the understanding of the heterogeneity of this group. The definition of social isolation used in this study starts from a societal angle of incidence, namely the current policy context of Western European welfare states in which governments emphasise the importance of independence and self-reliance of their citizens. Developed from that perspective, the typology provides a theoretical basis for applying interventions aimed at increasing self-reliance among socially isolated older people. This perspective on social isolation also has consequences for the way in which the effectiveness of interventions to alleviate social isolation is assessed. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>
- 231/73 Loneliness: a call for community approaches; by Kate Foxwell.: British Psychological Society. Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 57-61.
Loneliness is starting to be recognised as an important issue by initiatives such as the World Health Organization (WHO) Global Network of Age-Friendly Cities and the Campaign to End Loneliness. The author of this article also suggests that 'it feels necessary to acknowledge findings that suggest that younger generations overestimate how lonely older people are, compared with figures when asking older people themselves, with levels of loneliness similar between the under 25s and over 60s.' Rather than ignoring each other, more talking to each other in shared social settings such as the pub, the bus stop or supermarket queue would be a good start. This article is a call from one lonely community-oriented psychologist to others in the field to begin the conversation. (RH)
ISSN: 13603671 From : www.bps.org.uk
- 231/74 Loneliness and social isolation as risk factors for mortality: a meta-analytic review; by Julianne Holt-Lunstad, Timothy B Smith, Mark Baker (et al).
Perspectives on Psychological Science, vol 10, no 2, March 2015, pp 227-237.
Actual and perceived social isolation are both associated with increased risk for early mortality. The objective of this meta-analytic review is to establish the overall and relative magnitude of social isolation and loneliness, and to examine possible moderators. The authors conducted a

literature search of studies (January 1980 to February 2014) using MEDLINE, CINAHL, PsycINFO, Social Work Abstracts, and Google Scholar. The included studies provided quantitative data on mortality as affected by loneliness, social isolation, or living alone. Across studies in which several possible confounds were statistically controlled for, the weighted average effect sizes were as follows: social isolation odds ratio (OR) = 1.29, loneliness OR = 1.26, and living alone OR = 1.32, corresponding to an average of 29%, 26%, and 32% increased likelihood of mortality, respectively. The authors found no differences between measures of objective and subjective social isolation. Results remain consistent across gender, length of follow-up and world region, but initial health status has an influence on the findings. Results also differ across participant age, with social deficits being more predictive of death in samples with an average age younger than 65 years. Overall, the influence of both objective and subjective social isolation on risk for mortality is comparable with well-established risk factors for mortality. (OFFPRINT)

(RH)

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From : <http://pps.sagepub.com/content/10/2/227.short> doi: 10.1177/1745691614568352

231/75

The relation between social network site usage and loneliness and mental health in community-dwelling older adults; by S Aarts, S T M Peek, E J M Wouters.: Wiley Blackwell. *International Journal of Geriatric Psychiatry*, vol 30, no 9, September 2015, pp 942-949.

Loneliness is expected to become an increasing social problem in the future because of the growing number of older adults. It has been argued that the use of social network sites can aid in decreasing loneliness and improving mental health. The purpose of this study was to examine whether and how social network site usage is related to loneliness and mental health in community-dwelling older adults. The study population included 626 community-dwelling older adults aged 60 and over residing in the Netherlands collected through the LISS panel (www.lissdata.nl). Univariate and multivariate linear regression analyses, adjusted for potentially important confounders, were conducted in order to investigate the relation between social network site usage and loneliness and mental health. More than half of the individuals (56.2%) reported to use social network sites at least several times per week. Social network site usage appeared unrelated to loneliness in general, and to emotional and social loneliness in particular. Social network site usage also appeared unrelated to mental health. Several significant associations between related factors and the outcomes at hand were detected. In this sample, which was representative for the Dutch population, social network site usage was unrelated to loneliness and/or mental health. The results indicate that a simple association between social network site usage and loneliness and mental health as such, cannot automatically be assumed in community-dwelling older adults. (JL)

ISSN: 08856230 From : www.orangejournal.org

231/76

Short- and long-term determinism of social detachment in later life; by Stephen Jivraj, James Nazroo, Matt Barnes.: Cambridge University Press.

Ageing and Society, vol 36, no 5, May 2016, pp 924-945.

The benefits of engagement with social activities on health and well-being are widely reported by gerontologists. Less is known, however, about what drives withdrawal from and re-engagement with social activities in later life. This is an important area of research which has direct implications for public policies that aim to ensure equitable outcomes among older adults. Much of the existing literature supports continuity theory which assumes people will not alter their level of social engagement as they age or after life-changing events. This paper uses data from the English Longitudinal Study of Ageing (ELSA) over an eight-year period (2002-2010) to determine the effect of short-term changes in marital, employment and health status over an initial four-year period on the dynamics of social detachment over the following four years. Controlling for underlying socio-economic disadvantages built up during the life-course, the authors find that these effects - including poor education, wealth and health - are the most important determinants of persistent detachment from social activities, as well as movement into and out of social detachment. The effects are consistent in men and women. The effects of short-term changes in marital and employment status have little effect on social detachment. However, recent deterioration in health predicted movement into social detachment, implying that the relationship between health and social detachment is reciprocal. (RH)

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

LONG TERM CARE

231/77

Paying for care costs in later life using the value in people's homes; by Les Mayhew, David Smith, Duncan O'Leary.: International Association for the Study of Insurance Economics. *Geneva Papers*, 2016, pp 1-23.

With the number of UK citizens aged 75+ doubling to 10 million by 2040, and with 1.3 million people already receiving social care services in England alone, social care funding is a key public policy challenge. The Government has launched a set of reforms designed to get social care

funding onto a sustainable footing, by establishing a new level for what individuals and the state will pay. The reforms are designed to encourage individuals to explore how best to use their available wealth and assets to meet care costs, through a mixed system of local authority and private sector care-funding options. One option is to use the value in the home to bridge the cost between out-of-pocket costs and care home fees. In this article, the authors consider two new financial arrangements designed to meet the needs of people in different financial circumstances based on releasing equity from the home. These are an equity-backed insurance product, and an "equity bank" that lets a person draw down an income from their home. This paper draws on two previous research publications: Mayhew and O'Leary's 'Unlocking the potential' (Demos, 2014), and Mayhew and Smith's 'The UK Equity Bank: towards income security in old age' (International Longevity Centre - UK, 2014). It was first published in The Geneva Papers, 2016, (1-23), published by the International Association for the Study of Insurance Economics. (RH)
From: <http://www.demos.co.uk/project/caring-for-an-ageing-population/>

MEDICAL ISSUES

- 231/78 Dynamics of cardiovascular ageing; by Aneta Stefanovska, Peter V E McClintock, P Jane Owen-Lynch (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 4 pp (NDA Findings 19).

This project studied the age-related alterations that occur in the cardiovascular system - the heart, lungs and network of arteries and veins that carry oxygenated blood and nutrients to every cell of the body and remove the waste products of metabolism. It was already known that the phase of breathing affects the rate at which the heart beats, but that this effect decreases as we age. The research has associated this reduction in heart-lung interaction with changes in the endothelium, the inner lining of all the blood vessels. It involved making non-invasive measurements of blood flow in the skin of 200 healthy subjects of all ages. The analysis focused on very low frequency oscillations in blood flow that can give a measure of the state of the endothelium. This is a summary of the project's key findings and the methods used. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download: <http://newdynamics.group.shef.ac.uk/nda-findings-19.html>

- 231/79 Synergistic effects of physical and psychological stress upon immunesenescence; by Anna Phillips, Janet Lord, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 23).

For the majority of older people in the UK, old age is a positive experience in health terms. However, for many, good health can be lost rapidly, resulting in poor physical or mental health. Falls represent a major cause of ill health and loss of independence in older people. Furthermore, mortality associated with hip fracture, a frequent consequence of falls, is very high, with 1 in 5 patients dying within a year of their hip fracture. These findings outline research conducted with 101 hip fracture patients recruited from five hospitals in Birmingham between 2010 and 2012. The research studied the impact of the development of depression following hip fracture, in combination with ageing on immune function and physical frailty in older adults. In order to speed recovery of physical function and independence following hip fracture, patients should be assessed and treated for depressive symptoms. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download at: <http://newdynamics.group.shef.ac.uk/nda-findings-24.html>

MEDICATION

- 231/80 Expectations and user experience of a multimodel medicine management system for older users; by Marja Harjumaa, Igone Idigoras, Minna Isomursu, Ainara Garzo.: Emerald. Journal of Assistive Technologies, vol 8, no 2, 2014, pp 51-63.

The purpose of this paper was to analyse the adoption of a multimodal medication management system (MMS) targeted on older people and home care professionals. The paper described the expectations of the system and the user experience findings from an empirical qualitative field trial. The field trial results were used to discuss how MMSs should be designed in order to improve adherence to medications. The paper suggests that building a multimodal medicine management system targeted on both older users and home care professionals brings many benefits over electronic medicine dispenser systems or general reminder systems. The research process uses an iterative prototyping approach including phases of requirements analysis and concept design, prototype building and evaluation in a field trial. The study demonstrates how a system that merely satisfied users during the prototype building phase does not necessarily succeed as well as expected in the field trials. It would be important to consider reasons for

medication non-adherence and non-technology factors influencing willingness to adopt new assistive devices in order to promote diffusion of new MMSs at home. The paper also discusses how the different persuasive functionalities of the system addressed patient-centred factors influencing non-adherence and how they could be addressed. This study has some limitations, as the actual adherence to medications was not measured. However in the future it will be important to study how the MMSs influence medication adherence. Also the user experiences of the home care professionals were not studied in the field trials. Home care professionals who were involved in the user studies and trials merely estimated the value for their patients and not for themselves. (JL)

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From : www.emeraldgroupublishing.com/jat.htm

MENTAL HEALTH

(See Also 231/32, 231/33, 231/45, 231/69, 231/75, 231/92, 231/108)

- 231/81 Childhood adversities, urbanisation and depressive symptoms among middle-aged and older adults: evidence from a national survey in China; by Fan Yang, Vivian W Q Lou.: Cambridge University Press.
Ageing and Society, vol 36, no 5, May 2016, pp 1031-1051.
Modern China's trajectory, from Communism and poverty to economic boom and marketisation under an authoritarian regime, makes the country a unique social laboratory for examining how social environment affects human development of individuals. This study investigated the correlation between childhood adversity and depressive symptoms of Chinese middle-aged and older adults, and how urbanisation moderates the correlation. A sub-sample (N = 14,681) of the baseline of the China Health and Retirement Longitudinal Study was analysed. Seven variables were used in the latent class analysis to establish a childhood adversity typology. Three urbanisation statuses were identified according to the Hukou (household registration system) status and neighbourhood type: non-urbanised, semi-urbanised and fully urbanised. The correlation between childhood adversity and depressive symptoms and the moderation of urbanisation on the correlation were assessed with factorial analysis of covariance. Three latent classes for childhood adversities were identified: 'normal childhood class', 'low childhood socio-economic status and health class' and 'traumatic childhood class'. The class membership was significantly correlated with depressive symptoms ($p = 0.015$), and the urbanisation status, also significantly affecting depressive symptoms ($p = 0.05$), had significant moderating effect on the correlation ($p = 0.002$). It is suggested that more social inclusive policies need to be adopted, in order to guarantee the equal distribution of well-being led by urbanisation. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 231/82 Grouchy old men?: a brief guide to help develop services that engage isolated older men and promote good mental health and well being; by Mental Health Foundation - MHF. London: Mental Health Foundation, [2011], 19 pp.
Grouchy Old Men? was a service improvement project run by the Mental Health Foundation (MHF) between 2008 and 2010, which aimed to find new ways to reach out to isolated older men, promote their mental health awareness, and reduce the risk of depression and suicide. This included piloting a training module to raise awareness about older men's mental health, aimed at staff working in health, social care and housing organisations. This pamphlet summarises the existing research and expertise on meeting older men's needs in reducing isolation, depression and possible suicide. The information will also be of interest to local community groups, voluntary sector organisations, commissioners of services (including mental health NHS Trusts), and statutory providers of day services. (RH)
From : Mental Health Foundation, Colechurch House, 1 London Bridge Walk, London SE1 2SX.
www.mentalhealth.org
- 231/83 Mental health and service issues faced by older immigrants in Canada: a scoping review; by Sepali Guruge, Mary Susan Thomson, Sadaf Grace Seifi.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 4, December 2015, pp 431-444.
An ageing population and immigration-based population growth necessitate research, practice and policy focusing on the mental health of older immigrants in Canada, especially, because their mental health appears to deteriorate over time. This review focuses on what is known about the social determinants of mental health for older immigrants in Canada, and what are the barriers they face in accessing mental health services? Findings reveal, first, that the key social determinants of mental health are culture, health services and gender. Second, older immigrants use fewer mental health services than their Canadian-born counterparts, due to cultural beliefs, lack of culturally and linguistically-appropriate services, financial difficulties, and ageism. Third, regardless of the subcategories within this population, older immigrants experience mental health

inequities. The research evidence provides a clear message that addressing mental health service gaps for older immigrants should be a policy and practice priority for Canada's health care system. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg

- 231/84 Overgeneral autobiographical memory and older adults: a brief overview of the evidence for its existence and the implications for clinical practice; by Sarah Robinson, Laura Jobson.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 36-42. Autobiographical memories (AM) are recollections of personally experienced past events. Overgeneral memory (OGM) is an AM retrieval tendency to provide generic summaries of personal events, rather than specific details of particular occasions and a particular time and place, despite being asked to recall a specific occasion. This article outlines the literature on explanations of OGM, when OGM occurs, why OGM is important, and the clinical implications OGM when working with older people. (RH)
ISSN: 13603671 From : www.bps.org.uk
- 231/85 Pathological gambling and treatment outcomes for adults age 50 or older in methadone maintenance treatment; by Rafael J Engel, Daniel Rosen.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 3, April 2015, pp 306-314.
This study examined the relationship of pathological gambling to negative treatment outcomes for methadone maintenance patients aged 50 or older. The study included 130 methadone maintenance patients. Pathological gambling was determined using the Lie-Bet, a screen for pathological gambling; the outcomes were remaining in treatment and negative urine screens for drug use. 20 per cent of the sample identified as pathological gamblers. Pathological gambling was unrelated to remaining in treatment or negative urine screens. Although pathological gambling had no adverse influence on these treatment outcomes, the prevalence of pathological gambling suggests that screening for it may provide insights about other concerns. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>
- 231/86 Perceptions of self-defined memory problems vary in south Asian minority older people who consult a GP and those who do not: a mixed-method pilot study; by Clarissa Giebel, David Challis, Angela Worden ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 4, April 2016, pp 379-387.
South Asian older adults access services for mental health problems and dementia less than other older people in the UK, unlike for physical health problems. This pilot study investigated how South Asians with self-defined memory problems, with and without GP consultation, construe the symptoms, causes, consequences and treatment of the condition. Participants were recruited through community centres, their networks and memory clinics in Greater Manchester. The newly developed Barts Explanatory Model Inventory for Dementia (BEMI-D) was administered to 33 older South Asians aged 65 or above with memory problems in English, Gujarati or Urdu. Furthermore cognition, executive function and depression were assessed. Perceptions of dementia varied by GP consultation for memory problems. A greater proportion of older adults without a consultation considered memory problems to be given by God, saw acceptance of fate as an alternative treatment and did not identify medical support as appropriate. Forgetfulness and loss of social meaning were identified as symptoms of dementia more by those with a consultation. Higher levels of diabetes, heart disease and depression were found in those without a consultation. Differences in perceptions may influence the decision about consulting a GP. Similarly, consultation for memory problems appears linked to extent physical health problems and mental health consultation (depression). These variations reported on a small scale in this pilot study suggest the need to explore the impact of perceptions on rates of GP consultation, so as to improve timely diagnosis and access to appropriate services. (JL)
ISSN: 08856230
From : www.orangejournal.org
- 231/87 Proposing a conceptual model for the development of attitudes towards working psychologically with older adults; by Lynda Hewett.: British Psychological Society.
Faculty for the Psychology of Older People (FPOP) Newsletter, no 125, January 2014, pp 66-72. Previous research has varied in how it chooses to assess the choice to work with older people. The conceptual model described is mainly based on the proposition that specific skills are required for relating to older people; and this in turn influences the choice to work with them. In addition, individuals' confidence in these skill is an important component of their attitudes towards working with older people. The model also highlights potential barriers which can affect the choice to work with older people, regardless of attitude, for example, difficult family experiences. Further research is needed to validate the model and to explore any additional analysis. (RH)
ISSN: 13603671 From : www.bps.org.uk

- 231/88 Trajectories of senescence through Markov models; by David Steinsaltz, Jim Carey, Martin Kolb (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 4 pp (NDA Findings 21).
Ageing is a process that occurs on many scales: time scales, ranging from the millisecond rate of DNA transcription and duplication, to the megayear rate of evolution; and size scales, from molecules through cells, tissues, organs, organisms, and populations. These findings outline a project aimed at developing statistical and mathematical techniques to bridge the gaps between some of these scales, combining instantaneous behaviour measures in flies with survival information to understand the trajectories of senescence; combining age-specific survival and reproductive success for wild populations with random environmental change and evolutionary trends; and exploring the link between models of organism vitality as it develops over a lifetime and the "plateaux" in mortality rate that are seen in the oldest old across a wide range of species, where the increasing frailty with age seems to slow down or even stop. The result is a formula for computing the sensitivity of population growth in age-structured natural populations to environmental changes. This has practical implications for studying ecological responses to climate change and other environmental shifts, and theoretical implications for the evolution of ageing. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download:

MENTAL HEALTH CARE

(See Also 231/52, 231/86, 231/112)

- 231/89 Cognitive mobile games for memory impaired older adults; by Sari Merilampi, Andrew Sirkka, Mirka Leino ... (et al): Emerald.
Journal of Assistive Technologies, vol 8, no 4, 2014, pp 207-223.
The purpose of this study was to evaluate the effect of mobile tablet computer games on the cognitive skills and recreation of older people with memory impairment. Mobile games that required cognitive skills were developed. The games were tested by memory-impaired older adults with an average age of 90. Gaming interventions took place for three months on a daily basis. Game outcomes were automatically recorded and user feedback was collected by interviews. The progress of the testees was also evaluated by means of Trail Making Test A. Findings showed an improvement in game scores. Other significant effects of game play were enhanced recreation and self-managed activity level. Game play did not have any effect on the traditional Trail Making Test results but the results of the Trail Making game showed improvement. The Trail Making game also showed a large variance in daily scores, which implied that performing just a single Trail Making Test might lead to misreading a person's condition. These results are an encouragement for conducting further testing on a larger test group, over a longer time and continuing with game development for cognitively impaired older adults. A similar game trial will also be arranged for a younger population with better overall health condition. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm

MENTAL HEALTH SERVICES

(See Also 231/83)

- 231/90 The association between cognitive impairment and community service use patterns in older people living in Australia; by Nerina Vecchio, Janna A Fitzgerald, Katrina Radford, Ron Fisher.: Wiley Blackwell.
Health and Social Care in the Community, vol 24, no 3, May 2016, pp 321-333.
Families play a vital role in supporting individuals with dementia to reside in the community, thus delaying institutionalisation. Existing research indicates that the burden of care-giving is particularly high for those caring for a person with dementia. Even so, little is known about the uptake of community services by people with a diagnosis of dementia. This study aims to better understand the relationship between cognitive impairment and the receipt of community care services. To examine this relationship, the study analyses secondary data collected across Queensland, Australia from 59,352 home-care clients aged 65 and over during 2007-2008. This cross-sectional study uses regression analyses to estimate the relationship between cognitive impairment and service mix, while controlling for socio-demographic characteristics. The dependent variables include formal services, informal care and total home-care service hours during a 12-month period. The findings demonstrate that cognitive impairment is associated with accessing more hours of respite and day centre care, but fewer hours of other formal care services.

Additionally, the likelihood of support from an informal caregiver increases when a client becomes cognitively impaired. This study thus demonstrates that, as the population of people living with dementia increases, there is an increased need for respite programmes to support informal caregivers in the future. These findings support the need for investigations of new and innovative respite models in the future. (RH)

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From : wileyonlinelibrary.com/journals/hsc

231/91

Older people mental health ResearchNet; by Beatrix Sari, Jo Cook.: British Psychological Society. Faculty for the Psychology of Older People (FPOP) Newsletter, no 131, July 2015, pp 47-50.

ResearchNet is an innovative group that was set up to allow service users and carers to influence and shape how mental health services are delivered. This article describes the establishment of a ResearchNet group within the Older People Mental Health (OPMH) directorate of Oxleas NHS Foundation Trust in Greenwich, south-east London. (RH)

ISSN: 13603671

From : www.bps.org.uk

MENTAL ILLNESS

231/92

Risk and protective factors associated with intentional self-harm among older community-residing home care clients in Ontario, Canada; by Eva Neufeld, John P Hirdes, Christopher M Perlman, Terry Rabinowitz.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 30, no 10, October 2015, pp 1032-1040.

This study aimed to examine risk and protective factors associated with intentional self-harm among community-dwelling older adults receiving home care services in Ontario, Canada. Administrative health data from the home care sector were linked to hospital administrative data to carry out the analyses. Home care data were collected in Ontario using the Resident Assessment Instrument _ Home Care (RAI-HC), an assessment tool that identified strengths, preferences and needs of long-stay home care clients. The sample included Ontario home care clients aged 60 years or older assessed with the RAI-HC between 2007 and 2010. Multivariable analyses were performed using SAS. Hospital records of intentional self-harm (ISH) were present in 9.3 cases per 1000 home care clients. Risks of ISH included younger age (60-74 years), psychiatric diagnosis, alcohol use and dependence, psychotropic medication and depressive symptoms. Protective effects were found for marital status and positive social relationships, yet these effects were more pronounced for men. Cognitive performance measures showed the odds of ISH 1.86 times higher for older adults with moderate to severe cognitive impairment. This study based on provincial data points to tangible areas for preventative assessment by frontline home care professionals. Of interest were the risk and protective factors that differed by sex. As demand for home care in Canada is expected to increase, these findings may inform home care professionals' appraisal and approach to suicide prevention among community-dwelling older adults. (JL)

ISSN: 08856230 From : www.orangejournal.org

NEIGHBOURHOODS AND COMMUNITIES

231/93

Characterizing older adults' involvement in naturally occurring retirement community (NORC) supportive service programs; by Emily A Greenfield, James P Fedor.: Taylor and Francis.

Journal of Gerontological Social Work, vol 58, no 5, July 2015, pp 449-468.

Naturally Occurring Retirement Community (NORC) Supportive Service Programmes are communities that were not designed as senior housing, yet which develop a large proportion of older residents over time. As a support-focused model, Naturally Occurring Retirement Community (NORC) programmes typically offer a range of benefits - including direct services, group activities and broader community development activities - that are intended to engage older adults with diverse needs, preferences and interests. They are also designed to be used according to the needs of the participant engaging with them at a particular point in time. This range and flexibility of benefits indicate the importance of more systematically characterising the ways in which older adults are involved with NORC programmes. This study used data from in-depth interviews with 35 residents across six NORC programmes in New York City. Qualitative analysis revealed six ordered categories of involvement: (a) consciously no involvement; (b) involved but not consciously; (c) relationship with staff only; (d) selectively involved with a strong sense of security; (e) NORC programme leaders; and (f) dependence on the NORC programme. Overall results indicated how older adults' involvement in NORC programmes could be characterised beyond their utilisation of specific types of services and by their relationship with the programme as a whole. Findings suggest the importance for outcomes research on NORC programmes and related models to consider subgroup differences by involvement. Results also provide directions for theory development on engagement in voluntary programmes, as well as for practice to enhance older adults' involvement in supportive service programmes. (JL)

ISSN: 01634372 From : <http://www.tandfonline.com>

- 231/94 Do gardens matter? The role of residential outdoor space: researching how the design of streets and neighbourhoods can make a difference to older people's wellbeing and quality of life; by I'DGO (Inclusive Design for Getting Outdoors); University of Warwick. [Edinburgh]: I'DGO (Inclusive Design for Getting Outdoors); University of Warwick, [2010], 16 pp.
There is growing evidence that well-designed open spaces can enhance the long-term health and well-being of those who use them regularly. I'DGO (Inclusive Design for Getting Outdoors) was a research project funded by the Engineering and Physical Sciences Research Council (EPSRC), which ran from 2003 until 2013. It explored if, and in what way, the ability to get out and about impacts on older people's quality of life, and what barriers there are to achieving this day-to-day. I'DGO was based in three academic research centres: OPENspace (www.openspace.eca.ac.uk), the research centre for inclusive access to outdoor environments based at Edinburgh College of Art, the University of Edinburgh and Heriot-Watt University; WISE (Wellbeing in Sustainable Environments) a research unit based within the School of Health and Social Studies and School of Engineering at the University of Warwick (www.tinyurl.com/2wsx7xx); and SURFACE Inclusive Design Research Centre at the University of Salford (www.surface.salford.ac.uk). This publication outlines findings from the first phase of I'DGO, which involved 770 people aged 65+ and demonstrated the importance of outdoor environments in people's lives. (RH)
From : http://www.idgo.ac.uk/useful_resources/publications.htm
- 231/95 Grey and pleasant land?: an interdisciplinary exploration of the connectivity of older people in rural civic society; by Catherine Hennessy, Ray Jones, Andrew Phippen (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 30).
The disadvantages that affect older rural residents' well-being and participation in community life have been identified, such as the limited availability of and access to public transport and other important services. This study focused on the quality of life of older people in rural areas by analysing the extent of their involvement in their communities, leisure patterns and cultural interests. It also examined the barriers and opportunities for participation that they experience and their attitudes to the countryside as a social, cultural and environmental space. This research programme aimed to investigate the circumstances, experiences and quality of life affect of older people's connectivity in civic society in rural areas. The research was carried out in rural settings in South West England which has the most ageing population structure of all regions in England, and in rural Wales which is experiencing similar demographic trends. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download: http://newdynamics.group.shef.ac.uk/assets/files/NDA%20Findings_30.pdf
- 231/96 Perceived challenges to the sustainability of community-based aging initiatives: findings from a national study of villages; by Amanda Lehning, Andrew Scharlach, Jennifer Price Wolf ... (et al.): Taylor and Francis.
Journal of Gerontological Social Work, vol 58, nos 7-8, October-December 2015, pp 684-702.
Concerns have been raised regarding the sustainability of Villages, a rapidly-expanding set of organisations that typically use a participant-directed approach to improve older adults' quality of life and ability to age in place. Using online survey and telephone-interview data from a 2013 follow-up study of Villages across the United States, this study examined organisational leaders' perceptions of the major challenges to sustainability. Major challenges identified included: (a) funding, (b) membership recruitment, (c) leadership development, (d) meeting members' service needs, and (e) limitations of the Village model itself. Findings point to a number of important considerations for the development, implementation and sustainability of the Village model, including the role of social workers in addressing these challenges. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 231/97 Why does the outdoor environment matter?: researching how the design of streets and neighbourhoods can make a difference to older people's wellbeing and quality of life; by I'DGO (Inclusive Design for Getting Outdoors); University of Warwick. [Edinburgh]: I'DGO Research Consortium, [2012], 4 pp.
I'DGO (Inclusive Design for Getting Outdoors) was a research project funded by the Engineering and Physical Sciences Research Council (EPSRC), which ran from 2003 until 2013. It explored if, and in what way, the ability to get out and about impacts on older people's quality of life, and what barriers there are to achieving this day-to-day. I'DGO was based in three academic research centres: OPENspace (www.openspace.eca.ac.uk), the research centre for inclusive access to outdoor environments based at Edinburgh College of Art, the University of Edinburgh and Heriot-Watt University; WISE (Wellbeing in Sustainable Environments) a research unit based within the School of Health and Social Studies and School of Engineering at the University of Warwick (www.tinyurl.com/2wsx7xx); and SURFACE Inclusive Design Research Centre at the

University of Salford (www.surface.salford.ac.uk). This publication gives an overview of all IDGO One and IDGO TOO findings, with key messages and implications for professionals and policy makers. (RH)
From : http://www.idgo.ac.uk/useful_resources/publications.htm

OLDER MEN

(See Also 231/82)

- 231/98 Older men and social activity: a scoping review of Men's Sheds and other gendered interventions; by Christine Milligan, David Neary, Sheila Payne (et al.): Cambridge University Press. *Ageing and Society*, vol 36, no 5, May 2016, pp 895-923.
Finding ways of improving older men's health and well-being is an important challenge for public health. This review aimed to assess evidence for the effects of Men's Sheds and other gendered social activities on older men's health and well-being, and to consider their effective components and theoretical frameworks. A scoping review using standardised search criteria, and terms identified 31 relevant papers of sufficient quality for inclusion. Analysis was informed by guidance on interpretative and narrative synthesis; and a quality assessment tool designed for reviewing disparate data from different disciplines and research paradigms was applied. The review found some limited evidence that Men's Sheds and other gendered social activities may have impact on older men's mental health and well-being, but little evidence of the impact on physical health. Qualitative data provided valuable insights into how and why complex psycho-social activities can affect participants, but there was a lack of longitudinal evidence drawing on validated health and well-being measures. Key components of successful interventions included accessibility, range of activities, local support and skilled co-ordination. A variety of theoretical frameworks were employed. As yet, there is no conclusive evidence that Men's Sheds and other gendered interventions confer health and well-being benefits on older men. To date, studies in this field are few and of variable quality. Larger and more robust mixed-methods studies, including randomised designs, are needed. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

PAIN

- 231/99 Exploring the prevalence of and factors associated with pain: a cross-sectional study of community-dwelling people with dementia; by Heather E Barry, Carole Parsons, A Peter Passmore, Carmel M Hughes.: Wiley Blackwell.
Health and Social Care in the Community, vol 24, no 3, May 2016, pp 270-282.
Few pain studies have made community-dwelling people with dementia (PWD) their focus. This study aimed to determine the prevalence of pain among this patient population and to explore medication use. The study also sought to investigate patient and caregiver variables associated with the presence of pain. Community-dwelling PWD and their caregivers were recruited between May 2009 and July 2012 from outpatient memory clinics in Northern Ireland to take part in a face-to-face structured interview with a researcher. Patients' cognitive status and presence of depression were established. A full medication history was taken. Both patients and caregivers were asked to rate patients' pain, at the time of the interview and on an average day, using a 7-point verbal descriptor scale. From the 206 patients who were eligible to take part, 75 patient-caregiver dyads participated in the study (participation rate = 36.4%). The majority of patients (92.0%) had dementia classed as mild or moderate. Pain was commonly reported among the sample, with 57.3% of patients and 70.7% of caregivers reporting patient pain on an average day. Significant differences were found between patients' and caregivers' reports of pain. Two-fifths of patients (40.0%) were prescribed analgesia. Antipsychotic, hypnotic and anxiolytic drug use was low, whereas antidepressant drugs were prescribed more commonly. Presence of pain was unaffected by dementia severity; however, the use of prescribed analgesic medication was a significant predictor of the presence of pain in these patients, whether reported by the patient or their caregiver 'right now' or 'on an average day' (P = 0.001). Patient and caregiver recruitment was challenging, and remains a barrier to future research in this area. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journals/hsc

PENSIONS AND BENEFITS

- 231/100 Defamilisation and familisation measures: can they reduce the adverse effects of pro-market pension reforms on women in Hong Kong and the UK?; by Ruby C M Chau, Liam Foster, Sam W K Yu.: Sage.
Critical Social Policy, vol 36, no 2, 2016, pp 205-224.
Typically, women's pay is lower than their male counterparts, and they have a greater likelihood of having caring responsibilities or working part-time. As a result, women tend to accumulate smaller pension pots than men. This article explores the impact of defamilisation and familisation

measures for women with caring responsibilities and their implications for access to pensions in later life in Hong Kong and the UK in the context of pro-market pension reforms. The article discusses pro-market pension reforms and their effects on women. Next, it discusses the potential role of defamilisation and familisation measures in reducing the adverse effects of pro-market pension reforms. It then focuses on pension policies and examples of defamilisation and familisation measures in Hong Kong and the UK. Finally, on the basis of the discussion of the link between defamilisation and familisation measures and pension measures for women, the authors assert that both Hong Kong and the UK still have much to do in developing multi-option measures throughout the life course - measures that could limit future inequalities in retirement between men and women. (RH)

ISSN: 02610183

From : www.sagepublications.com

- 231/101 Pension confusion, uncertainty and trust in Scotland: an empirical analysis; by Rob Webb, Duncan Watson, Patrick Ring, Cormac Bryce.: Cambridge University Press.

Journal of Social Policy, vol 43, no 3, July 2014, pp 595-613.

In the context of the new automatic enrolment requirements for all eligible employees to make pension provision for their employees, and the importance of trust in pension provision, this article uses data from the Scottish Social Attitudes Survey, which, in its 2005 wave, asked correspondents specific questions regarding pension provision. The authors integrate two different empirical approaches, to achieve a more robust understanding of pension confusion in Scotland. They find that pension confusion is dominated by pension uncertainty and myopia, but these may be reduced for those working in the financial sector. They consider the implications of these findings for the relationship of trust between employers and their employees, as well as for trust in government pension policy more generally. (RH)

ISSN: 00472794

From : journals.cambridge.org/JSP

- 231/102 The under-pensioned 2016: a research paper; by Daniela Silcock, Shamil Popat, Tim Pike, Pensions Policy Institute - PPI. London: Pensions Policy Institute - PPI, March 2016, 86 pp.

In 2003 and again in 2008 the Pensions Policy Institute (PPI) explored current and future pension incomes of women, disabled people and people from ethnic minority groups. This third in the series explores outcomes for the "under-pensioned", defined as people who have characteristics associated with lower than average levels of pension savings and income. The report examines whether and by how much differences in state and private pension entitlements have changed since the 2003 and 2008 analyses, in light of reforms, and investigates how income differences may be reduced in future. It runs through the high-level results and methodology from the 2008 under-pensioned report, and looks at relevant policy developments since its publication. It uses Labour Force Survey (LFS) data for 2015, the Family Resources Survey (FRS) and the Wealth and Asset Survey to explore the labour market characteristics of different groups, particularly women, ethnic minorities, disabled people, carers, and the self-employed,. It considers what pension income and saving the under-pensioned have; also differences in eligibility for means-tested benefits between under-pensioned groups and the median earning male. Lastly, it considers how pension incomes of the under-pensioned might change in the future, and how policies might affect differences in pension income. The report is sponsored by Age UK, the Joseph Rowntree Foundation (JRF), the People's Pension and the Trades Union Congress (TUC). (RH)

From : Pensions Policy Institute, King's College London, Virginia Woolf Building, 1st Floor, 22 Kingsway, London WC2B 6LE.

<http://www.pensionspolicyinstitute.org.uk/press/press-releases/the-under-pensioned-2016>

PERSONALISATION

- 231/103 Older people, personalisation and self: an alternative to the consumerist paradigm in social care; by Gareth O'Rourke.: Cambridge University Press.

Ageing and Society, vol 36, no 5, May 2016, pp 1008-1030.

Personalisation of social care for adults is a key policy objective in the United Kingdom (UK), as in many other welfare states, having gained wide acceptance as essential for the empowerment of service users and as a means of managing increasing population demand. The system of personal budgets being established in the UK pursues twin objectives: aiming to 'empower' individuals to achieve 'more for less'. However, there is mixed evidence that either objective is being achieved in practice. This is especially so in respect of older people who are less likely to accept a personal budget and more likely to be dissatisfied with their experience of using one. A qualitative study of eight cases in two local authority areas in England explored older people's experience of using a personal budget taken in the form of a direct payment. Data were elicited through a series of three in-depth interviews with each participant. The study was concerned with understanding the relationship between participants' experience of 'Self' and personalised services.

Participants experienced personalisation when paid carers perceived and accommodated their 'special requirements of Self'. In most cases, this was achieved despite the consumerist aspects of personalisation rather than because of them, and often gave rise to risk and dilemma. The findings emphasise the importance of holistic assessment, and commissioning for quality over maximising choice. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

231/104

Policies of personalisation in Norway and England: on the impact of political context; by Karen Christensen, Doria Pilling.: Cambridge University Press.

Journal of Social Policy, vol 43, no 3, July 2014, pp 479-496.

Within Europe, the Norwegian and English welfare states represent two different welfare regimes. Due to common demographic challenges of an ageing population as well as grassroots pressures, particularly from disabled people, significant changes in the delivery of long-term care services for older and disabled people have taken place. This article focuses on the change towards personalisation policies encouraging greater choice and control in regard to care services. It uses the case of 'cash-for-care' (which gives people an allocation of funding to meet their needs) to discuss conditions and implications of personalisation policies within different contexts. Based on a theoretical framework exploring a democratic and a market discourse of personalisation policies, the article provides a comparative analysis of the Norwegian and English cash-for-care schemes. While a crucial common change in the public sector's role towards at-arm's-length long-term care services occurred, significant differences remain. While English residents are given greater choice and control from the beginning of the allocation of cash-for-care, they also face more insecure circumstances due to the simultaneously stimulated care provider market. The Norwegian case, however, shows a possibility of increasing choice and control without a large diversity in a care provider market. (RH)

ISSN: 00472794

From : journals.cambridge.org/JSP

PETS

231/105

Animal assisted activity with older adult retirement facility residents: the PAWSitive visits program; by Sandra Holt, Rebecca A Johnson, Hayley D Yaglom, Casey Brenner.: Taylor and Francis.

Activities, Adaptation and Aging, vol 39, no 4, October-December 2015, pp 267-279.

Animal assisted activity (AAA) programs offer widespread physiological, social and emotional benefits to recipient populations, particularly older adults. While AAA is common in nursing homes, it is less common in retirement residences where individuals are often suffering from the stress of relocating and transitioning to a more dependent lifestyle. PAWSitive Visits (PV) is a weekly AAA visit programme conducted in a group setting at a Midwestern retirement residence that brings an array of domestic and exotic animal species for the residents to interact with. PV strives to provide educational opportunities for the residents, facilitating their social engagement, eliciting memories of previously owned pets, and offering intergenerational activities. It also provides meaningful learning experiences for students (e.g. nursing and veterinary medical students) who affiliate with the programme. The conceptual model for PV is the threefold notion of attachment, reciprocity, and unconditional acceptance that animals offer older adults. PV is a unique and successful program, coordinated in a manner that ensures the health and safety of both animal and human counterparts, while providing residents with experiences that enhance their well-being. (RH)

ISSN: 01924788

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

231/106

Fostering the human-animal bond for older adults: challenges and opportunities; by Keith A Anderson, Linda K Lord, Lawrence N Hill (et al).: Taylor and Francis.

Activities, Adaptation and Aging, vol 39, no 1, January-March 2015, pp 32-42.

Older people are at high risk for physical illness and emotional disorders, particularly those of lower socioeconomic status. Pet ownership has the potential to reduce the impact of these problems by providing companionship, reducing social isolation, and enhancing physical activity and well-being. Despite these potential benefits, older people face challenges in adopting and owning pets, including functional limitations, financial considerations, and concerns should the pet owner fall ill or die. In this article, the authors detail the literature on pet ownership for older people, hurdles they face in adopting pets, and steps that could be taken to address these challenges. (RH)

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

PREVENTION

- 231/107 Preventive home visits for older people: a systematic review; by Andre Tourigny, Annick Bedard, Danielle Laurin (et al.): Cambridge University Press.
Canadian Journal on Aging, vol 34, no 4, December 2015, pp 506-523.
The rising number of older people living with disabilities and chronic diseases has increased home care needs. Studies and reviews exploring preventive approaches have proliferated, creating a need for a synthesis of evidence. The authors conducted a systematic review of systematic reviews to evaluate the effectiveness of preventive home visiting approaches for older people. Of the 5,973 citations identified in over 30 scientific and grey literature databases, 10 papers met all inclusion criteria. Systematic reviews were considered if they included controlled trials comparing interventions with and without professional home care. The authors found that interventions often included comprehensive geriatric assessments and follow-up visits. Results indicate that regular multidimensional preventive home visiting might have the potential to reduce mortality, particularly for younger subjects, and show a potential to improve functional autonomy. However, these findings should be interpreted with caution, due to the diversity of the interventions analysed.
ISSN: 07149808
From : journals.cambridge.org/cjg

REMINISCENCE

- 231/108 Auto therapy: using automobiles as vehicles for reminiscence with older adults; by Keith A Anderson, Katherine V Weber.: Taylor and Francis.
Journal of Gerontological Social Work, vol 58, no 5, July 2015, pp 469-483.
Reminiscence can be beneficial for older adults and contribute to well-being and ego integrity. In this exploratory pilot study, researchers assessed the feasibility and tolerability of a reminiscence intervention using automobiles as the focal point. 19 older adults living in independent living facilities were asked to reminisce using photographs of automobiles from across their lifespan. The RE-AIM framework was used to assess the intervention in terms of reach (willingness of participants to engage in the intervention), effectiveness (impact of the intervention), adoption (willingness of the facility to deliver the intervention), implementation (fidelity and consistency of the delivery) and maintenance (feasibility of continuing the use of the intervention). Results found that the intervention was well-received, quickly established rapport, and effectively fostered reminiscence. Social workers may find this intervention useful in helping older adults to explore their lives. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>

RESEARCH

- 231/109 Mining a unique Canadian resource: the Canadian Longitudinal Study on Aging; by Susan A Kirkland, Lauren E Griffith, Verena Menec (et al.): Cambridge University Press.
Canadian Journal on Aging, vol 34, no 3, September 2015, pp 366-377.
The Canadian Longitudinal Study on Aging (CLSA) is a major strategic initiative of the Canadian Institutes of Health Research (CIHR) and is funded by the Government of Canada. Launched in 2010, this study of 50,000 Canadian residents was developed with three key objectives: to examine ageing as a dynamic life-course process; to investigate the inter-relationship between intrinsic and extrinsic factors from mid-life to older age; and to capture the transitions, trajectories and profiles of ageing-related processes. Baseline characteristics became available for research in 2014. This article presents data on socio-demographic, self-reported health, work and retirement, and social networks and social support characteristics, also chronic disease and functional health of participants by age and sex for 2010-2013. Although data has been collected only for a few years, the CLSA already has the potential to answer questions on themes such as social isolation, and to help our understanding of how individuals and populations can age successfully. (RH)
ISSN: 07149808
From : journals.cambridge.org/cjg
- 231/110 The NDA handbook: a summary of the key findings from the New Dynamics of Ageing research programme; by Tessa Harding, New Dynamics of Ageing Programme - NDA. Sheffield: NDA Programme, University of Sheffield, [2015], 65 pp.
The NDA Handbook presents key messages from the New Dynamics of Ageing Programme (NDA) which began in 2005, and followed the earlier Growing Older Programme (1999 and 2004). The NDA Programme was multi-disciplinary in scope, and involved major cross-Council research proposals from: Arts and Humanities Research Council (AHRC); Biotechnology and Biological Sciences Research Council (BBSRC); Engineering and Physical Sciences Research

Council (EPSRC); Economic and Social Research Council (ESRC); and Medical Research Council (MRC). The Programme was designed 'to provide a sound evidence base for policy and practice, so that research contributes to policy and practice.' This was an objective both for the Programme as a whole and also for the 35 individual research projects. This handbook has been prepared in close discussions with the Older People's Reference Group attached to the Programme. It is intended as a guide to the research outcomes for a lay audience, particularly for older people and their organisations. It aims to put the new evidence and new insights generated through the research into the hands of older people themselves, so that they can make use of this information to spread new knowledge, to campaign, and to influence policy and practice. (RH)
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Website: <http://www.newdynamics.group.shef.ac.uk/>

RESIDENTIAL AND NURSING HOME CARE

- 231/111 Explaining the operation of a home care system; by Kenneth J Turner.: Emerald.
Journal of Assistive Technologies, vol 9, no 1, 2015, pp 21-37.
Rule-based management offers flexibility and customisation of automated home care systems and allows users to state how a home care system should automatically support their care needs. The aim of this paper was to devise a general solution that would allow a policy-based (i.e. rule-based) management system to explain its operation. The work was built on an existing policy-based management system called Advanced Component Control Enhancing Network Technologies (ACCENT). This included automated management of home care using two forms of rules: higher-level (user) goals and lower-level (system) policies. These rules could be defined by users (typically carers) to personalise how the system should support the resident. In new work, the system has been extended to include an explanation facility that allows the user to understand the past and future behaviour of the system. In this initial evaluation participants found the explanation facility to be understandable and were able to use it effectively. A small weakness in the explanation facility was identified that would be addressed in future work The study concludes that the enhanced home care system is now more usable and comprehensible, and so will be easier to deploy and maintain and also be more acceptable and usable. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm
- 231/112 Helping staff to implement psychosocial interventions in care homes: augmenting existing practices and meeting needs for support; by Vanessa Lawrence, Jane Fossey, Clive Ballard ... (et al.): Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 3, March 2016, pp 284-293.
The objective of this study was to contribute to an optimised training programme for care staff that supported the implementation of evidence-based psychosocial interventions in long-term care. This was a qualitative study that involved focus group discussions with 119 care home staff within 16 care homes in the UK. The study was part of wider clinical trial aimed at developing and evaluating an effective and practical psychosocial intervention and implementation approach for people with dementia in long-term care. Inductive thematic analysis was used to identify themes and interpret the data. Findings from the study highlighted that successful training and support interventions must acknowledge and respond to 'whole home' issues. Three overarching themes emerged as influential: the importance of contextual factors such as staff morale, interpersonal relationships within the home, and experience and perceived value of the proposed intervention. The study concluded that priority must be given to obtain the commitment of all staff, management and relatives to the training programme and ensure that expectations regarding interaction with residents, participation in activities and the reduction of medication are shared across the care home. (JL)
ISSN: 08856230
From : www.orangejournal.org
- 231/113 Sensory stimulation activities: is there any evidence?; by Ruth Pearce.: Institute of Ageing and Health (West Midlands).
Ageing and Health, no 20, 2016, pp 4-8.
Sensory stimulation activities are increasing in popularity across the UK, especially in care home settings; however, there appears to be a lack of robust evidence to support their benefits and effectiveness. The author reports on a literature review using the CINAHL and Medline databases to gain understanding of what evidence is available to support the ongoing use and development of sensory stimulation activities. The findings suggest that older people with or without dementia benefit from its use in the short term. There is also less evidence to support any long-term benefits. Most of the articles reviewed suggest that a longitudinal approach needs to be considered. Staff education and training were highlighted as important to maximise the benefits of sensory stimulation activities. While this review may not reveal robust evidence to support sensory

stimulation activities, there is an overarching expression of belief that sensory stimulation activities should be employed to engage older people in cognitive, social and emotional activities to enhance quality of life. (RH)
From : www.iah-wmids.org.uk

RESILIENCE

- 231/114 Collective action by older people in natural disasters: the Great East Japan Earthquake; by Mihoko Yotsui, Catherine Campbell, Teruo Honma.: Cambridge University Press.
Ageing and Society, vol 36, no 5, May 2016, pp 1052-1082.
How can social participation by older people support their well-being? The authors explore the elder-focused community support system developed in Minamisanriku town after the Great East Japan Earthquake of 2011. Many older people lost all their material possessions and were moved from their devastated home communities to temporary housing. Semi-structured interviews were conducted with 17 participants, including 14 community workers and three members in the Minamisanriku Council of Social Welfare (MCSW) in a programme framed by the MCSW's disaster-response model. Thematic analysis highlighted how older people's involvement in the visiting programme of their temporary community, and conducting twice-daily visits to other vulnerable older people, enabled them to provide valued social support to isolated and homebound peers. It also helped reconstruct their own social identities shattered by the dissolution of former communities, the shock of displacement and loss of possessions. This positive social participation was heavily influenced by strong bridges between their temporary community and MCSW support staff and infrastructure that promoted and supported their visits. This study highlights how strong and empowering relationships amongst older people can be facilitated by an active government-funded support agency that is immediately responsive to the needs and deeply respectful of the world-views of vulnerable groups.
ISSN: 0144686X
From : journals.cambridge.org/aso

RETIREMENT

(See Also 231/37)

- 231/115 How do baby boomers' mobility patterns change with retirement?; by Anu Siren, Sonja Haustein.: Cambridge University Press.
Ageing and Society, vol 36, no 5, May 2016, pp 988-1007.
Baby boomers will soon comprise a considerable share of tomorrow's older population. Previous research has indicated higher travel activity and car use amongst baby boomers than amongst older cohorts. However, little evidence exists on the effects of boomers' ageing on transport systems. To analyse how retirement affects baby boomers' travel and the related future travel demand, the authors compared three groups of Danish people born in 1946 and 1947, distinguished by employment status as 'still working', 'early retirees' and 'recent retirees'. Data for 864 individuals were collected by standardised telephone interviews in 2009 and 2012. A clear tendency was found towards reducing car use and mileage over time and as a consequence of retirement. Nevertheless, car use for leisure purposes increased after retirement. Whilst retirement had a bigger impact on men's than on women's car use, those women who continued working had a high reliance on car use that did not decline over time. This study suggests that retirement is a transition point associated with decreasing car use. Hence, the ageing of the population is likely to have a decreasing effect on transport demand. However, informal care-giving, prolonged careers and atypical working life, boomer women's changing professional roles, and the emergence of leisure and consumption as major cultural and social frameworks of the third age are likely to make this transition different to that observed in previous cohorts. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

- 231/116 Transitions, choices and health in early old age: analyses of longitudinal data; by David Blane, Bola Akinwale, Melanie Bartley (et al), New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 4 pp (NDA Findings 23).
The proportion in work at ages 60-64 years (the five years before men's State pension Age, SPA) fell to 48% in 2001, from 78% in 1971. This project examined the period immediately before SPA which, for individuals, is a time of important changes and choices. Of particular interest were labour force participation, informal caring and health, and whether these vary between countries with different welfare state regimes. The project had three research questions: 1: How have pre-SPA labour force participation and health changed during recent decades? 2: How does the pre-SPA combination of paid employment and informal caring relate to health in terms of health selection, health associations and health sequelae? 3: Does the wider social context affect the

relationships in Question 1? Answers to these questions were sought through secondary analysis of large, representative longitudinal data sets: the Office for National Statistics Longitudinal Study (ONS-LS); the Finnish Longitudinal Study; and for Italy, the Turin Longitudinal Study. These findings comment on changes of over time: whereas mortality rate in the 5 years before SPA fell by two-thirds among men and a half among women since 1971, there was little change in caring responsibilities. (RH)

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SEXUALITY

(See Also 231/21, 231/48)

- 231/117 Working with LGBT baby boomers and older adults: factors that signal a welcoming service environment; by Catherine F Croghan, Rajean P Moone, Andrea M Olson.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 58, no 6, August-September 2015, pp 637-651. Many providers recognise the importance of creating culturally competent services for lesbian, gay, bisexual and transgender (LGBT) older adults. Although multiple resources list steps to make professional practices more LGBT-welcoming, these resources provide no empirical data to support their recommendations. In this study 327 LGBT older adults were asked to describe what signals that a provider is LGBT-welcoming. Six of the top 10 signals related to provider behaviour and suggested the importance of staff training; the balance included display of signage and rainbow flags, use of inclusive language on forms and the presence of LGBT-identified staff. Results provide evidence-based recommendations for working with LGBT older adults. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>

SOCIAL CARE

(See Also 231/67)

- 231/118 Re-shaping social care services for older people in England: policy development and the problem of achieving 'good care'; by Jane Lewis, Anne West.: Cambridge University Press. *Journal of Social Policy*, vol 43, no 1, January 2014, pp 1-18. The first part of this paper argues that the care relationship is crucial to securing care quality, which has implications for the way in which quality is achieved and measured. However, for more than twenty years, governments have emphasised the part that increasing market competition and, more recently, user choice of services can play in driving up the quality of care. The second part of the paper analyses the development of social care services for older people, from the reform of 1990 to the changes following the general election of 2010. The authors examine whether competition and choice are in any case enough to result in 'good care', given the evidence of limitations both in the amount of choice available and in how far older people are able or willing to choose. It is argued that if 'good care' depends disproportionately on the quality of the care relationship, then more attention should be paid to the care workforce, which has received relatively little comment in recent government documents. (RH)
ISSN: 00472794 From : journals.cambridge.org/JSP

SOCIAL NETWORKS

(See Also 231/41, 231/49, 231/71, 231/75, 231/76, 231/95)

- 231/119 The association between higher social support and lower depressive symptoms among aging services clients is attenuated at higher levels of functional impairment; by Kimberly A Van Orden, Yan Li, Carol A Podgorski, Yeates Conwell.: Wiley Blackwell. *International Journal of Geriatric Psychiatry*, vol 30, no 10, October 2015, pp 1085-1092. Adults seeking services from the Aging Services Provider Network (ASPN) are at risk for depression. ASPN clients also have high prevalence of both functional impairments and social morbidities. Study of the relationships between these factors may inform the development of interventions for depression in this service setting. The present study interviewed 373 older adults accessing ASPN services and assessed depression symptom severity, functional impairment (instrumental activities of daily living and activities of daily living) and social support. Lower social support and greater functional impairment were associated with greater depressive symptoms. At a high level of functional impairment, the inverse associations between indices of social support and depressive symptoms were attenuated. These results suggest that older adults with more severe functional impairment may benefit somewhat less from increased social support with respect to depression symptom severity. (JL)
ISSN: 08856230 From : www.orangejournal.org

231/120 Call-Me: promoting independence and social engagement among older people in disadvantaged communities; by Michael Murray, Thomas Scharf, Sian Maslin-Prothero, Roger Beech, Friederike Ziegler, *New Dynamics of Ageing Programme - NDA*; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2013, 8 pp (NDA Findings 18).
Call-Me project was a growing body of research highlighting the challenges faced by older people in disadvantaged urban communities. This group may experience a variety of risks associated with ill health, poverty, social isolation and loneliness, vulnerability to crime, and a lack of opportunities to engage in local and national decision-making processes. This project sought to move away from an assessment of the problems associated with ageing in socially deprived communities towards a new focus on the ways in which community action by older people can contribute to active ageing in disadvantaged urban neighbourhoods. It found that older residents of disadvantaged neighbourhoods were keen to become involved, but identified the need for ongoing support and resources. Older residents and local stakeholders must be involved in the development of community interventions from the outset. Wider city support can also contribute to the sustainability of such projects and to increasing opportunities for transferability. The study was conducted in collaboration with Manchester City Council Valuing Older People Team. (RH)
From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk
Download: http://newdynamics.group.shef.ac.uk/assets/files/NDA%20Findings_18.pdf

231/121 The effect of social participation on the subjective and objective health status of the over-fifties: evidence from SHARE; by Tiziana Leone, Philipp Hessel.: Cambridge University Press.
Ageing and Society, vol 36, no 5, May 2016, pp 968-987.
Increasing social participation among older individuals to increase health and social well-being has become a distinct policy goal for many national governments and the European Commission. However, to date, the evidence on how social participation affects health, both subjective and objective, remains limited, especially since most studies do not account for the reciprocal relationship. The aim of this study is to analyse how changes in social participation affect both the subjective and objective health of older Europeans as well as how changes in health status affect social participation. Using longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE), the results suggest that both the uptake as well as the continuation of social activities increase the chances of improvements in subjective as well as objective health. Furthermore, improvements in self-rated health as well as grip strength significantly increase the chances of taking up new activities as well as continuing with existing ones. Country effect is not as strong as expected; and the benefits could be homogeneous across different cultures once we have controlled for socio-economic status. Overall, the results stress the need for taking into account the reciprocal relationship between social participation and health. The paper highlights the importance of focusing on both uptake and continuation of social participation when devising policy aimed at improving healthy ageing. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

SUICIDE

231/122 Influences of population-level factors on suicides in older adults: a national ecological study from Australia; by Chi-Kin Law, Kairi Kolves, Diego De Leo.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 4, April 2016, pp 388-395.
The relationship between older adult suicide rates and population-level variables has been examined in a few studies. The objective of the present study was to analyse the extent to which population-level factors are associated with suicide by older persons in Australia, from an ecological perspective. Suicide rates for older adults aged 65 years and over were calculated for 68 observation units at Statistical Areas Level 4 in Australia for 2002-2011. The 2011 Census of Population and Housing was used for population-level variables. Analysis on standardised suicide mortality ratios and Poisson regression were performed to examine geographical and gender differences. Between 2002 and 2011, a total of 3133 suicides of persons aged 65 years and above (77.1% men) was identified with an average annual rate of 10.1 per 100,000 persons. Suicide rates in older adults were found to vary widely between different geographical regions in Australia. The multivariate estimates of contextual factors showed that the risk of suicide was positively associated with the sex ratio, the proportion of those in tenant household and Australian residents born in North-West Europe. Significant gender variations were found. Specific factors increasing risk of suicide for older adults on SA4 level in Australia were living in areas with a higher proportion of male population, a higher proportion of tenant household dwellers and a higher proportion of immigrants from North-West Europe. The different influences of population-level factor on suicide between older men and women indicate the need for targeted suicide prevention activities. (JL)
ISSN: 08856230 From : www.orangejournal.org

- 231/123 Suicide attempts and completions in Veterans Affairs nursing home care units and long-term care facilities: a review of root-cause analysis reports; by Peter D Mills, Bradley I Gallimore, B Vince Watts, Robin R Hemphill.: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 5, May 2016, pp 518-525.
Suicide was the 10th leading cause of death for Americans in 2010. The suicide rate is highest among men who are aged 75 and older. The prevalence of suicidal behaviour in nursing homes and long-term care (LTC) facilities was estimated to be 1%. This study described the systemic vulnerabilities found after suicidal behaviour in LTC facilities in the United States as well as steps to decrease or mitigate the risk. This was a retrospective review of root-cause analysis (RCA) reports of suicide attempts and completions between 1 January 2000 and 31 December 2013 in the Veterans Health Administration LTC and nursing home care units. The RCA reports of suicide attempts and completions were coded for patient demographics, method of attempt or completion, root causes and actions developed to address the root cause. 35 RCA reports were identified. The average age was 65 years, 11 had a previous suicide attempt, and the primary mental health diagnoses were depression, posttraumatic stress disorder and schizophrenia. The primary methods of self-harm were cutting with a sharp object, overdose and strangulation. It is recommended that all staff members are aware of the signs and risk factors for depression and suicide in this population and should systematically assess and treat mental disorders. In addition, LTC facilities should have a standard protocol for evaluating the environment for suicide hazards and use interdisciplinary teams to promote good communication about risk factors identified among patients. Finally, staff should go beyond staff education and policy to make clinical changes at the bedside. (JL)
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- 231/124 Suicide in the oldest old: an observational study and cluster analysis; by Mark Sinyor, Lynnette Pei Lin Tan, Ayal Schaffer ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 1, January 2016, pp 33-40.
The older population are a high risk group for suicide. This study sought to learn more about the characteristics of suicide in the oldest old and to use a cluster analysis to determine whether oldest old suicide victims assort into clinically meaningful subgroups. Data were collected from a coroner's chart review of suicide victims in Toronto from 1998 to 2011. The study compared two age groups (335 65-79 year olds and 191 80+ year olds) and then conducted a hierarchical agglomerative cluster analysis using Ward's method to identify distinct clusters in the 80+ group. The younger and older age groups differed according to marital status, living circumstances and pattern of stressors. The cluster analysis identified three distinct clusters in the 80+ group. Cluster 1 was the largest at 124 and included people who were either married or widowed who had significantly more depression and somewhat more medical health stressors. In contrast, cluster 2 (50 individuals) comprised people who were almost all single and living alone with significantly less identified depression and slightly fewer medical health stressors. All 17 members of cluster 3 lived in a retirement residence or nursing home, and this group had the highest rates of depression, dementia, other mental illness and past suicide attempts. This is the first study to use the cluster analysis technique to identify meaningful subgroups among suicide victims in the oldest old. The results reveal different patterns of suicide in the older population that may be relevant for clinical care. (JL)
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TRANSPORT

(See Also 231/115)

- 231/125 Driving skills training for older adults: an assessment of DriveSharp; by Katherine A Johnston, David Borkenhagen, Charles T Scialfa.: Cambridge University Press.
Canadian Journal on Aging, vol 34, no 4, December 2015, pp 532-544.
Computer-based, cognitive training procedures aim to increase safety by improving skills related to driving, such as speed-of-processing and the Useful Field of View. The current study assessed the effectiveness of DriveSharp in training older drivers in a naturalistic class setting. Participants (n = 24) attended 10 hours of DriveSharp classes over 5 weeks. Pre- and post-testing sessions assessed improvements on a dynamic hazard perception test, Trails A and Trails B. A control group (n = 18) completed only pre- and post-testing sessions. In-class training times were lower than expected. Participants' improvement in the games levelled off after the first assessment, and the DriveSharp group did not demonstrate a significant improvement in performance compared to the control group. Among several usability issues, the most problematic were misunderstanding task goals and the difference between training and evaluation. There are several implications for those using DriveSharp to enhance older drivers' safety. (RH)
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