New Literature on Old Age

EDITOR
Gillian Crosby

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ABUSE, SAFEGUARDING AND PROTECTION

232/1   Access to justice for victims/survivors of elder abuse: a qualitative study; by Alan Clarke, John Williams, Sarah Wydall.: Cambridge University Press.
Social Policy and Society, vol 15, no 2, April 2016, pp 207-220.
Elder abuse can be conceptualised as a social problem, a crime problem and a human rights issue. This article presents the findings from an evaluation of the 'Access to Justice' Pilot Project for victims or survivors of elder abuse, which was launched in 2010 as part of the Welsh Government's six-year integrated strategy for tackling domestic abuse. It was designed to address the needs of older people in domestic settings, and to facilitate their access to criminal and civil justice options. Between April and July 2012, case study data were obtained for 131 individuals. Thirty-three interviews and one focus group were conducted with service providers, potential service users and practitioners drawn from relevant statutory and third sector groups. This article explores multi-agency responses to elder abuse, and addresses the victim/perpetrator dynamic. Reactive and proactive types of perpetrator behaviour are identified; and interdependence is described as a feature of the victim/perpetrator relationship. (RH)
ISSN: 14747464
From : journals.cambridge.org/sps

232/2   Elder abuse is a crime - now let's make it one; by Action on Elder Abuse. [London]: Action on Elder Abuse, 2016, 100 pp.
'Elder abuse' is defined as being physical, psychological, financial, sexual abuse and neglect. Action on Elder Abuse (AEA) made Freedom of Information requests to 44 police forces in England and Wales, asking them about their actions in the previous twelve months in relation to elder abuse and neglect, but 40 declined to answer. It is estimated that between 500,000 and 600,000 older people in the UK are abused in their own homes each year. AEA is seeking elder abuse legislation for the UK that would introduce: a criminal offence of elder abuse; mandatory reporting of elder abuse; a crime of theft or fraud of an older person; a court order to prevent further abuse; and a power to access and speak to a potential victim of elder abuse, the general right of access by family and friends, and wrongful isolation. This report discusses the reasons why we need to criminalise elder abuse: victims are often more vulnerable and the impact is often greater; existing laws are not strong enough; older people are less likely to report abuse; the current system is not fit for purpose; criminalisation would increase public awareness and would provide additional safeguards; abuse in care settings is not adequately addressed; and elder abuse is not given sufficient political attention. The report differentiates between elder abuse and adult protection. It offers comparison with with other countries; for example, San Diego County, California handles some 9,000 cases of elder and dependent adult abuse each year. The report advocate development of more pro-active prosecution policies, and a political commitment to abused older people. Appendix B presents 23 case studies which summarise the often inadequate outcomes of prosecutions. (RH)
From: http://www.elderabuse.org.uk/wp-content/uploads/2016/06/LegislationFinalv3.pdf

232/3   Five-year all-cause mortality rates across five categories of substantiated elder abuse occurring in the community; by Jason Burnett, Shelly L Jackson, Arup K Sinha (et al).: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 28, no 2, March-May 2016, pp 59-75.
Elder abuse increases the likelihood of early mortality, but little is known regarding which types of abuse may be resulting in the greatest mortality risk. This American study included 1,670 cases of substantiated elder abuse, and estimated the 5-year all-cause mortality for five types of elder abuse (caregiver neglect, physical abuse, emotional abuse, financial exploitation, and polyvictimisation). Statistically significant differences in 5-year mortality risks were found between abuse types and across gender. Caregiver neglect and financial exploitation had the lowest survival rates, underscoring the value of considering the long-term consequences associated with different forms of abuse. Likewise, mortality differences between genders and abuse types indicate the need to consider this interaction in elder abuse case investigations and responses. Further mortality studies are needed in this population, to better understand these patterns and the implications for public health and clinical management of community-dwelling elder abuse victims. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

232/4   Older persons' definitions and explanations of elder abuse in the Netherlands; by Yuliya Mysyuk, Rudi G J Westendorp, Jolanda Lindenberg.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 28, no 2, March-May 2016, pp 95-113.
The authors explore older people's definitions of and explanations for elder abuse in the Netherlands, by interviews with older people. A qualitative study was conducted based on semi-structured interviews with 35 older people who had no experience with abuse. The authors' findings show that older people participating in their study define elder abuse foremost as physical

violence that is performed intentionally. The study participants explain elder abuse as a result of the dependency and vulnerability of older people, of changing norms and values, and of changes in the position of older persons in society, which result in disrespect toward older people and a lack of social control and responsibility. The older people's explanations for the occurrence of abuse mainly focus on societal changes: they seem to regard elder abuse primarily as a societal problem. This understanding of, and explanation for, elder abuse may influence their detection and reporting behaviour, as they may tend to acknowledge only severe cases of intentional physical violence that leave clear and therefore physically detectable evidence. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

ACTIVE AGEING

232/5   Active ageing and quality of life in old age; by Clemens Tesch-Roemer, German Centre of Gerontology; Working Group on Ageing, United Nations Economic Commission for Europe - UNECE. New York; Geneva: United Nations, 2012, 38 pp (ECE/WG.1/16).
2012 was proclaimed the European Year for Active Ageing and Solidarity between Generations. This publication is based on a paper presented at the fourth meeting of the UNECE Working Group on Ageing in 2011. It presents evidence on active ageing and quality of life. Among recommendations are to: start early in promoting active ageing; also offer opportunities for active ageing later in the life course; improve societal frameworks for active ageing; include frail older people in old age policies; and pay attention to images of ageing. (RH)
From : UNECE Information Unit, Palais des Nations, CH-1211 Geneva 10, Switzerland. Website: http://www.unece.org

AGEING (GENERAL)

(See Also 232/76)

232/6   De-standardising ageing?: Shifting regimes of age measurement; by Tiago Moreira.: Cambridge University Press.
Ageing and Society, vol <u>36</u>, no 7, August 2016, pp 1407-1433.
In the sociological debate about whether there has been a shift towards a de-standardised life-course in advanced economies, little attention has been devoted to the infrastructure arrangements that would support such a transition. This paper explores the changing role of standards in the governance of ageing societies. The author outlines a sociological theory of age standard substitution, which suggests that contradictory rationalities used in the implementation of chronological age fuelled the emergence of a critique of chronological age within the diverse strands of gerontological knowledge during the 20th century. The paper analyses how these critiques were linked to a proliferation of substitute, 'personalised' age standards that aimed to conjoin individuals' unique capacities or needs to roles or services. The paper suggests that this configuration of age standards' production, characterised by uncertainty and an opening of moral and epistemic possibilities, has been shrouded by another more recent formation, where institutional responses to decentralised processes of standardisation moved research and political investment towards an emphasis on biological age measurement. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

232/7   Rethinking old age: theorising the fourth age; by Paul Higgs, Chris Gilleard. London: Palgrave Macmillan, 2015, 172 pp.
For many people, the aspiration for a long life is now achievable. However, the status of old age as a distinct social position has become problematic. Previous work by the authors has considered the 'third age' as old age. In 'Rethinking old age', they re-examine the nature of old age to reveal the emergence of a 'fourth age' that embodies the most feared and marginalised aspects of old age, conceptually linked to, and yet distinct from, traditional models of old age. They use evidence from sociological, medical and historical research, to offer an analysis of the fourth age that is shaped and maintained by the social, cultural and political discourses and practices that divide later life. Chapters cover these themes as representing the fourth age: the shadow of long-term care; demographic and epidemiological aspects; frailty; abjection; and care and moral identity. Concluding chapters consider bridges and barriers between the third and the fourth age, and how a future for fourth age studies might be fashioned. (RH)
Price: £28.99
From : Macmillan Publishers Limited, 4 Crinan Street, London N1 9XW.
Website: http://www.palgrave.com/gb/

AGEISM AND AGE DISCRIMINATION

232/8   'I know it exists ... but I haven't experienced it personally': older Canadian men's perceptions of ageism as a distant social problem; by Laura Hurd Clarke, Alexandra Korotchenko.: Cambridge University Press.
Ageing and Society, vol 36, no 8, September 2016, pp 1757-1773.
This paper examines how older men perceive, experience and internalise ageist prejudice in the context of their everyday lives. The authors draw on in-depth interviews with 29 community-dwelling Canadian men aged 65-89. Although one-third of the participants were unfamiliar with the term ageism, the majority felt that age-based discrimination was prevalent in Canadian society. Indicating that they themselves had not been personally subjected to ageism, the men considered age-based discrimination to be a socially distant problem. The men explained their perceived immunity to ageism in terms of their youthful attitudes and active lifestyles. The men identified three groups who they considered to be particularly vulnerable to age-based discrimination, namely women, older workers, and frail older people residing in institutions. At the same time, the majority of the participants had internalised a variety of ageist and sexist stereotypes. Indeed, the men assumed that later life was inevitably a time of physical decline and dependence, and accepted as fact that older adults were grumpy, poor drivers, unable to learn new technologies and, in the case of older women, sexually unattractive. In this way, a tension existed between the men's assertion that ageism did not affect their lives and their own internalisation of ageist stereotypes. The authors consider their findings in relation to the theorising about ageism and hegemonic masculinity. (RH)
ISSN: 0144696X
<u>From</u> : journals.cambridge.org/aso

232/9   Access all ages: assessing the impact of age on access to surgical treatment; by Age UK; MHP Communications; Royal College of Surgeons of England (RCS). London: Royal College of Surgeons of England, 2012, 52 pp.
The NHS ban on age discrimination came into force in October 2012. The need for such a policy intervention has been highlighted by studies on cancer, which concluded that chronological age as opposed to physiological health has been a barrier to treatment for older people. In response to issues such as this, the Royal College of Surgeons (RCS), Age UK and MHP Health Mandate have undertaken a study to: assess how treatment rates for common surgical interventions vary according to age; explore potential reasons for this variation; and make recommendations about how the profession and other stakeholders can best respond. The 25 recommendations focus on six key areas. First, informing and communicating with patients to encourage them to seek help and take part in decisions about their treatment and care. Second, improving the evidence base to further our understanding of the impact of age on surgical decision-making. Third, developing guidance to promote age equality in surgical care. Fourth, delivering the most appropriate care, by improving models of working and developing guidance for clinicians. Fifth, measuring progress and tackling under-performance. Sixth, delivering high-quality commissioning for older people. (RH)
<u>From</u> : The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE.

ARTS AND MUSIC

232/10   Evaluation of edna: arts and dance for older people; by Ann Skingley, Stephanie De'Ath, Luci Napleton.: Emerald.
Working with Older People, vol 20, no 1, 2016, pp 46-56.
The edna (energise, dance, nourish, art) pilot project was developed as a result of funding from the North Kent Local Authorities Arts Partnership (NKLAAP). This paper evaluated the impact on health and well-being of participation in dance and arts activities by older people living in the community. In a small-scale, mixed methods research design comprising pretest-posttest evaluation of a three month dance and arts programme, two groups of older people underwent physical measures and completed a self-report quality of life questionnaire. Written comments and interview data were also gathered. Physical tests (n=14) demonstrated improvements in posture, shoulder mobility and balance in both groups following the intervention, with some measures reaching statistical significance. Quality of life evaluations (n=21) also showed improvement, with the mental health sub-scale reaching statistical significance. Qualitative data showed that participants enjoyed the programme and felt physical, psychological and social benefits. The research involved only a small sample of volunteers and a limited programme length, which limits its generalisability. The absence of a control group means that causality cannot be inferred. Future research should extend recruitment to a wider geographical area, and should be a longer intervention which includes a control group. Future arts interventions for older people should include consultation prior to, and throughout the project. Commissioners should consider supporting arts for health projects, building in additional funding for evaluative work. This study

has added to the evidence base, by combining art forms within a mixed methods framework, illustrating the interplay between the art forms, the outcomes, and the potential role of social context. (RH)

From : www.emeraldgrouppublishing.com/wwop.htm

232/11   Song Partners for Kindergartens: an intergenerational program in Switzerland; by Simone DeVore, Eirka Aeschlimann.: Taylor and Francis.
Journal of Intergenerational Relationships, vol 14, no 1, January-March 2016, pp 60-64.
The Song Partners for Kindergartens programme, based in Bern, Switzerland, was founded in 2008 to empower older adults to teach and learn traditional songs with young schoolchildren. The programme was designed to benefit educators, children and older adults alike. Following an initial period of training, the older song partners spent weekly sessions with Kindergarten teachers and children. The project was presented at various events publicly to show to the larger community what it could do to build understanding and appreciation for traditional songs among generations. (JL)
From : http://www.tandfonline.com

ASSESSMENT

232/12   New horizons in the implementation and research of comprehensive geriatric assessment: knowing, doing and the know-do gap; by John R F Gladman, Simon Paul Conroy, Anette Hylen Ranhoff ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 2, March 2016, pp 194-200.
In this paper the authors outline the relationship between the need to put existing applied health research knowledge into practice (the `know-do gap') and the need to improve the evidence base (the `know gap') with respect to the healthcare process used for older people with frailty. This is known as the comprehensive geriatric assessment (CGA), a multi-dimensional, interdisciplinary diagnostic process to determine the medical, psychological and functional capabilities of a frail older person, followed by the implementation of a co-ordinated plan for treatment and follow-up. The authors explore the reasons for the know-do gap and the principles of how these barriers to implementation might be overcome. They explore how these principles should affect the conduct of applied health research to close the know gap. It is proposed that impaired flow of knowledge is an important contributory factor in the failure to implement evidence-based practice in CGA; this could be addressed through specific knowledge mobilisation techniques. Implementation failures are also produced by an inadequate evidence base that requires the co-production of research, addressing not only effectiveness but also the feasibility and acceptability of new services, the educational needs of practitioners, the organisational requirements of services and the contribution made by policy. Only by tackling these issues in concert and appropriate proportion, will the know and know-do gaps for CGA be closed. (JL)

232/13   Practical geriatric assessment; by Tia Kostas, Allison Paquin, James L Rudolph.: Future Medicine.
Aging Health, vol 9, no 6, December 2013, pp 579-591.
Preserving function is a priority in caring for older patients. In geriatrics the focus of care shifts from the treatment of multiple chronic diseases to the impact of those diseases on function. Clinicians must conduct functional assessments in order to establish a baseline and identify changes over time. This article gives the healthcare provider practical tools to assess function and conditions that impact function in a busy clinic setting. Since functional abilities represent the integration of the effects of multiple complex disease states, it is important to perform a comprehensive assessment of key domains, including physical, cognitive, psychological and social domains. For each domain, the authors present practical tools for screening as well as tools for more in-depth assessments. Healthcare providers are encouraged to use these tools to help care for their older patients, all while keeping in mind individual patient function, safety and goals of care. (JL)

ASSISTIVE TECHNOLOGY

(See Also 232/36)

232/14   Ambient intelligence for the elderly: hope to age respectfully?; by Ruth Landau.: Future Medicine.
Aging Health, vol 9, no 6, December 2013, pp 593-600.
Ambient intelligence (AmI) is perceived as a tool that can provide innovative and cost-effective ways to support everyday living of older adults by monitoring them in their homes, in healthcare centres and in their out-of-home activities. In contrast to previous surveys of AmI and its

applications for various segments in society, this review, which is not intended to be exhaustive, focuses primarily on the possible uses of AmI for older people. This review defines the term of AmI and exemplifies some current applications of AmI in everyday life, points out the reasons for developing AmI applications specifically for older people and offers insights to various research projects that aim to use AmI for their benefit. Since user acceptance of AmI systems presents challenges in the process of developing and applying AmI technologies, this review also sheds light on the views of older people themselves regarding the use of these technologies. Finally, following a section briefly reviewing the ethical issues related to AmI technologies as it pertains to older people, this review offers some recommendations for the further development and use of AmI in this population. (JL)
ISSN: 1745509X   From : www.futuremedicine.com

232/15   Technology and trust: older people's perspectives of a home monitoring system; by Mabel L S Lie, Stephen Lindsay, Katie Brittain.: Cambridge University Press.
Ageing and Society, vol 36, no 7, August 2016, pp 1501-1525.
With demographic changes and the growing numbers of older people living alone, concerns have been raised about the care of the ageing population. Increasingly, developments in technology are being seen as the solution to these concerns. For those who do not see themselves as old or frail enough to require personal care provision, and who prefer to maintain their identity as autonomous and independent individuals, the development of assistive technologies such as ambient home monitoring systems is one answer. However, this involves careful negotiations with older people's understandings of safety and privacy, and their experiences and relationships with technology, their carers and relevant service-providers. In two trials of a home monitoring system funded by the United Kingdom Technology Strategy Board, older people were interviewed pre-trial and post-trial about their perspectives on these issues. This paper presents a conceptual analysis of the qualitative data using a sociological framework of trust that considers habitual action, and relationships with kin and with wider institutions. The research found that older people's habits and norms do not need to be disrupted by the ambient system. What was of more importance was relationships between the older person and her or his 'monitor' based on trust, as well as institutional providers who need to instil or earn trust. (RH)
ISSN: 0144686X   From : journals.cambridge.org/aso

232/16   Telehealthcare and falls: using telehealthcare effectively in the support of people at risk of falling; by Brian Kerr, Ann Murray (eds), Dementia Services Development Centre, University of Stirling; Joint Improvement Team, Scottish Government; National Telecare Development Programme, Scottish Government. Stirling; Edinburgh: Dementia Services Development Centre, University of Stirling; Joint Improvement Team, Scottish Government, 2011, 45 pp.
This is one of six publications funded by the Scottish Government's National Telecare Development Programme, with the strategic aim of raising awareness of the importance of telehealthcare in health and social care services. It provides examples of equipment which might contribute to the safety and quality of life of people at risk of falling. It covers the causes, consequences, prevention and management of falls; the importance of needs and risk assessments; ethical dilemmas and how these can be resolved; issues particular to carers; and the content of a suggested training programme. (RH)
From : Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA. http://www.dementia.stir.ac.uk

ATTITUDES TO AGEING

232/17   Do you want to live to be 100?: Answers from older people; by Helena Karppinen, Marja-Liisa Laakkonen, Timo E Strandberg ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 4, July 2016, pp 543-549.
Little is known about the oldest olds' views on ageing. The present study, based in Helsinki, Finland, aimed to investigate older people's desire and the reasons they give for wanting to live to 100. The study used a structured self-completed questionnaire with an open-ended question on the reasons why/why not participants wished/did not wish to live to 100. One-third (32.9%) of home-dwelling older people wanted to live to be 100. Those who did were older, more often male and self-rated their health better than those who did not. Often the desire for long life was conditional: `Yes, if I stay healthy'. Among the reasons was that many were curious to see what would happen. Many stated that they loved life, they had twinkle in their eye or significant life roles. Those who did not want to live extremely long lives gave various rationales: they would become disabled, life would be meaningless, they were reluctant to become a burden to others or they feared loss of autonomy or suffering pain or loneliness. Some people also shared the view that they should not intervene in destiny or they felt that they had accomplished what they wanted in life. Overall one-third of the oldest old participants wanted to live to 100. Identifying what motivated them to desire long life could be a resource in their care plans. (JL)
ISSN: 00020729   From : www.ageing.oxfordjournals.org

CARE MANAGEMENT

232/18   What is the role of a case manager in community aged care?: a qualitative study in Australia; by
             Emily (Chuanmei) You, David Dunt, Colleen Doyle.: Wiley Blackwell.
             Health and Social Care in the Community, vol 24, no 4, July 2016, pp 495-506.
             This study aimed to explore the perceptions of case managers about their roles in providing
             community aged care in Australia. Purposeful sampling was used and 33 qualitative
             semi-structured interviews with 47 participants were conducted. Participants were drawn from a
             list of all case managers working in aged care organisations that provided publicly funded
             case-managed community aged care programmes in the State of Victoria, Australia. Participant
             selection criteria included age, gender, job titles, professional backgrounds, practice locations,
             organisational attributes and organisational size. Data collection was implemented between
             September 2012 and March 2013. Thematic analysis was performed. Participants believed that
             case managers performed diverse roles based on clients' needs. They also articulated 16 important
             roles of case managers, including advisors, advocates, carers, communicators, co-ordinators,
             educators, empowering clients, engaging clients and families, liaising with people, managing
             budgets, navigators, negotiators, networking with people, facilitators, problem solvers and
             supporters. However, they were concerned about brokers, mediators and counsellors in terms of
             the terminology or case managers' willingness to perform these roles. Moreover, they perceived
             that neither gatekeepers nor direct service provision were case manager roles. The findings of this
             study suggest that case managers working in community aged care sectors may be more effective
             if they practised the 16 roles aforementioned. With the value of helping rather than obstructing
             clients to access services, they may not act as gatekeepers. In addition, they may not provide
             services directly, as opposed to their peers working in medical care settings. The findings will also
             assist organisations to design job descriptions that specify case managers' roles and associated job
             responsibilities. Clear job descriptions will further benefit the organisations in staff recruitment,
             orientation and ongoing development, as well as facilitating case managers to set professional
             boundaries in the delivery of case management interventions to their clients. (RH)
             ISSN: 09660410
             From : wileyonlinelibrary.com/journal/hsc

CARERS AND CARING

232/19   Action for the aged: [277 aged care tips to improve the health, safety and wellbeing of your ageing
             loved ones] [Cover title]; by Chris Minett, Robin Minett, Action for the Aged. London: Vicheko,
             on behalf of Action for the Aged, 2011, 196 pp.
             This practical book provides 277 basic, helpful tips about caring for older people, to improve their
             safety, health and well-being. Co-authored by a professional carer, the book is arranged in short
             sections covering topics such as dementia, fall prevention, nutrition, home safety, mobility aids
             and carer resources. Each section includes a list of action steps, complemented by anecdotes based
             on a carer's experience, and information on where to find additional resources and help. (RH)
             Price: £19.95

232/20   Moved to care: the impact of migration on the adult social care workforce; by Ben Franklin,
             Cesira Urzi Brancati, Independent Age; International Longevity Centre - United Kingdom
             (ILC-UK). London: Independent Age, 2015, 73 pp.
             Some 1.45 million people work in the adult social care sector in England, of which nearly 1 in 5
             was born outside the UK, including 150,000 working in residential care homes and 81,000 in adult
             domiciliary care. This report focuses attention on four critical areas: the current role of migrants
             within the care workforce; the reasons why migrant care workers are in demand; the potential
             impact of public policy on the ability of the care workforce to meet demand in the long term; and
             what different stakeholders can do to ensure the workforce is able to meet future demand. The
             sector faces a gap of 200,000 care workers in England by 2020, because of restrictions on
             immigration and a failure to attract British workers. Longer term, there could be a shortfall of 1
             million workers in the next twenty years. The report therefore recommends investing in training,
             apprenticeships and career development, to make adult social care an attractive career choice for
             UK-born workers. Adding highly skilled roles in the adult social care sector - such as therapist and
             social worker - to the Shortage Occupation List, could make it easier for employers to recruit from
             overseas. Overall, the sector needs more funding to support better pay and working conditions.
             From: https://www.independentage.org/policy-research/research-reports/moved-to-care-impact
             -of-migration-on-adult-social-care-workforce

232/21   State of caring 2015; by Carers UK. London: Carers UK, May 2015, 16 pp.
             Over the next five-year Parliament, 10.6 million people will take on a new caring role for a
             disabled, older or seriously ill relative or friend. In 2015, the 50th year of the carers movement
             and the 50th anniversary of Carers UK, what can carers expect and what are their experiences?

This year, more than 4,500 carers participated in this survey on the state of caring in 2015, answering a wide range of questions on the issues that affect their lives and their experiences of caring. Findings are reported on: practical support; quality of care; health and well-being; loneliness and isolation; financial hardship; and how caring affects ability to work.

Carers also indicated the main issue they felt should be a priority for government. Most important for 40% was to ensure carers and their families do not suffer financial hardship as a result of caring; and 29% identified ensuring that there is sufficient funding for social care so that older and disabled people get the care they need. Of those carers responding to the survey, 50% thought their quality of life would get worse over the following 12 months, while only 5% thought it would improve. (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX.
https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015

232/22   We need to talk about caring: dealing with difficult conversations; by Anna Davies, Ciaran Osborne, Independent Age. London: Independent Age, July 2016, 41 pp.

In April 2016, Independent Age commissioned ComRes to survey a nationally representative sample of 2,066 people online, including 520 people aged 65+, to find out about their attitudes to and experiences of different conversation topics. This report presents findings on how and why families avoid talking about challenges they may face in older age. It covers: the types of conversations taking place; the family members that are hardest to talk to; the topics that are the most difficult to talk about; and the barriers to talking about ageing. In recommending what can be done to counter the barriers to difficult conversations, it suggests ways of: addressing the information problem; addressing unwillingness to consider residential care; and addressing the denial problem. It suggests tactics for initiating sensitive conversations, on which Independent Age has launched an online resource (independentage.org/difficult-conversations). (RH)

From : https://www.independentage.org/sites/default/files/2016-07/Difficult%20Conversations -%20Final%20for%20web%208_7_16_2016.pdf

COMMUNITY CARE

(See 232/18, 232/69)

CONTINENCE

232/23   Cost-effective commissioning for continence care: a guide for commissioners written by continence care professionals; by Sally Greengross, All Party Parliamentary Group for Continence Care. [London]: All Party Parliamentary Group for Continence Care, 2011, 19 pp.

Incontinence can have a profoundly negative impact on a person's quality of life creating isolation, loss of dignity and other health and emotional problems. The wider cost implications of not providing adequate continence care are significant. This commissioning guide aims to provide a framework for planning, implementing and monitoring an integrated incontinence service. (RH)

From : All Party Parliamentary Group for Continence Care, House of Commons, London, SW1A 0AA. Website: http://www.appgcontinence.org.uk/

CRIME

232/24   Hate crimes and crimes against older people report 2013-2014; by Crown Prosecution Service (CPS). [London]: Crown Prosecution Service (CPS), October 2014, 55 PP.

This seventh annual report on hate crime and crimes against older people considers performance in relation to such crimes during 2013/14, by reference to available management data as well as positive outcomes in casework. The report brings together information on Crown Prosecution Service (CPS) performance in prosecuting racist and religious hate crime, homophobic and transphobic crime, crimes against the older person, and disability hate crime. It also provides examples of effective practice, lessons learned, policy development and research. The underlying data used can be found on the CPS website (at www.cps.gov.uk/data/hate_crime/); and the weblink

http://www.cps.gov.uk/publications/equality/hate_crime/index.html has links to previous reports and items on policy and guidance. (RH)

From : http://www.cps.gov.uk/publications/docs/cps_hate_crime_report_2014.pdf

DEMENTIA

(See Also 232/72, 232/90)

232/25   Behavioural and psychological symptoms in dementia and the challenges for family carers: systematic review; by Alexandra Feast, Martin Orrell, Georgina Charlesworth (et al).: Royal College of Psychiatrists.
British Journal of Psychiatry, vol <u>208</u>, No 6, 2016, pp 429-434 (+ 14 pp Data supplement).
Tailored psychosocial interventions can help families to manage behavioural and psychological symptoms in dementia (BPSD), but carer responses to their relative's behaviours contribute to the success of support programmes. The authors conducted a systematic review and meta-ethnographic synthesis of high-quality quantitative and qualitative studies between 1980 and 2012, which aimed to understand why some family carers have difficulty in dealing with BPSD, in order to improve the quality of personalised care that is offered. The authors identified 25 high-quality studies and two main reasons for behaviours being reported as challenging by family carers: changes in communication and relationships, resulting in 'feeling bereft'; and perceptions of transgressions against social norms associated with 'misunderstandings about behaviour' in the relative with dementia. The underlying belief that their relative had lost, or would inevitably lose, their identity to dementia was a fundamental reason why family carers experienced behaviour as challenging. Family carers' perceptions of BPSD as challenging are associated with a sense of a declining relationship, transgressions against social norms and underlying beliefs that people with dementia inevitably lose their 'personhood'. Interventions for the management of challenging behaviour in family settings should acknowledge unmet psychological need in family carers. The Data supplement itemises the search strategy used and the characteristics of included studies. This is an open access article distributed under the terms of the Creative Commons Attribution (CC BY) licence. (OFFPRINT) (RH)
ISSN: 00071250
From : http://bjp.rcpsych.org/content/early/2016/03/10/bjp.bp.114.153684.abstract

232/26   Decision making and dementia: a service user perspective; by Sam Cox.: Hawker.
Journal of Dementia Care, vol <u>24</u>, no 2, March-April 2016, pp 21-23.
The Mental Capacity Act 2005 can have a major impact on people with dementia and their carers. However, how much do they know about this legislation and how it affects their ability to make decisions? This article discusses the findings of two surveys which were conducted by the Alzheimer's Society. (RH)
ISSN: 13518372   <u>From</u> : www.careinfo.org

232/27   Dementia through the eyes of women; by Nada Savitch, Emily Abbott.: Hawker.
Journal of Dementia Care, vol <u>24</u>, no 2, March-April 2016, pp 32-34.
Dementia affects woemen disproportionately, but what is really known about women's experiences of living or working with it? This is the second of a four-part series on Dementia without Walls programme, a Joseph Rowntree Foundation (JRF) project. (RH)
ISSN: 13518372   <u>From</u> : www.careinfo.org

232/28   The facilitators of communication with people with dementia in a care setting: an interview study with healthcare workers; by Miriam Ruth Stanyon, Amanda Griffiths, Shirley A Thomas ... (et al).: Oxford University Press.
Age and Ageing, vol <u>45</u>, no 1, January 2016, pp 164-170.
The aim of this study was to describe the views of healthcare workers on the facilitators of communication with people with dementia in a care setting. The study used a thematic analysis of semi-structured interviews. All participants were interviewed in their place of work. These were 16 healthcare workers whose daily work involved interacting with people with dementia. Four overarching categories of themes were identified from the interviews that impact on communication: the attributes of a care worker, communication strategies used, organisational factors and the physical characteristics of the care environment. Many strategies used by healthcare workers to facilitate communication have not yet been studied in the research literature. Participants' views on training should be incorporated into future dementia training programmes. (JL)
ISSN: 00020729   <u>From</u> : www.ageing.oxfordjournals.org

232/29   I must do the post: using poetry for raising dementia awareness; by Sue Lillyman, Terence C Tolputt.: Institute of Ageing and Health (West Midlands).
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no <u>20</u>, 2016, pp 25-27.
This paper reviews the use of a poem written by a care assistant as part of a dementia awareness course. The poem's author went on to use the poem to help staff within the care home to gain insight and promote reflection and discussion about caring for the person living with dementia as

part of a training programme. An evaluation of its use was also undertaken, and staff reported that this poem was thought-provoking, insightful, and had helped them to reflect on how they work with people living with dementia. The poem, 'I must do the post', by Terence C Tolputt is included. (RH)
ISSN: 13649752   From : www.iah-wmids.org.uk

232/30   Materialising memories: exploring the stories of people with dementia through dress; by Christina Buse, Julia Twigg.: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1115-1135.
In this article, the authors use clothes as a tool for exploring the life stories and narratives of people with dementia, eliciting memories through the sensory and material dimensions of dress. The article draws on an Economic and Social Research Council (ESRC) funded study, 'Dementia and Dress' (RES 062-23-3195), which explored everyday experiences of clothing for carers, care workers and people with dementia. The study used qualitative and ethnographic methods including 'wardrobe interviews', observations, and visual and sensory approaches. The analysis used three dimensions of dress as a device for exploring the experiences of people with dementia: kept clothes, as a way of retaining connections to memories and identity; discarded clothes, and their implications for understanding change and loss in relation to the 'dementia journey'; and absent clothes, invoked through the sensory imagination, recalling images of former selves, and carrying identity forward into the context of care. The article contributes to understandings of narrative, identity and dementia; it draws attention to the potential of material objects for evoking narratives and maintaining biographical continuity for both men and women. The paper has larger implications for understandings of ageing and care practice. As well as contributing to the wider Material Turn in gerontology, it shows how cultural analyses can be applied even to frail older groups who are often excluded from such approaches. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

DEMENTIA CARE

(See Also 232/25, 232/39)

232/31   'Look at all of me': a CLEAR model for dementia care; by Frances Duffy.: Hawker Publications.
Journal of Dementia Care, vol 24, no 3, May/June 2016, pp 27-30.
Equipping care home staff to understand and assess behaviour that challenges is a top priority, but what is the best approach? This article discusses the CLEAR Dementia Care model, a person-centred assessment. The model was developed by the Northern Health and Social Care Trust Dementia Home Support Team in Northern Ireland, which provides support and training in the non-pharmacological management of behaviours that those caring for people with dementia find challenging to understand. Based on the Newcastle model, the CLEAR Dementia Care model is designed as a quicker method of assessing and understanding behaviour in dementia, equipping care home staff to respond more effectively. The CLEAR model includes: Cognition; Life story and personality; Emotional and physical wellbeing; Activity and the environment; and Relationships. The model's main premise is that the behaviour that staff find challenging is the result of unmet need experienced by the person with dementia. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

232/32   Advancing the Butterfly model in dementia care homes; by David Sheard.: Hawker Publications.
Journal of Dementia Care, vol 24, no 3, May/June 2016, pp 32-34.
Providing a springboard for culture change in care homes is key. David Sheard explains why Dementia Care Matters' 50 Point Checklist (originally published in 2008 as 'Inspiring: leadership matters in dementia care') has been revised, since, in the intervening years thousands of the che checklist have been completed in care homes in the UK, Ireland, the United States, Canada and Australia. His article discusses the checklist's development and the new version called 'Inspiring: the butterfly household model of care'. The reason for inclusion of the word "household" is that the language used has been refined to something that feels more personal, and will add to the distinctiveness of the checklist as something that identifies the highest priority elements fist. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

232/33   Caregiver distress in dementia in rural Victoria; by Kaye Ervin, Julie Pallant, Carol Reid.: Wiley.
Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 235-240.
The aim of this study was to explore levels of stress, anxiety and depression in informal carers caring for someone with dementia in a rural setting. Carers of people with dementia were recruited to complete a survey that incorporated the Depression Anxiety Stress Scales (DASS) to measure carer emotional well-being. The survey also included the Neuropsychiatric Inventory

Questionnaire (NPI-Q), which assessed the presence and severity of behavioural and psychological symptoms of dementia (BPSD) of care recipients and their effects on the carer. A total of 39 carers completed surveys. Almost half of the respondents reported levels of stress and depression in the moderate to severe range as measured on the DASS. BPSD exhibited by care recipients, such as agitation, anxiety, aggression and nocturnal disturbance, were associated with the level of stress reported by the carer as measured with the NPI-Q. Caring for care recipients who exhibit BPSD predisposes carers in rural areas to high levels of stress and depression. Regular, periodic screening of carers is required to detect abnormal levels of stress, depression and anxiety in order to enable timely introduction of interventions. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

232/34   Crossing the bridge: connecting with people in the later stages of dementia; by Andy Bradley.: Emerald.
Working With Older People, vol 19, no 4, 2015, pp 177-181.
Connecting with people who are in the later stages of dementia is of central importance in offering person-centred relational care. This is a viewpoint paper based on both a personal perspective (the writer grew up in a care home), and professional experience in the field of care work and culture change. The author aims to provoke reflection on the risks of people in the later stages of dementia being marginalised in care settings. He sets out some key principles and approaches which enable ongoing connection, notably the PACE principles (presence, attention, compassion and equality). The paper provides practice examples to illuminate ways in which connected relationships can be maintained. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

232/35   End of life care service for people with dementia living in care homes in Walsall; by Rachael Dutton, Nicola Beeching, Sophie Meredith, Accord Group; Pathways 4 Life; Housing Learning and Improvement Network - Housing LIN. London: Housing Learning and Improvement Network - Housing LIN, May 2016, 7 pp (Case study, 123).
Published to coincide with Dying Matters Awareness Week 2016 (9-16 May), this case study focuses on an innovative end of life care service in Walsall initiated through collaboration with Pathways 4 Life (partnership between the Accord Group and Age UK Walsall) and St Giles Walsall Hospice. The core service consists of two community-based Dementia Support Workers (DSWs) who work in care homes across Walsall in order to provide expertise, insight and knowledge to further improve dementia and end of life care. The DSWs strive to empower care home staff, people with dementia and their families through development sessions, support and guidance, along with a strong partnership working ethic. The DSWs use a range of evidence-based tools, including the 'Namaste Care' approach, to advance a more holistic approach to dementia and care. This involves helping to create safe and relaxing spaces, and providing a broad spectrum of meaningful person-centred activities, some suitable for using with individuals, even at the very end stages of their lives. (RH)
From: http://www.housinglin.org.uk/HousingRegions/WestMidlands/?&msg=0&parent=1022 &child=10140

232/36   Sensor e-textiles: person centered co-design for people with late stage dementia; by Cathy Treadaway, Gail Kenning.: Emerald.
Working with Older People, vol 20, no 2, 2016, pp 76-85.
The paper describes new ways of extending sensory properties of textiles through the integration of technology. Specifically, it presents design research investigating the development of sensory textiles with embedded electronics to support the well-being of people with late stage dementia in residential care. The research presented is qualitative and uses a mixed method approach informed by grounded practical theory and positive design methodologies. It uses an inclusive and participatory co-design process involving people with dementia in residential homes with specialist dementia units in South Wales and their families, with an interdisciplinary team of expert designers and technologists. It finds that both the co-design process and the artifacts developed have been beneficial in supporting well-being. The textile artifacts have been found to soothe, distract and comfort people with dementia. They have also been shown to facilitate in the moment conversational bridges between family members and carers with persons with dementia. The findings are based on a small cohort of participants, observational reports and descriptive accounts from family members and carers. The paper proposes ways in which simple hand-crafted textiles can be used beneficially to support the well-being of people with late stage dementia. It also provides examples of how technology can be used to personalise and extend the sensory properties of the artifacts created. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

232/37   Using sensory stories with individuals with dementia; by Rebecca Leighton, Coralie Oddy, Joanna Grace.: Hawker Publications.
Journal of Dementia Care, vol 24, no 4, July/August 2016, pp 28-31.
People with dementia are prone to sensory deprivation, but symptoms like irritability and confusion can be avoided by using multi-sensory life stories. A 'sensory story' is a concise narrative, in which each section of the text is partnered with a relevant sensory experience; each story typically targets a broad range of senses. The authors describe two successful approaches to sensory life story work with people with dementia. (RH)
ISSN: 13518372
From : www.careinfo.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 232/70)

DEPRESSION

(See Also 232/84)

232/38   Depressive symptoms, transitions to widowhood, and informal support from adult children among older women and men in Japan; by Andrew D Tiedt, Yasuhiko Saito, Eileen M Crimmins.: Sage.
Research on Aging, vol 38, no 6, August 2016, pp 619-642.
The relationships between depressive symptoms, transitions to widowhood, worsening health, and family support in Japan over a 10-year period were examined. The analyses focus on availability and receipt as the two primary dimensions of intergenerational support relationships. Data from the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA) were analysed using growth curve models; there were four main findings. First, becoming widowed correlated with increased depressive symptoms; this relationship was weaker among women than men. Second, continuous widowhood was associated with fewer depressive symptoms over time. Third, transitions to co-residence with sons and daughters among the widowed was correlated with reduced depressive symptoms. Lastly, self-reported health and difficulty with activities of daily living (ADLs) were predictors of depressive symptoms over time. The findings suggest the importance of new research on household transitions, availability and proximity of family caregivers, and social embeddedness as protections against depressive symptoms. (RH)
ISSN: 01640275
From : roa.sagepub.com

DIET AND NUTRITION

232/39   The challenge of nutritional support in hospital wards; by Joanne Brooke.: Hawker.
Journal of Dementia Care, vol 24, no 2, March-April 2016, pp 28-29.
Eating and drinking problems among patients with dementia are often overlooked in hospitals. The author provides two perspectives highlighting this issue. The first is professional, as a qualified nurse and specialist in dementia care, and the second is personal as a carer, whose mother had Alzheimer's disease (AD) and was admitted to hospital after a fall. (RH)
ISSN: 13518372
From : www.careinfo.org

DISABILITY

232/40   Female disability disadvantage: a global perspective on sex differences in physical function and disability; by Felicia V Wheaton, Eileen M Crimmins.: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1136-1156.
This article aimed to determine whether women always fare worse in terms of physical function and disability across countries that vary widely in terms of their level of development, epidemiological context and level of gender equality. Sex differences in self-reported and objective measures of disability and physical function were compared among older adults aged 55-85 in the United States of America, Taiwan, Korea, Mexico, China, Indonesia and among the Tsimane of Bolivia using population-based studies collected between 2001 and 2011. Data were analysed using logistic and ordinary least-squares regression. Confidence intervals were examined to see whether the effect of being female differed significantly between countries. In all countries, women had consistently worse physical functioning (both self-reported and objectively measured). Women also tended to report more difficulty with activities of daily living (ADL), although differences were not always significant. In general, sex differences across measures were less pronounced in China. In Korea, women had significantly lower grip strength, but sex differences in ADL difficulty were non-significant or even reversed. Education and marital status helped explain sex differences. Overall, there was striking similarity in the magnitude and direction of

sex differences across countries despite considerable differences in context, although modest variations in the effect of sex were observed. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

ECONOMIC ISSUES

(See Also 232/71)

232/41   Austerity and inequality: exploring the impact of cuts in the UK by gender and age; by Jay Ginn.: Hipatia Press.
Research on Ageing and Social Policy, vol 1, no 1, July 2013, pp 25-53.
Across Europe and North America, governments responded to the financial crisis of 2007-2008 by taking on the debt of banks and insurance companies. Subsequent austerity programmes to reduce that debt have cut the living standards of all but the richest. Yet governments insist cuts are necessary and that they are fairly distributed. In this review of austerity policies in the UK, these claims are challenged, first by assessing the impact on key population groups of cuts in welfare spending; and second by showing how specific reforms, including those planned before the financial crash, are likely to affect current and future pensioners, especially women and those living on low incomes. Finally, the authot reviews the effectiveness of austerity policies in tackling the deficit, outlining alternative policies that have been put forward by critics. She concludes that the cuts are not only unfair, exacerbating the social division between the very wealthy and the rest of society, but are also counterproductive to the aim of restoring economic activity and reducing the deficit. (OFFPRINT) (RH)
ISSN: 20146728   From : http://dx.doi.org/10.4471/rasp.2013.02
http://hipatiapress.com/hpjournals/index.php/rasp/article/viewFile/491/648

EDUCATION AND TRAINING

232/42   Why should medical students study social gerontology?; by Anthea Tinker, Labib Hussain, Jack Lilly D'Cruz ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 2, March 2016, pp 190-193.
The General Medical Council (GMC) provides a core curriculum for all medical degrees in the UK. However these guidelines do not provide in-depth, specific learning outcomes for the various medical specialities. Recognising the ageing population, the British Geriatrics Society in 2013 published their own supplementary guidelines to encourage and further direct teaching on Gerontology and Geriatric Medicine in medical school curricula. Although teaching on Geriatric Medicine, a sub-discipline of Gerontology, has reassuringly increased in UK medical schools, there are convincing arguments for greater emphasis to be placed on the teaching of another sub-discipline, namely Social Gerontology. Considering the skills and knowledge likely to be gained from the teaching of Social Gerontology, the authors argue for the greater universal adoption of its teaching. This would help ensure that the doctors of tomorrow are better equipped to manage more successfully and holistically the growing cohort of older patients. (JL)
ISSN: 00020729   From : www.ageing.oxfordjournals.org

EMPLOYMENT

232/43   Factors affecting employment retention among older workers in South Korea; by Sanghee Kim.: Emerald.
Working with Older People, vol 20, no 1, 2016, pp 14-22.
This paper aims to determine employee retention rates and to describe factors affecting employee retention among older workers. The author conducted secondary data analysis using data from the Korea Employment Information Service's Korean Longitudinal Study of Ageing (KLoSA). The author used data on 1,264 newly employed older workers from the 2010 KLoSA to determine their employment retention status based on data from the 2012 KLoSA. The employee turnover rate of older workers was 37.1% between 2010 and 2012, indicating that one-third of older workers stopped work within the two years studied. Factors affecting the employment retention of older workers were education level, job position, job type, work-related stress, health status, and activity limitation due to health status. This study concentrated on the South Korea context. Given the particular circumstances facing South Korea (as outlined in the study), it is unlikely that the findings would provide a base for informing employment retention strategies for older workers in other societies. However, the South Korean government could use the findings in formulating a policy for improving welfare in workplaces, to increase the employment retention rate for older workers. Employers employing or intending to hire older workers would have a better understanding of factors that affect retention of older workers. To reduce their work-related stress, older workers require a safe and healthy work environment that considers their health status. (RH)
ISSN: 13663666   From : www.emeraldgrouppublishing.com/wwop.htm

END-OF-LIFE CARE

(See Also 232/35)

232/44   Caring for a dying spouse at the end of life: 'it's one of the things you volunteer for when you get married': a qualitative study of the oldest carers' experiences; by Mary Turner, Claire King, Christine Milligan ... (et al).: Oxford University Press.
Age and Ageing, vol $\underline{45}$, no 3, May 2016, pp 421-426.
Older people aged 80 and over are increasingly providing end-of-life care to spouses at home and often do so for long periods of time, while also trying to manage their own illnesses and disabilities. Little of the research on older spousal carers has focused on the oldest carers - hence the needs of this particular population are not fully known. The objective of this study was to explore the experiences of the `oldest carers' in caring for a dying spouse at home. Secondary analysis was undertaken on a subset of data from a larger qualitative interview study. This dataset comprised 17 interviews from participants aged 80 or over. Framework analysis methods were used, with items derived from the thematic analysis of the main study. The oldest carers in this subset demonstrated high levels of resilience and the ability to adapt to their caring role. Caring until death was accepted as an integral part of the commitment made to their partner as part of the `wedding contract'. Carers felt they benefited from the support provided by family, friends and care services, however their own care needs were not always recognised by health and social care services. These findings underscore the complexity of the oldest carers' experiences and challenges in times of illness and end of life. Healthcare professionals should be alerted to the myriad ways caregiving is enacted in serious illness and seek opportunities for developing supportive interventions specifically for older carers. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

232/45   Geographic variation of inpatient care costs at the end of life; by Claudia Geue, Olivia Wu, Alastair Leyland ... (et al).: Oxford University Press.
Age and Ageing, vol $\underline{45}$, no 3, May 2016, pp 376-381.
Costs incurred at the end of life are a main contributor to healthcare expenditure. Urban-rural inequalities in health outcomes have been demonstrated. Issues around geographical patterning of the association between time-to-death and expenditure remain under-researched. It is unknown whether differences in outcomes translate into differences in costs at the end of life. This study used a large representative sample of the Scottish population obtained from death records linked to acute inpatient care episodes. It performed retrospective analyses of costs and recorded the most frequent reasons for the last hospital admission. Using a two-part model, it estimated the probability of healthcare utilisation and costs for those patients who incurred positive costs. Effects of geography on costs were similar across diagnoses. There was not found to be a clear gradient for costs, which were lower in other urban areas compared with large urban areas. Patients from remote and very remote areas incurred higher costs than patients from large, urban areas. The main driver of increased costs was increased length of stay. These results provide evidence of additional costs associated with remote locations. If length of stay and costs are to be reduced, alternative care provision is required in rural areas. Lower costs in other urban areas compared with large urban areas may be due to urban centres incurring higher costs through case-mix and clinical practice. If inequalities are driven by hospital admission, for an end of life scenario, care delivered closer to home or home-based care seems intuitively attractive and potentially cost-saving. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

ENVIRONMENTAL ISSUES

232/46   How woodlands and forests enhance mental well-being; by Mandy Cook.: Hawker Publications.
Journal of Dementia Care, vol $\underline{24}$, no 3, May/June 2016, pp 20-23.
Woods and forests can enhance the psychological well-being with early stage dementia. This article draws on the author's PhD research study at the University of Dundee, 'Forests as places of mental wellbeing: the meaning and use of urban forests by people with early-stage dementia'. The author reports on initial findings from a pilot programme of activities including woodland walks, tree planting, nature photography, fire lighting and woodland cookery. Data were collected through observing the activities and interviewing the people with dementia, carers and staff at the end of the 10-week programme. The findings illustrate the benefits from taking part in woodland activities, for both people with dementia and their carers. The research aims to inform forestry management approaches that are key to achieving Forestry Commission Scotland's and the Scottish Government agenda of improved mental well-being and social inclusion. (RH)
ISSN: 13518372   From : www.hawkerpublications.com

FAMILY AND INFORMAL CARE

232/47   No children in later life, but more and better friends?: Substitution mechanisms in the personal and support networks of parents and the childless in Germany; by Sebastian Schnettler, Thomas Wohler.: Cambridge University Press.
Given increases in childlessness, the authors ask if and how the permanently childless substitute for adult children in their later-life support networks. Previous research finds that they are disadvantaged on several network and support indicators. Yet the role of different substitution mechanisms remains unclear. The authors examine two substitution mechanisms: substitution through adjustments of network size/composition; and through higher efficiency of personal ties. Data are from the German Ageing Survey (1,886 childless; and parents without/with residentially proximate children, 4,137 and 8,337 respectively). Descriptive and regression results on network size/composition, and the number of potential informational and emotional supporters show that both mechanisms play a role. The childless have more friends and extended kin, and they are more likely to consider them as potential supporters, than parents. Across cohorts or age groups, the relative effect size of network size/composition versus tie efficiency changes. Parents with no children nearby constitute a mixed type that shows similarities to the childless on some indicators of social support and to parents with at least one child nearby on other indicators. These findings provide a foundation for better predicting how current demographic trends affect future scenarios of social support in later life, and for identifying the future need for formal care services. Thus, they are relevant for social scientists and policy makers alike. (RH)

FRAILTY

232/48   How common is frailty in older Australians?; by Imaina Widagdo, Nicole Pratt, Mary Russell, Elizabeth Roughead.: Wiley.
The aim of this study was to determine the prevalence of frailty in a cohort of older Australians. Frailty status of the 2,087 participants of the Australian Longitudinal Study of Ageing was assessed based on the questionnaire responses at the baseline interview. Frailty status and prevalence were assessed using four measures: two unidimensional measures (the Frailty Phenotype and Simplified Frailty Phenotype) and two multidimensional measures (Frailty Index and Prognostic Frailty Score). Agreement between the four measures was determined. The multidimensional measures identified more people as frail (17.5 and 49.4%) than did the unidimensional (2 and 8.8%). There was little agreement between the measures, and only 0.5% of the participants were identified as frail by all four measures. The apparent prevalence of frailty varied when different measures were used. It is important for clinicians and researchers to be aware that different frailty measures may identify different groups of older people as frail. (JL)

232/49   Over 75s project: Newcastle-under-Lyme and Nottingham Frailty Toolkit; by Chris Oleshko, Dawn Moody.: British Geriatrics Society.
The move to consider frailty as a long-term condition is becoming established, and there is increasing understanding that the early recognition of frailty in community settings can help to improve outcomes for older people. The authors outline a project which has identified the value of the new role of Elderly Care Facilitator as someone who assesses health, well-being, functional and social needs. In a project which ran for 24 months from April 2013 in six general practices in North Staffordshire, those aged 85+ were offered home visits, while more than 1500 Tilburg questionnaires were sent to those aged 75-84 (with a 78% response). As a result of visits, 384 referrals were made, of which 215 related to mobility issues, and were referred to physiotherapy, occupational therapy or the falls service; others were referred to social services, the memory clinic or other medical services. The project has provided evidence for the potential to develop this role more widely across primary care teams. (RH)

GOVERNMENT AND POLICY

232/50   Giving older people a voice: the case for an Older People's Commissioner for England; by Paul Burstow (ed), Joan Bakewell, Sarah Rochira, Esther Rantzen, CentreForum. London: CentreForum [now Education Policy Institute], 2013, 43 pp.
Northern Ireland and Wales already have an Older People's Commissioner. This report calls for the position to be established in England, where over 80% of the UK's population lives. The Care Bill before Parliament in 2013 should have been amended to include such provision for the creation of an independent Older People's Commissioner to represent and protect older people's interests in England. Esther Rantzen, Chair of the Silver Line, notes in the Foreword that similar positions representing disabled people and children have made a difference in representing their needs. Paul Burstow presents the case for an Older People's Commissioner for England, while Baroness Joan Bakewell considers why the case for a commissioner grows ever more pressing. Sarah Rochira, the serving Older People's Commissioner for Wales describes her statutory powers and how they can make a difference. (RH)
From : Download: http://www.centreforum.org/assets/pubs/giving-older-people-a-voice-web.pdf

232/51   Path-dependency versus reform in pensions and family policy re-examined: dual trajectories of the Polish welfare state since the 1990s; by Tomasz Inglot.: Wiley Blackwell.
Social Policy and Administration, vol 50, no 2, March 2016, pp 241-261.
Many studies of the welfare state in Poland underestimate continuity in pension policy and overlook evidence of change in family policy. The author argues that each of these policies evolves historically along dual trajectories. One trajectory represents a set of constantly reproduced and politically reinforced norms and structures. The other exemplifies cyclical, emergency adjustments and innovations, which enable incremental and cumulative change. Pensions more closely resemble the overall development of Polish social policy as a whole, and are likely to remain path-dependent more consistently into the future. By contrast, there are signs of change in family policy that indicate a gradual but significant break with the past. (RH)
ISSN: 01445596   From : wileyonlinelibrary.com/journal/spol

GRANDPARENTS

(See Also 232/66)

232/52   Granny as nanny: positive outcomes for grandparents providing childcare for dual-income families. Fact or myth?; by Suzanne S H Low, Esther C L Goh.: Taylor and Francis.
Journal of Intergenerational Relationships, vol 13, no 4, 2015, pp 302-319.
The proliferation of dual income families has led to the prevalence of grandparents providing childcare in Singapore. The Chinese culture and values have tasked grandparents to fill the role of providing childcare while mothers seek employment. Literature on grandparents providing informal care posits this situation to be a rewarding experience and a protective factor for grandparents' stability in old age. This study uses the Social Relational Theory framework to examine the experiences of Chinese grandparents who provide care for dual-income families in Singapore. In-depth interviews were conducted to understand the experiences of the grandparents and common themes guided by the framework. Through the exploration of the narratives of grandparents, this study sieves out the issues they face in the Singaporean context and analyses the motivations that spur grandparents to provide care for their grandchildren. Despite informal caregiving being positively framed in many studies, this study found that grandparents also faced a variety of challenges. Chinese grandparents were bound to the caregiving roles by cultural and familial obligations despite the high costs associated with providing care. (JL)
ISSN: 15350770   From : http://www.tandfonline.com

HEALTH CARE

(See 232/53, 232/105, 232/106, 232/108)

HOME CARE

232/53   Analysis of home care supports funded by the HSE 2008-2016; by Care Alliance Ireland. Dublin: Care Alliance Ireland, June 2016, 28 pp (Briefing paper 1).
There is an an ongoing deficit in publicly funded home care provision in Ireland. This paper summarises the situation of publicly funded home care for the years 2008-2016. Of particular interest is the overall change to the level of resources being directed to home care in the Health Service Executive (HSE) Service Plan 2016, in particular the actual number of home care hours to be delivered to those aged 65 and over. Among key themes is that home help is on a downward trajectory in Ireland: there is a shift towards home care packages. Among implications for carers is that families will be increasingly pressurised to accept vulnerable relatives home from hospital

without comprehensive discharge plans, including adequate home care supports. (RH)
<u>From</u> : Care Alliance Ireland, Coleraine House, Coleraine Street, Dublin 7
http://www.carealliance.ie/userfiles/file/Briefing%20Paper%201%20%3B%20An%20Analysis
%20of%20Home%20Care%20Supports%20Funded%20by%20the%20HSE%202008-2016%
20June%202016.pdf

232/54   Live in care: to pay or not to pay; by Anna Dabek.: UK Home Care Association.
Homecarer, May 2016, pp 10-11.
In the light of implementation of the National Living Wage, this article considers pay practices in health and social care sector in relation to provision of live-in care. More detail on this issue may be found in the National Minimum Wage Toolkit on the UK Home Care Association's website (the March 2016 edition, produced by Anthony Collins Solicitors LLP and UKHCA Policy Director Colin Angel is at http://www.ukhca.co.uk/pdfs/NMW%20toolkit%20rcvd %20CB%20050216%20ACS%20amends.UKHCAfinal.pdf). (RH)
<u>From</u> : www.ukhca.co.uk

HOSPITAL CARE

(See Also 232/39)

232/55   Continuous monitoring of emergency admissions of older care home residents to hospital; by Chris Sherlaw-Johnson, Paul Smith, Martin Bardsley.: Oxford University Press.
Age and Ageing, vol <u>45</u>, no 1, January 2016, pp 71-77.
Evidence from inspection programmes suggests that the quality of care provided by individual care homes for older people is very variable. Aside from periodic inspection there is limited information that is routinely collected and can be used to monitor quality. The objective of this study was to describe a method for using routine hospital data on admissions of older people as a means for monitoring quality of care within a care home, and to explore how this might be applied and used. The study linked hospital admissions to care homes using postcode matching and analysed hospital admission data as a time series, using the Cumulative Sum (CUSUM) technique to detect unusually high rates of admission. It was found that by developing the CUSUM so that the number of times it falsely signalled a high rate of admissions would be limited to a rate of 0.1% per year, the chances of successfully detecting a doubling of the admission rate within two years would range from 48% for the smaller homes to 96% for the larger homes. Monitoring tools using data on admissions to hospital are both possible and feasible, particularly for the larger homes. However due to data limitations, users need to be careful about how they interpret triggers and thus ensure follow-up is appropriate. Some of the problems caused by using routine national data can be overcome if care homes use their own information for local monitoring. (JL)
ISSN: 00020729   <u>From</u> : www.ageing.oxfordjournals.org

HOSPITAL DISCHARGE

232/56   Discharging older patients from hospital: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, 2016, 61 pp (HC 18 Session 2016/17).
Older patients (aged 65+) account for most delayed transfers of care. This report examines the effectiveness of the health and social care system in managing older patients' discharge from hospital. It considers: the scale of delays that older patients experience in hospital (Part One); the extent to which health and social care providers are adopting good practice in discharging older patients (Part Two): and barriers to local health and social care systems working effectively (Part Three). The report notes that 62% of hospital bed days were occupied by older patients in 2014-15; and there was an 18% increase in emergency admissions of older people between 2010-11 and 2014-15. The NAO finds that the NHS spends around £820 million a year treating older patients who no longer need to be there; this could also result in additional annual costs of around £180 million for other parts of the health and social care system. It recommends that the Department of Health (DH), NHS England and NHS Improvement, working with local government partners, should set out how they will break the trend of rising delays to discharge. The focus needs to be on minimising avoidable admissions and inappropriate lengths of stay. (RH)
<u>From:</u>   https://www.nao.org.uk/wp-content/uploads/2015/12/Discharging-older-patients-from -hospital.pdf

232/57   Follow-up to PHSO report on unsafe discharge from hospital: fifth report of Session 2016-17: report, together with formal minutes relating to the report; by Public Administration and Constitutional Affairs Committee, House of Commons. London
This report focuses on issues arising from 'A report of investigations into unsafe discharge from hospital' by the Parliamentary and Health Service Ombudsman (PHSO, May 2016). The

Committee aims to understand the scale of the problems, identified as discharging patients before they are ready, delayed transfers of care, poor communication with relatives and carers, and variation of best practice implementation. Identified as barriers to best practice implementation are barriers within hospitals and barriers across care systems. A lack of integration between health and social care is preventing seamless discharge processes that are coordinated around the patient's needs. The report notes the establishment of a Discharge Programme Board which would bring together health and social care organisations, for which the Secretary of State for Health must set out clear objectives by March 2017. The Committee also expects another body, the Healthcare Safety Investigation Branch, to investigate "serious incidents of unsafe discharge, to learn lessons from each case, and to ensure that learning is disseminated and implemented throughout the NHS." (RH)
From: http://www.publications.parliament.uk/pa/cm201617/cmselect/cmpubadm/97/97.pdf

HOUSING

(See Also 232/98)

232/58   Housing our ageing population: positive ideas: HAPPI 3: making retirement living a positive choice; by Richard Best (chair), Jeremy Porteus, All Party Parliamentary Group on Housing and Care for Older People. London: Housing LIN, on behalf of the All Party Parliamentary Group on Housing and Care for Older People, June 2016, 44 pp.
Coordinated action is needed to give those approaching, or in retirement greater confidence about the management and costs of a "care-ready" home that meets their present and future needs. This report looks at how older people can be given more control over the management and delivery of services and access to a wider range of housing choices. It recognises that some of the factors that can impede older people "rightsizing" while still fit and healthy to somewhere to live that will exactly fit their needs - such as emotional ties to a home or community - are difficult to overcome. Having taken evidence from a range of experts and stakeholders, this All Party Parliamentary Group calls on national and local government policymakers, house builders, hosing associations and other stakeholders to take note of the concerns and issues that deter some people from moving to specialist housing. (RH)
From: http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports _and_guidance/HAPPI3_Report_2016.pdf

232/59   Living well in old age: the value of UK housing interventions in supporting mental health and wellbeing in later life; by Meredith Fendt-Newlin, Michelle Cornes, Jill Manthorpe, Jo Moriarty, Social Care Workforce Research Unit, King's College London; HACT. London: Policy Institute, King's College London; National Care Forum - NCF, May 2016, 30 pp.
HACT and six housing associations commissioned this literature review on what is known about UK housing interventions that are aimed at promoting older people's mental health and well-being. The review was carried out by researchers at the Social Care Workforce Research Unit, King's College London between May and October 2015. Part one identifies research which has evaluated interventions in UK housing associations that target mental health and well-being among older people. Key themes found were: identification, diagnosis and management of symptoms; environments; and reducing social isolation and loneliness. Part two examines the evidence base more closely, and explores integration and how health, housing and social care agencies work together to support older people's mental well-being and ability to live well at home. The literature suggests that in everyday practice, integration and joint working between health, housing and social care services encounter difficulties, and that mental well-being is not always currently managed well in the community. (RH)
From: www.nationalcareforum.org.uk/documentLibraryDownload.asp?documentID=1275

232/60   Market assessments of housing options for older people: a report for Shelter and Joseph Rowntree Foundation; by Jenny Pannell, Hannah Aldridge, Peter Kenway, New Policy Institute. London: New Policy Institute, April 2012, 90 pp.
Shelter and the Joseph Rowntree Foundation (JRF) commissioned the New Policy Institute to carry out a market assessment of older people's housing in England, covering both specialist retirement developments and mainstream housing suitable for people aged 55 and over. In response, this study addresses three broad groups of questions relating to: choice availability and affordability; quality of life; and market impacts. The focus is on older people only households, and looks at current and future provision of housing for older people. It shows that the traditional perception of housing for older people is at odds with how older people actually live. The population of older people is expected to increase by around 40% by 2033, from 9.3 million to 13 million. To meet this demand, developers and policy makers will need to broaden their ideas of what older people actually look for in housing. (RH)
From : http://npi.org.uk/files/5213/7485/1289/Market_Assessment_of_Housing_Options_for _Older_People.pdf

INCOME AND PERSONAL FINANCE

232/61   The overlooked over-75s: poverty among the 'Silent Generation' who lived through the Second World War; by Sue Arthur, Ciaran Osborne, Matt Barnes, Independent Age; Department of Sociology, City University. London: Independent Age, 2016, 32 pp.

The financial circumstances of the group of older people who lived through the Second World War - sometimes called the 'Silent Generation' is examined. This report uses incomes data from the Family Resources Survey (FRS) 2013-14 collected by the Office for National Statistics (ONS) and the National Centre for Social Research (NatCen) to look at the differences between groups of older people, and identifies those who are at risk of being forgotten on low incomes. Qualitative interviews were also conducted - presented as case studies - illustrating the experience of living on a low income in old age. The report looks at and defines poverty and material deprivation, and the role of state financial support. The analysis shows that, on average, those aged 75 and over live on lower incomes than younger adults. Many are living in poverty, and are unlikely to see significant increases in their income during their lifetime. Independent Age calls for a renewed government emphasis on Pension Credit to boost low take-up of this benefit, and to make sure its value is not eroded over time. The Government should also ensure that other benefits such as Winter Fuel Payment and the free bus pass are maintained for those most at risk of living in poverty, particularly single older people, older women and older renters. When Attendance Allowance is "reformed", the Government must guarantee that local councils will use it for its intended purpose, and that take-up does not decline. This report thus challenges recent stereotypes of "wealthy pensioners", and highlights the risk that the incomes of the over 75s will get overlooked in debates around intergenerational fairness and a policy focus on the new State Pension. (RH)

From: http://www.independentage.org/media/1224217/pensioner-poverty-report_final_6516.pdf

232/62   Retirement income and assets: the implications of ending the effective requirement to annuitise by age 75: a discussion paper; by Daniela Silcock, Daniel Redwood, John Adams, Pensions Policy Institute - PPI. [London]: Pensions Policy Institute - PPI, April 2011, 86 pp [Retirement income and assets series].

The Coalition Government has removed the effective requirement to purchase an annuity by the age of 75; and from April 2011, it will allow people to access their pensions savings in a more flexible way. This discussion paper explores how the new legislation could impact on the risks people face when accessing private pensions savings and on individual outcomes in retirement. It examines income needs in retirement; explores trends in how those with Defined Contribution pension savings access their private pension savings; explores the potential impact of removing the requirement to annuitise by age 75; explores the potential impact of those who earned low or median incomes during their working life. (RH)

From : Pensions Policy Institute, King's College London, Virginia Woolf Building, 1st Floor, 22 Kingsway, London WC2B 6LE. Website: http://www.pensionspolicyinstitute.org.uk

INFORMATION AND COMMUNICATION TECHNOLOGY

232/63   Computer classes for older people: motivations and outcomes; by Sebastian Zaidman, Anthea Tinker.: Emerald.

Working with Older People, vol 20, no 2, 2016, pp 121-130.

A "digital divide" exists between older and younger people in terms of computer use; and older people's uptake of computer training programmes in the UK remains low. This paper identifies the motivations and outcomes of computer classes for some older people and the contributory factors. One-to-one qualitative semi-structured interviews were conducted with eight participants at a computer class in a London community centre. Using a topic guide, interview transcripts underwent thematic analysis. The theoretical perspective of "ageing in place" (the ability to stay in one's own home in later life) was used when interpreting the findings. Participants had been motivated to attend the class, initially to gain computer skills. Initial motivation was influenced by the death of a spouse and the desire to remain mentally active. The main outcome for the class was acquisition of computer skills. Psychological and social benefits were also reported, the latter constituting motivation for continued attendance. Computer ownership and gender differences in preferred teaching style influenced class outcomes. Although this was a small sample comprising older people solely from one community, participants' backgrounds varied. The findings suggest that further research with a larger, more culturally heterogeneous sample would be valuable. Computer classes benefit older people wishing to learn computer skills which may facilitate "ageing in place". (RH)

ISSN: 13663666

From : www.emeraldgrouppublishing.com/wwop.htm

INTEGRATED CARE

232/64 Building bridges, breaking barriers: how care is integrated across health and social care and the impact on older people who use services, and their families and carers; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, July 2016, 36 pp.

The Care Quality Commission (CQC) conducted this thematic review, to improve understanding of how well health and social care and support services work together to meet older people's needs, and how this affects people's experiences of care. The review collected evidence from eight health and wellbeing board areas: Bristol, Cambridgeshire, Camden, Central Bedfordshire, Hammersmith and Fulham, Portsmouth, Stockton-on-Tees, and Wakefield. Findings (also good practice examples) are presented on these main themes: identification and prevention; person-centred assessment and planning; and care coordination. While there was a widespread commitment to developing and delivering coordinated care, there were also organisational barriers, such as a lack of consistency in the use of assessments and in the sharing of information, which made it difficult to identify those at risk of deterioration or an unplanned emergency admission. Older people often had multiple care plans, and there was lack of knowledge among professionals of how care plans should be written and reviewed. Where integrated, person-centred care succeeded, local leaders worked closely across health and social care services to share information, reduced duplicated efforts, and used resources more effectively. Recommendations are made to: local health and social care leaders; NHS England and Association of Directors of Adult Social Services (ADASS); commissioners and providers; the National Quality Board in partnership with the National Information Board. (RH)

From : Care Quality Commission, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA. Download: http://www.cqc.org.uk/sites/default/files/20160712b_buildingbridges_report.pdf

INTERGENERATIONAL ISSUES

(See Also 232/11)

232/65 Being (grand) players: review of digital games and their potential to enhance intergenerational interactions; by Liliana Costa, Ana Veloso.: Taylor and Francis.

Journal of Intergenerational Relationships, vol 14, no 1, January-March 2016, pp 43-59.

Recently there has been growing interest in the way in which digital games can affect intergenerational interactions. Although the existing body of knowledge on intergenerational digital games is quite extensive, a systematic understanding of how digital games can enhance intergenerational interactions is still lacking. This paper reports on the state-of-the-art of current digital games and their utility in enhancing intergenerational interaction. 36 papers published between 2006 and 2014 in English-language publications met inclusion criteria. The review presents sets of recommendations for designing game-mediated environments to enhance intergenerational interaction. (JL)

ISSN: 15350770

From : http://www.tandfonline.com

232/66 Building communities: college preparation education for grandparents raising grandchildren; by Anita Glee Bertram, Kaye Sears, Brandon Burr ... (et al).: Taylor and Francis.

Journal of Intergenerational Relationships, vol 14, no 1, January-March 2016, pp 17-26.

This study looked at an intervention of intergenerational programming designed to increase grandparents' and grandchildren's knowledge and preparedness regarding higher education. Two college preparatory trainings for grandparents and adolescent children were held on university campuses. Grandparents and grandchildren were given student-led tours of the campus, financial aid information, information about careers and how to work with school counsellors, and information about the state's free tuition incentive programme. Pre- and posttests were used to assess changes in awareness of both grandparents and grandchildren of college opportunities and information. Follow-up focus groups were conducted with participants. Overall feedback seemed to indicate that the workshops were successful, for grandparents and grandchildren alike. (JL)

ISSN: 15350770

From : http://www.tandfonline.com

232/67 Stagnation generation: the case for renewing the intergenerational contract; by Laura Gardiner, Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, July 2016, 52 pp.

The Resolution Foundation has convened an Intergenerational Commission to explore questions of intergenerational fairness. Chaired by David Willetts, the Commission's membership comprises leaders from business, academia and policy-making, to "devise a means of repairing the social contract between generations". The narrative of this first report is that a combination of demographic, economic and cultural factors is bringing intergenerational concerns to the fore, such as that millennials (those born between 1982 and 2000) risk becoming the first ever

generation to record lower lifetime earnings than their predecessors. The report uses research datasets to explore evidence and causes of different labour market outcomes across the generations. Focusing on housing and pensions, it considers generational divergence in household wealth. It reviews the role of the welfare state in living standards outcomes for different generations, and the impact of recent tax and benefit policy changes on the young and old. It concludes by setting out the scope of the solutions that the Intergenerational Commission will work towards. (RH)
From : http://www.resolutionfoundation.org/publications/stagnation-generation-the-case-for-renewing-the-intergenerational-contract/

INTERNATIONAL AND COMPARATIVE

(See Also 232/38, 232/75, 232/96, 232/107, 232/111)

232/68   Dependent or productive?: a new approach to understanding the social positioning of older South Africans through living arrangements; by Enid Schatz, Sangeetha Madhavan, Mark Collinson (et al).: Sage.
Research on Aging, vol 37, no 6, August 2015, pp 581-605.
South Africa's population is ageing. Most of the older Black South Africans continue to live in extended household structures with children, grandchildren and other kin. They also constitute a source of income through a means-tested non-contributory state-funded pension available at age 60. The authors use census data from the Agincourt Health and Demographic Surveillance System in 2000, 2005 and 2010, to develop a typology of living arrangements that is reflective of the social positioning of older people as dependent or productive household members. Changes in the distribution over time are analysed. In general, older people in South Africa live in large, complex and multigenerational households. Multigenerational households with "productive" older people have increased in proportion over the period, although there have been few differences by gender or pension eligibility at any time point. (RH)
ISSN: 01640275
From : roa.sagepub.com

232/69   The need for community care among older people in China; by Junshan Zhou, Alan Walker.: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1312-1332.
China's social care system has come under close scrutiny from policy makers, due to the rapid ageing of China's population. Unfortunately, there is very little Chinese research evidence that might be used to plan future service developments. This article aims to help fill that gap. It also provides new information on the expressed demand among older people in China for various community care services. Data are from the 2008 wave of the Chinese Longitudinal Healthy Longevity Survey. The authors used binary logistic regression analysis to analyse the need for community care among older people in China. The results show considerable need for such care; but China is still a developing country, and there are insufficient resources to fund a Western-style social care system (even if that was desirable). It is argued that the development of social care in China should emphasise community-based care, in partnership with families, with institutional care as a last resort. In addition, it is argued that China (and other countries) should introduce measures to prevent the demand for social care. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

232/70   The other Victorians: age, sickness and poverty in 19th-century Ireland; by Chris Gilleard.: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1157-1184.
Drawing primarily on data from the various censuses conducted in Ireland after the Act of Union in 1800, this paper seeks to elucidate the changing position of older people in Ireland during the Victorian period. Following the Great Famine of 1845-1849, it is argued, Ireland was transformed from a young, growing country to one that, by the end of the 19th century, had become 'prematurely old'. By the end of Victoria's reign, not only had Ireland grown 'old', but its older population were more likely to be identified as paupers. Later-life expectancy decreased, and sickness and infirmity among the over-60s increased. By employing a stricter form of 'less eligibility' in the drafting and implementation of the Irish Poor Law, proportionately more older people received indoor relief than outdoor relief compared with the rest of the British Isles. Not until the Old Age Pensions Act in 1908 did these disparities begin to change, by which time many of these 'other' Victorians had passed away. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

232/71   Successful ageing and multi-dimensional poverty: the case of Peru; by Javier Olivera, Isabelle Tournier.: Cambridge University Press.
Ageing and Society, vol 36, no 8, September 2016, pp 1690-1714.
The determinants of successful ageing (SA) in a sample of 4,151 Peruvians aged between 65 and 80 years and living in poverty were investigated. A key contribution of this study is to combine the conceptual appeal of SA to measure wellbeing in old age with the multi-dimensional poverty counting approach developed in the economic literature. This setting allows for moving beyond the dichotomy of successful and usual ageing to take advantage of the full distribution of success along a set of dimensions of wellbeing. The data are drawn from the Encuesta de Salud y Bienestar del Adulto Mayor (ESBAM) survey, which is the baseline to evaluate the non-contributory public pension programme Pension 65. Nine indicators of SA have been used to assess the dimensions of physical health, functioning, cognition, emotional health and life satisfaction. The variables associated with a higher number of satisfied indicators were male gender, younger old age, literate, employed, low food insecurity, good nutritional status, normal blood pressure, absence of disabilities, non-smoker, empowerment, good self-esteem, absence of mental disability, and less frequent contact with a social network. From a policy perspective, the results of this study report a remarkably stable effect of three variables affecting SA that can be relatively easy to measure, monitor and influence by public intervention. These variables are food security, nutrition quality and self-esteem. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

LIFE-LONG LEARNING

232/72   Education as protector against dementia, but what exactly do we mean by education?; by Francisca S Then, Tobias Luck, Matthias C Angermeyer ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 4, July 2016, pp 523-528.
Even though a number of research studies have shown that higher education has protective effects against dementia, some studies did not observe such a significant effect. The aim of this study was to investigate and compare various operationalisation approaches of education and how they impact dementia risk within one sample. Data were derived from the Leipzig longitudinal study of the aged. Individuals aged 75 and older underwent six cognitive assessments at an interval of 1.5 years and a final follow-up 15 years after the baseline assessment. The study operationalised education according to different approaches used in previous studies and analysed the impact on dementia incidence via multivariate Cox regression modelling. The results showed that whether education is identified as a significant protector against dementia strongly depends on the operationalisation of education. Whereas the pure number of years of education showed statistically significant protective effects on dementia risk, other more complex categorical classification approaches did not. Moreover, completing 10 or more years of education seems to be an important threshold to significantly reduce dementia risk. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

LONELINESS AND SOCIAL ISOLATION

232/73   Loneliness: it poses a serious risk ot the old and the unwell; by Carole Broughton.: United Kingdom Home Care Association.
Homecarer, November 2015, pp 20-21.
Loneliness has been defined aw a perceived deprivation of social contact or a discrepancy between the actual and desired interaction with others. There is growing recognition of the effect of loneliness on health and well-being. A member of UKHCA's Policy and Campaigns Team discusses its prevalence and what can be done to support people who are lonely. (RH)
From : www.ukhca.co.uk

232/74   Making connections: reducing loneliness and encouraging well-being; by Shelagh Marshall, Janet Crampton.: Emerald.
Working With Older People, vol 19, no 4, 2015, pp 182-187.
This paper draws attention to work carried out by the Age Action Alliance, Isolation and Loneliness Working Group to identify vulnerable people in the community. It highlights successful aspects of a pilot project which could be used by other organisations seeking to reduce the effects of isolation and loneliness in the community. (Links to the full report and the more detailed findings can be found at http://ageactionalliance.org/). The main proposal was to test the most effective approach in identifying those at risk of loneliness, by involving pharmacists in two well-known high street pharmacies, who handed out a simple questionnaire to a target 100 customers at each pharmacy or health care team over a six-week period. Having a simple questionnaire proves to be successful and gets a good rate of return: the right partners are essential for bringing effective results. Referrals were handled very professionally and people were helped

to connect socially. While the sample was small, the authors achieved a relatively high rate of return. In consequence, a number of people were directly helped in accessing support, information and advice to enable them to feel less lonely. Planning and preparation for this project proved that everyone needs to be actively and continuously involved from the beginning. Furthermore, when involving local pharmacies, the manager or lead pharmacist at a store should lead and actively engage their staff in the project's aims and objectives. This project aimed to identify people at risk of loneliness and the potential adverse effect on their health and well-being. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

LONG TERM CARE

232/75   Older people's exercising of choice in long-term care: a comparative analysis of England and Japan; by Yoshimi Wada.: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1185-1210.
There has been an increasing emphasis on choice for older people in long-term care in both England and Japan. However, despite the emphasis on the importance of choice, the perspectives of older people have been given little attention. Considering national and local policies in Bristol, England and Kyoto, Japan, this article explores how older people are exercising (and not exercising) choice in care practice, by examining the perspectives of the older people themselves, as well as key informants in the field. Empirical data were collected from interviews with older people and key informants in the two countries, and were analysed using qualitative and comparative approaches. Choice in policy is regarded as a mechanism of the market, with an assumption of the independent autonomous individual who can exercise 'rational choice'. However, the findings have reflected older people's relational decision-making, which does not conform to the rational model of decision-making, and illustrates the value of 'interdependence'. The findings from care practice have shown that choice was considered an important value in involving older people's views and ensuring their needs are met sensitively and respectfully. The findings also suggest that consideration of the psychological aspects of choice is an important aspect of 'care', facilitating the inclusion of older people's views in the process of making judgements, in order to meet their needs. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

MEDICAL ISSUES

232/76   A combined genetic and small molecule approach to studying the role of the p38/MK2 Stress Signalling Pathway in a human premature ageing syndrome; by Mark Bagley, Terry Davis, David Kipling, Joanna Latimer, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 35).
This project studied human ageing biology, specifically a premature ageing condition, Werner syndrome (WS), which is associated with rapid cell ageing. The stressed and aged morphology of cells from individuals with WS, was corrected by treatment with inhibitors of MK2, a protein involved in stress-signalling, but these inhibitors had little effect on the morphology of normal cells. These findings outline how this research has increased our understanding of the biochemical triggers of ageing that operate in human dividing cells, and could lead to the postponement of chronic diseases of later life. (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-35.html

MEDICATION

(See 232/85)

MENTAL HEALTH

(See Also 232/46, 232/59, 232/82)

232/77   Increasing delirium skills at the front door: results from a repeated survey on delirium knowledge and attitudes; by Rodric Peter Llewelyn Jenkin, Adam Al-Attar, Sarah Richardson ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 4, July 2016, pp 517-522.
Delirium is under-recognised in comparison to other common and serious acute disorders. A 2006 survey of UK junior doctors (not undertaking specialist training) identified poor knowledge of the diagnostic criteria and treatment of delirium. It was hypothesised that increased prominence

accorded to delirium in the form of national initiatives and guidelines may have had an impact on understanding among junior doctors. The study repeated a multi-centre survey of knowledge of and attitudes to delirium in junior doctors (not undertaking specialist training) assessing unselected acute medical presentations (the `medical take'). Questionnaires were used, designed to test understanding of delirium, including prevalence, knowledge of the DSM-IV diagnostic criteria, use of specific screening tools, association with adverse outcomes and pharmacological management. Overall 1,215 trainee physicians participated. Compared with the 2006 cohort, improvements were seen in 9 of 17 knowledge-based questions and overall score improved in the 2013 cohort. Nonetheless, significant deficits in knowledge, particularly for the diagnostic criteria for delirium, remained. Despite improvements in some aspects of delirium knowledge, the diagnostic criteria for delirium remain poorly understood. Challenges remain in ensuring adequate training for junior doctors in delirium. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

232/78   Mental health and well-being in older people; by Briony Dow, Ellen Gaffy.: Wiley.
Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 220-223.
This editorial, first released on the Internet, provides a commentary on a collection of papers published in the Australasian Journal on Ageing (AJA) from 2005 to 2014 on the topic of mental health, and reviewed under the following headings: well-being, quality of life, depression, anxiety, loneliness and elder abuse. There was found to be little published research on anxiety, and there was also a notable gap in literature related to the mental health of family carers. However mental health has been a topic of interest for AJA throughout the past 10 years, particularly the more positive aspects, such as quality of life (QOL) and well-being. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

232/79   Retirement and memory in Europe; by Laura Bianchini, Margherita Borella.: Cambridge University Press.
Ageing and Society, vol 36, no 7, August 2016, pp 1434-1458.
The authors investigate the effect of retirement on memory using the Survey on Health, Ageing and Retirement in Europe (SHARE). The availability of a panel data-set allows individual heterogeneity to be controlled for when estimating the effect of transitions into retirement on a commonly employed memory measure, word recall. The authors control for endogeneity of the retirement decision by applying an instrumental variable technique to the fixed-effects transformation. The main finding is that, conditional on the average non-linear memory age path of the typical individual, time spent in retirement has a positive effect on word recall. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

232/80   Social resources and cognitive ageing across 30 years: the Glostrup 1914 Cohort; by Alan J Gow, Erik Lykke Mortensen.: Oxford University Press.
Age and Ageing, vol 45, no 4, July 2016, pp 480-486.
The present study aimed to examine associations between social resources and cognitive ageing over 30 years. Participants in the Glostrup 1914 Cohort, a year of birth sample, completed a standardised battery of cognitive ability tests every 10 years from age 50 to 80, summarised as general cognitive ability. Participants also provided information concerning a range of social resources, including marital status and living arrangements from age 50 and from age 70, details regarding social support, social contact and loneliness. Across the follow-up, participants were less likely to be married, falling from 85.0 to 40.4% between ages 50 and 80, while the proportion of those living alone increased from 13.1 to 54.2%. In separate growth curve models, being married, living with others and not feeling lonely were all associated with higher cognitive ability level, while more telephone contact had a negative association. Marital status at ages 50 and 60 and loneliness at age 70 were the only social resources associated with cognitive change, whilst married individuals and those not feeling lonely experienced less cognitive decline. When the social resources showing significant associations were considered together (and accounting for sex, education and social class), loneliness was associated with lower cognitive ability level and greater cognitive decline, while married individuals experienced less decline. In a relatively large cohort followed for up to 30 years, marital status and loneliness were associated with cognitive ability or change. Interventions designed to reduce loneliness in older adults might be supported as one avenue to reduce cognitive ageing. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

NEIGHBOURHOODS AND COMMUNITIES

232/81   Shaping ageing cities: 10 European case studies; by Mauro Oliveri, Sterfano Recalcati (et al), Arup; Help Age International; Intel; Systematica. [London]: Arup, 2016, 102 pp.
A multidisciplinary team of researchers from global engineering firm Arup, Help Age International, Intel and Systematica examines how authorities are responding to the demographic shift towards an ageing population across 10 European cities (Amsterdam, Berlin, Brussels, Copenhagen, Dublin, Lisbon, London, Madrid, Milan and Paris). This report responds to two key issues: the global population is ageing at an unprecedented rate; and the global urban population is now larger than the rural population. The report highlights the need for a better understanding of the main features that make a city age-friendly in terms of transport facilities, income, outdoor spaces, building design, social inclusion, information and communications technology (ICT), and health services. The report explains how to apply these to a growing market related to city-making for citizens as they age. To do so, it presents statistical data as graphs, charts and maps, accompanied by other illustrative material, also interviews with older people and key contributors interested in making cities age-friendly. (RH)
From : http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/Shaping_Ageing_Cities_A4_web.pdf

232/82   Socialising place attachment: place, social memory and embodied affordances; by Cathrine Degnen.: Cambridge University Press.
Ageing and Society, vol 36, no 8, September 2016, pp 1645-1667.
The significance of place attachment for later life has been convincingly demonstrated; and useful models have been offered that help account for the depth of feeling bound up in place attachment in later life, how this attachment is achieved, and its relevance for belonging and identity. To date, however, this focus has largely been on the individual level of experience. The author draws on sociological and anthropological perspectives, to consider how place attachment is forged and experienced in dynamic interaction with other entities and other processes: how place attachment is also a collective, relational and embodied process, caught up and experienced via social memory practices and sensorial, bodily knowledge. This resonates with and contributes to the 'relational turn', which has attracted burgeoning interest in the larger disciplines of sociology, human geography and anthropology, and reciprocally helps them extend and build their interaction with critical ageing studies. In making this argument, the author draws on two periods of anthropological, ethnographic participant observation that she conducted in a semi-rural village (Dudworth, near Barnsley) in the former coalfields of South Yorkshire. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

NURSING

232/83   Development of self-efficacy of newly graduated registered nurses in an aged care program; by Rosalind Lau, Georgina Willetts, Kerry Hood, Wendy Cross.: Wiley.
Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 224-228.
The aim of this Australian study was to evaluate a residential aged care programme in developing self-efficacy of newly graduated registered nurses. An evaluation of the programme was conducted using a mixed methods approach. 24 nurses completed the pre- and post-survey of aged care nursing self efficacy and attended one of three focus groups held to gain an in-depth understanding of their insight into the programme. Results showed that there was an increase in nurses' self-efficacy post-programme. The increased self-efficacy and new knowledge gained enhanced nurses' confidence and enabled them to critically appraise their workplace practices. The improved confidence resulting from increased self-efficacy and new knowledge gained from the aged care programme enabled nurses to critically appraise the practices in their workplace, demonstrating the programme's effectiveness. Aged care service providers should support continuing education for aged care nurses to ensure sustainability of a competent workforce to manage the increasing aged care population. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

OBESITY

232/84   The long-arm of adolescent weight status on later life depressive symptoms; by Melissa L Martinson, Sarinnapha M Vasunilashorn.: Oxford University Press.
Age and Ageing, vol 45, no 3, May 2016, pp 389-395.
Given the increase in worldwide obesity among children and adolescents, the long-term consequences of childhood obesity on the risk of adverse health outcomes in later life has garnered increased attention. Much of the work on earlier life weight status and later life health has focused on cardiovascular-related outcomes in mid- to late-adulthood; however, little is known about the

later life mental health consequences of adolescent body weight. Data study came from the Wisconsin Longitudinal Study. The authors estimated gender-stratified logistic regression models to characterise the relationship between adolescent weight status using standardised relative body mass ascertained from high school photograph portraits in 1957 and depressive symptoms at age 65 using the Center for Epidemiologic Studies Depression Scale measured in 2004. Women who were overweight in adolescence were significantly more likely to experience depressive symptoms in later adulthood than their normal weight counterparts when the full set of controls was included. This relationship was not observed among men. The relationship between women's adolescent weight status and later life depressive symptoms was moderated by childhood socioeconomic status, and adolescent overweight was more predictive of later life depressive symptoms for women who were raised in low- and middle-income families than in high-income families. These findings provide further evidence for the wide range of long-term consequences of adolescent overweight on later life well-being and are notable for the gender differences in the connection between early life circumstances and later life mental health. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

OLDER MEN

(See 232/97)

OLDER OFFENDERS

232/85
'You can't have them in here': experiences of accessing medication among older men on entry to prison; by Victoria Sullivan, Katrina Forsyth, Lamiece Hassan (et al).: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1254-1271.
Older prisoners are the fastest growing sub-group in the English and Welsh prison estate. They have complex health needs, in spite of which there is a dearth of literature concerning their access to prescribed medication. Literature relating to younger prisoners highlights common issues around maintaining continuity of medication, on reception into prison custody. This paper explores the lived experience of older male prisoners regarding continuity of medication upon entry into prison. It presents findings from part of a large-scale research project regarding health and social care services for older male adult prisoners. Semi-structured interviews were conducted with male participants (N = 27) aged 60 years and over who had been newly received into prison. Interviews were conducted within the first ten weeks of custody. Participants were asked about their experience of accessing medication on entry into prison. Data were analysed using the constant comparison method. Eighty-five per cent of participants were in receipt of prescribed medication when committed to prison. Older prisoners' experiences of receiving medication in prison were reflected in four key themes: delays in confirming medicines; changes to medication; communication difficulties; and enforced helplessness. Whilst these experiences mirrored those of prisoners of all ages reported in previous studies, these issues are especially relevant to older prisoners who are likely to have greater and more complex medication needs than their younger peers. In addition, older prisoners experienced unmet needs related to restricted mobility and functional skills that could have impaired their ability to maintain concordance with medication regimes. This study shows that there is need for increased awareness of prescribing issues specific to older prisoners, to allay related feelings of anxiety and distress and to ensure they receive appropriate medication. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

OLDER WOMEN

(See 232/27, 232/40)

PHYSICAL ACTIVITY

232/86
Can exercise therapy improve health-related quality of life in community-dwelling older adults?; by Astrid Bergland.: Future Medicine.
Aging Health, vol 9, no 6, December 2013, pp 611-613.
This brief editorial argues that the relationship between physical activity and health-related quality of life (HRQOL) is complex and not due to a single mechanism. HRQOL is a prominent subject in clinical medicine, health services and outcomes research, and represents those parts of quality of life that directly relate to an individual's health. (JL)
ISSN: 1745509X
From : www.futuremedicine.com

POLITICS AND CAMPAIGNING

232/87   Votey McVoteface: understanding the growing turnout gap between the generations; by Laura Gardiner, Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, September 2016, 20 pp.

Renewing the intergenerational contract rests on policies related to labour market outcomes, the accumulation of wealth and assets, and the role of the welfare state. It also relies on broad engagement in the democratic process across the generations. This paper is the second report of the Intergenerational Commission, which has been brought together to explore questions of intergenerational fairness. It explores how the turnout by age gap manifests itself in each generation's propensity to vote over the life cycle. It examines how the overall drop in turnout has played out for people at different life stages, and the voting "weight" of different cohorts when we account for their relative size. The author notes that at the General Election in 2015, 67 per cent of baby boomers voted, compared to 56 per cent of generation X, and just 46 per cent of millennials of voting age (those born between 1982 and 2000). This generational turnout gap has opened up since the late-1990s - recently laid bare by voting patterns in the EU referendum - is a cause for concern. A growing divide between young and old means that generation X and the millennials have voted in lesser numbers than previous generations did during early adulthood. The title for this report alludes to the poll to name a research ship resulting in a win for 'Boaty McBoatface', which may be seen either as voters failing to take the electoral process seriously leading to bad choices being made; or else signifying a government frustrated by results it does not want, and a public angry that its voice is not heard. (RH)

From : http://www.resolutionfoundation.org/wp-content/uploads/2016/09/Generational-voting.pdf

POSITIVE AGEING

(See Also 232/5)

232/88   The Age of No Retirement; by Jonathan Collie.: Emerald.
Working With Older People, vol 19, no 4, 2015, pp 159-164.

This paper explores the social value of people living longer, healthier and more productive lives. Specifically, it summarises the activities and objectives of "The Age of No Retirement" movement for social change since its inception on 1st October 2014. The ideas behind this social enterprise resonate with the call for action across all sectors of society, to break down the ageist stereotypes that are impeding age-neutral societal progress in the UK. Communities, employers, individuals - everyone - can begin to harness the power of the Xtra 10 (the extra ten years of healthy life expectancy that modern generations can now expect in the middle of their lives). (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwwop.htm

232/89   Ageing Well in Wales: a national movement; by Iwan Williams, Alan Hatton-Yeo.: Emerald.
Working With Older People, vol 19, no 4, 2015, pp 170-176.

The Ageing Well in Wales Programme has been set up in response to research and evidence suggesting that the health and well-being of older people in Wales in need of action, because of the impact of austerity on front-line public services and the development of more preventative approaches. The Programme is in its first year and works at several levels, from national bodies to community or volunteer groups. The Programme's success is largely dependent on the commitment of individuals and organisations. One of the outcomes will be an increasing understanding of what makes effective national learning and participative networks. The hope is that people in Wales will be more active and engaged, and as a consequence experience greater health and well-being. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

RELIGION AND SPIRITUALITY

232/90   Special issue: still waters run deep: theological reflections on dementia, faithfulness, and peaceable presence; by John Swinton, Elizabeth MacKinlay (eds).: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 28, nos 1-2, January-June 2016, pp 1-135.

Special issue featuring a guest editorial followed by nine articles, all written by individuals of faith and their carers who face the daily challenge of a dementia diagnosis. Specific themes include: personal reflections on living with dementia; dementia as a gift; finding meaning and spiritual growth in dementia; Quaker insights on dementia; dementia and God's faithfulness; dementia and healing gardens; dementia and Christian theology; and what happens to the person with dementia. (JL)
ISSN: 15528030
From : www.tandfonline.com

RESEARCH

232/91   Older care-home residents as collaborators or advisors in research: a systematic review; by
           Tamara Backhouse, Andrea Kenkmann, Kathleen Lane ... (et al).: Oxford University Press.
           Age and Ageing, vol <u>45</u>, no 3, May 2016, pp 337-345.
           Patient and public involvement (PPI) in research can enhance its relevance. Older care home
           residents are often not involved in research processes even when studies are care home focused.
           The objective of the present study was to conduct a systematic review to find out to what extent
           and how older care home residents have been involved in research as collaborators or advisors.
           A systematic literature search of 12 databases covering the period from 1990 to 2014 was
           conducted. A lateral search was also carried out. Standardised inclusion criteria were used and
           checked independently by two researchers. 19 reports and papers were identified relating to 11
           different studies. Care home residents had been involved in the research process in multiple ways.
           Two key themes were identified: (i) the differences in residents' involvement in small-scale and
           large-scale studies and (ii) the barriers to and facilitators of involvement. Small scale studies
           involved residents as collaborators in participatory action research, whereas larger studies
           involved residents as consultants in advisory roles. There are multiple facilitators of and barriers
           to involving residents as PPI members. The reporting of PPI varies. While it is difficult to evaluate
           the impact of involving care home residents on the research outcomes, impact has been
           demonstrated from more inclusive research processes with care home residents. The review shows
           that older care home residents can be successfully involved in the research process. (JL)
           ISSN: 00020729
           <u>From</u> : www.ageing.oxfordjournals.org

RESIDENTIAL AND NURSING HOME CARE

(See Also 232/32, 232/35, 232/55, 232/91)

232/92   Addressing the quality-of-life implications of urinary incontinence among nursing home residents;
           by Robert L Kane, Dongjuan Xu.: Future Medicine.
           Aging Health, vol <u>9</u>, no 6, December 2013, pp 603-605.
           This brief editorial examines what are the barriers to managing urinary incontinence (UI) in older
           nursing home residents. UI is a neglected geriatric syndrome in nursing homes, due to the
           widespread belief that it is a normal and inevitable part of ageing. However it is argued that
           doctors, nurses and administrators share a responsibility for improving residents' quality of life,
           but they would be more likely to take active steps if they felt such an investment was rewarded.
           (JL)
           ISSN: 1745509X
           <u>From</u> : www.futuremedicine.com

232/93   Care homes lay assessor project: using volunteers to improve the quality of life of older people
           living in care homes; by Kenneth Walter Dolbear.: Emerald.
           Working with Older People, vol <u>20</u>, no 2, 2016, pp 94-100.
           This paper outlines the learning from an innovative approach to using volunteers as lay assessors
           to secure improvements in the quality of life of older people in care homes. The paper describes
           the implementation of pilot lay assessor scheme in Bristol, and systematically explores the
           learning from this case study. The paper concludes that despite a number of important challenges
           and limitations, a lay assessor approach, particularly when conducted in close co-operation with
           a local council, can indeed provide demonstrable quality of life benefits for older people in closed
           institutions such as care homes. The case study highlights key implications for practice including:
           possibility to recruit, motivate and train volunteers for a lay assessor scheme; working with a local
           council and providers of care homes to produce real improvements in quality of life; lay assessor
           schemes as an important way of "shining a light" into closed institutions; defining quality of life
           and balancing this with institutional attitudes towards risk can be extremely challenging; and
           working with care home managers to provide them with ideas and support that is effective in
           bringing about meaningful change. (RH)
           ISSN: 13663666
           <u>From</u> : www.emeraldgrouppublishing.com/wwop.htm

232/94   Health's ageing crisis: time for action: a future strategy for Ireland's long-term residential care
           sector; by BDO [Ireland]. [Dublin]: BDO Ireland, 2014, 32 pp.
           The provision of residential care for Ireland's ageing population is rapidly heading for crisis;
           however this is a situation that can, with the appropriate action, be avoided. In light of the serious
           challenges presented by an ageing population, Nursing Homes Ireland (NHI) engaged BDO to
           undertake an independent, fact-based review of the Irish nursing home sector. This report aims
           to help inform current and future national strategy for aged care provision; also to provide

guidance as to what may represent appropriate future policy responses and directions, specifically with regards to the future role of Ireland's nursing home sector. The report aims to identify the measures which must be taken to ensure the sustainability of the sector now and into the future. Analysis was based on publicly available data and literature. It also included primary research, which took the form of extensive engagement with key stakeholders throughout the nursing home sector, older people's care and the wider health sector. The report identifies startling evidence of significant demographic and population change which is currently taking place, for which Ireland is ill- prepared. (RH)

232/95   Resident satisfaction surveys and clinical quality of care in nursing homes: two sides of the same coin?; by Dana B Nukamel, Charlene Harrington.: Future Medicine.
Aging Health, vol 9, no 6, December 2013, pp 607-609.
Quality of nursing homes is a complex, multidimensional construct. Any discussion of quality of care has to begin by recognising that nursing homes provide services along two important dimensions - a hotel dimension and a clinical dimension. While it is relatively easy to assess the quality of hotel services that a nursing home provides, it is harder to assess clinical quality as this would require access to a large repository of data about a large number of residents as well as expertise to analyse clinical and statistical data. In the United States, four types of quality have been developed and adopted for regulatory and report card use. These are: (1) measures based on patient health outcomes and processes; (2) measures based on violations of quality regulations; (3) measures based on staffing levels and (4) measures based on surveys of residents and family members. In the latter type of measure, residents and families are likely to be reliable reporters of hotel quality but their ability to discuss clinical quality may be limited. The bottom line is that these dual aspects of nursing home care require a double-pronged approach to quality assessment. The challenge facing governments is to develop reliable sources of information on clinical quality, as well as to obtain information on the hotel dimensions of quality. (JL)
ISSN: 1745509X
From : www.futuremedicine.com

RESILIENCE

232/96   Resilience among old Sami women; by Lena Alex.: Cambridge University Press.
Ageing and Society, vol 36, no 8, September 2016, pp 1738-1756.
There is lack of research on older indigenous women's experiences. This study uses the salutogenetic concept of resilience to explore how old women narrate their experiences of wellbeing and lack of wellbeing. Interviews with nine old Sami women were analysed according to grounded theory with the following themes identified: contributing to resilience and wellbeing built up from the categories feeling connected, feeling independent and creating meaning; and contributing to lack of lack of resilience and wellbeing built up from the category experiencing lack of connectedness. The older Sami women's narratives showed that, to a great extent, they were resilient and experienced wellbeing. They felt both connected and independent, and they were able to create meaning of being an older Sami woman. For older Sami women, having access to economic and cultural capital were valuable in experiencing resilience. Lack of resilience was expressed as experiences of discrimination, lack of connectedness, and living on the border of the dominant society. Analysis of the Sami women's narratives can give wider perspectives on women's health, deepen the perspectives on human resilience, and increase the understanding of minority groups in a multicultural world. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

RETIREMENT

(See 232/62, 232/79)

SEXUALITY

232/97   Ageing fears and concerns of gay men aged 60 and over; by Peter Robinson.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 6-14.
This paper examines what aspects of ageing and old age concerned an age cohort of 25 gay men aged 60 plus. The primary data for this paper came from interviews with 25 men aged 60 and older who were recruited in Auckland, London, Manchester, Melbourne and New York. Interviewees were contacted by a variety of means, such as by e-mail introductions, advertisements placed on social media, and recommendations of mutual friends or acquaintances. Analysis of extracts from their life stories showed that the men interviewed for this paper drew on two principal narratives when discussing their apprehensions about growing old. The first related to general fears or concerns about old age that would be fairly common among members of the general population. The second narrative related to gay-specific fears or concerns.

Significant claims: that class affects gay men's experience of old age just as it does for everyone else; and that fears of being ostracised because of their sexuality were strongest when the men spoke about aged-accommodation settings. More research is needed on gay men's experience of in-home supported care and residential care, to see if the reality of the heterosexism and/or homophobia matches the fears of some in this sample. This is a relatively new field, and there is a growing number of researchers examining the ageing concerns and experiences of the LGBT population. The originality of this paper lies in the international sample on which it is based, its use of narrative analysis, and its relevance to policy makers, as well as to members of the LGBT population, carers, and owners or managers of aged-care accommodation facilities. (OFFPRINT) (RH)
ISSN: 20428766   From : www.emeraldinsight.com

232/98   Bonds, bridges and ties: applying social capital theory to LGBT people's housing concerns later in life; by Andrew King, Ann Cronin.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 16-25.
This paper aims to contribute to debates about lesbian, gay, bisexual and transgender (LGBT) housing later in life, by placing these in the theoretical context of social capital theory. After a discussion of social capital theory emanating from the works of Robert Putnam and Pierre Bourdieu, the paper draws on existing studies of LGBT housing later in life, identifying key concerns that have been observed in this body of literature. The paper then applies social capital theory to the themes drawn from the LGBT housing in later life literature, to illustrate the usefulness of putting these in such a theoretical context. The paper fills an important gap in how the authors think about LGBT housing later in life: as something that is framed by issues of social networks and connections and the benefits, or otherwise, that accrue from them. (OFFPRINT) (RH)
ISSN: 20428766   From : www.emeraldinsight.com

232/99   Challenging cisgenderism in the ageing and aged care sector: meeting the needs of older people of trans and/or non-binary experience; by Y Gavriel Ansara.: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 14-18.
Recent Australian legislative and policy changes can benefit people of trans and/or non-binary experience - e.g. men assigned female with stereotypically 'female' bodies, women assigned male with stereotypically 'male' bodies, and people who identify as genderqueer, agender (having no gender), bi-gender (having two genders) or another gender option. These populations often experience cisgenderism, which previous research defined as 'the ideology that invalidates people's own understanding of their genders and bodies'. Some documented forms of cisgenderism include pathologising (treating people's genders and bodies as disordered) and misgendering (disregarding people's own understanding and classifications of their genders and bodies). This system of classifying people's lived experiences of gender and body invalidation is called the cisgenderism framework. Applying the cisgenderism framework in the ageing and aged care sector can enhance service providers' ability to meet the needs of older people of trans and/or non-binary experience. (JL)
ISSN: 14406381   From : wileyonlinelibrary.com/journal/ajag

232/100   Do the companionship and community networks of older LGBT adults compensate for weaker kinship networks?; by Marcus Green.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 36-49.
The author compares the supportive capacity of social networks of older lesbian, gay, bisexual and transsexual (LGBT) and heterosexual adults using data from Understanding Society (the UK Household Longitudinal Study, UKHLS). The principal research objective is to discern whether older LGBT adults' companionship and community networks compensate for weaker kinship networks.
Understanding Society has data on the frequency of interaction with and proximity to family, friends and the wider community to quantify supportive capacity. Bivariate analyses reveal similarities and differences in network supportive capacity between older LGBT and heterosexual adults.
The study finds that older LGBT adults have significantly weaker kinship networks than do older heterosexual adults. Further to this, older LGBT adults' companionship and community networks do not compensate for weaker kinship networks. In essence, this means that many older LGBT adults have weak social networks, which increases the likelihood of receiving little or no social contact and informal support, which may have implications for their physical and mental well-being. This could be especially problematic for individuals who have care needs, where in the context of England, the provision of state-funded social care is patchy. This study contributes evidence to an under-researched area of social network analysis. Little research has explored the social networks of older LGBT adults compared with older heterosexual adults, specifically, the supportive network capacity of different types of network. (OFFPRINT) (RH
ISSN: 20428766   From : www.emeraldinsight.com

232/101   It is more than sex and clothes: culturally safe services for older lesbian, gay, bisexual, transgender and intersex people; by Pauline Crameri, Catherine Barrett, J R Latham, Carolyn Whyte.: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 21-25.
This paper outlines the development of culturally safe services for older lesbian, gay, bisexual, transgender and intersex people. It draws on a framework for cultural safety, developed in New Zealand which incorporates an understanding of how history, culture and power imbalances influence the relationship between service providers and Maori people. This has been adapted to the needs of older lesbian, gay, bisexual, transgender and intersex Australians. (JL)
ISSN: 14406381   From : wileyonlinelibrary.com/journal/ajag

232/102   Old lesbians: gendered histories and persistent challenges; by Helen Waite.: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 8-13.
This article provides an overview of how gender and historical contexts influence the well-being of older lesbians. It aims to inform the practice of aged care providers in addressing the needs of these women. The lived experience of older lesbians is examined using feminist methodology with a focus on hegemonic femininity, social structures and cultural life. Older lesbians being selectively 'open', their use of health services and desire for lesbian-specific aged care are all influenced by lesbophobia, a complex of discriminations. The age women began living as lesbian and fluidity of orientation, are central to understanding their particular needs. Many older lesbians have created social groups and intentional communities where there is support and freedom. The current 'inclusivity' approach is insufficient for culturally appropriate aged care for older lesbians. Developing practices that meet their needs requires better understanding of lesbians' different life courses and why they created lesbian cultures. (JL)
ISSN: 14406381   From : wileyonlinelibrary.com/journal/ajag

232/103   Special issue on LGBTI ageing and aged care; by Anthony Brown, Carrie Hayter, Catherine Barrett (eds).: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 1-44.
The aim of this special issue is to create increased awareness of the needs and experiences of older Lesbian, gay, bisexual, transgender and intersex (LGBTI) people. The articles present a broad range pf perspectives including contributions from LGBTI people themselves. Topics include: advances in LGBTI aged care, experiences of older lesbians, cisgenderism and aged care, culturally safe services for older LGBTI people, celebrating diversity, coming out narratives of older gay men, LGBT people and dementia, and end-of-life care for LGBT older people. (JL)
ISSN: 14406381   From : wileyonlinelibrary.com/journal/ajag

232/104   Welcoming and celebrating diversity: the Uniting journey of learning on inclusive practice; by Melanie Dicks, Evelyn Santoro, Steve Teulan.: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 26-28.
This invited editorial briefly describes the work of Uniting, an Australian nonprofit organisation that works for advocacy and social justice on behalf of older people, and particularly its work with the lesbian, gay, bisexual, trans and intersex (LGBTI) community. (JL)
ISSN: 14406381   From : wileyonlinelibrary.com/journal/ajag

SOCIAL CARE

(See Also 232/41, 232/53)

232/105   Care Act first-phase reforms - local experience of implementation: local government report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, August 2015, 22 pp.
The Care Act 2014 puts new legal responsibilities on local authorities in England, and requires them to cooperate with local partners to meet them. The Department of Health (DH) wants to empower people who use care and support, their families, and carers, to be able to find help, and maintain their independence. Local authority information, advice and assessments become services in their own right, rather than routes to publicly-funded intensive care and support. The National Audit Office(NAO) analysed nine case study areas, to highlight the solutions each have developed to help them manage the changes required by the Act. The areas were: Bracknell Forest Council; Devon County Council; Durham County Council; Lincolnshire County Council; London Borough of Lambeth; Redcar and Cleveland Borough Council; Staffordshire County Council; Suffolk County Council; and Wakefield Council. This report has been prepared and published under Section 7Z(A) of the National Audit Act 1983, as introduced by the Local Audit and Accountability Act 2014. A summary report (6 pp) is also available.(RH)
From: https://www.nao.org.uk/report/care-act-first-phase-reforms-local-experience-of-implementation/

232/106   Care Quality Commission: regulating the quality and safety of health and adult social care: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: TSO, 2 December 2011, 46 pp (HC 1665 Session 2010-12).
The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. Its objective is to protect and promote the health, safety and welfare of people who use these services. This report examines how the CQC has used its resources in carrying out its quality and safety assurance work. It finds that the regulators for health and adult social care have been subject to considerable change in the last ten years, such that the proposal to extend the CQC's role into new areas risks distracting it from its core work of regulating health and adult social care. There is a gap between what the public and providers expect of the CQC and what it can achieve as a regulator; andalthough it has more responsibilities, its budget is less than the combined budget of its predecessor bodies.
Responsibility for funding the regulation of health and adult social care is falling increasingly on providers of these services rather than on the Department of Health (DH). Among recommendations are that compliance inspectors need better support and information to help them make sound, consistent judgements; and whistleblowing should be a key source of information for the CQC to detect poor quality or unsafe care. A summary report (7 pp) is also available.(RH)
From: https://www.nao.org.uk/report/the-care-quality-commission-regulating-the-quality-and -safety -of-health-and-adult-social-care/

232/107   Long and winding road: aged care use before death.; by Jenni Joenpera, Felicity VanDer Zwan, Rose Karmel, Mark Cooper-Stanbury.: Wiley.
Australasian Journal on Ageing, vol <u>35</u>, no 1, March 2016, pp 9-11.
The present study sought to understand how older Australians used Federal Government-funded aged care services in the eight years before their death. The Australian Institute of Health and Welfare's Pathways in Aged Care (PIAC) database was used to examine individual patterns of aged care service use between 2002 and 2011 for the 116,481 people who died in 2010-2011 aged 65 or over. Study findings showed that about 80% of Australians who died in 2010-2011 aged 65 or over had used aged care services in the eight years prior to their death. Most (84%) entered the system through a community-based programme (particularly Home and Community Care, or HACC and, to a much smaller degree, community packaged aged care programmes), with only one in ten people first using permanent residential aged care. The most common pattern of age care service use was HACC only. Other common patterns of care use were HACC followed by permanent residential aged care, and permanent residential care only. In all, people used aged care programmes in more than 1500 combinations. The comprehensive PIAC database allows research into patterns of use of aged care services that can inform decision-making by clients, carers, providers and funders of the services. (JL)
ISSN: 14406381   From : wileyonlinelibrary.com/journal/ajag

232/108   Oversight of user choice and provider competition in care markets, Department of Health, and local authority adult social services: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: TSO, 15 September 2011, 39 pp (HC 1458 Session 2010-12).
This report examines the oversight of user choice and provider competition, where care users receive state funding as a personal budget (including direct payments) or use their own funds (as self-funders). The report evaluates the arrangements in place locally and at the national level for building market oversight capability. It finds that while the majority of users report a positive impact on their well-being from having personal budgets, a small minority feel worse off. However, users report very different levels of support and engagement across local authorities; and users find purchasing care difficult. Self-funders need to make well-informed decisions to avoid falling back on state funding, but they often feel unsupported. The financial problems faced by Southern Cross care homes show that Government needs further arrangements at a national and local level to protect users from provider failure. A summary report (9 pp) is also available. (RH)
From :: https://www.nao.org.uk/report/oversight-of-user-choice-and-provider-competition-in-care -markets/

232/109   Real lives: listening to the voices of people who use social care; by Patrick Hall, Holly Holder, King's Fund; Nuffield Trust. London: Richmond Group of Charities, September 2016, 52 pp.
The Richmond Group of Charities is a collaboration of 12 of the largest health and care charities in the UK. This report was written by the King's Fund and the Nuffield Trust, and commissioned by the Richmond Group of Charities in partnership with the British Red Cross and the Royal Voluntary Service (RVS). The report complements the King's Fund and Nuffield Trust report, 'Social care for older people: home truths'. It is based on seven interviews, capturing the experiences of people aged 65 and over with recent experience of the social care system; the interviews are presented as vignettes, and as far as possible, in interviewees' own words. They illustrate six themes: access to high-quality care; personalisation, asset-based approaches and care in the community; the sustainability of the social care provider market; a care workforce fit for purpose; do unpaid carers get enough support? and integration of health and social care. While

the Care Act 2014 offers new rights for carers, the reality is that funding problems faced by local authorities are making it difficult to implement. RH)
From : https://richmondgroupofcharities.org.uk/sites/default/files/lr_5285_the_richmond_group_social_care_real_lives_report.pdf

232/110   Social care for older people: home truths; by Richard Humphries, Ruth Thorlby, Holly Holder, Patrick Hall, Anna Charles, King's Fund; Nuffield Trust. London: The King's Fund; Nuffield Trust, September 2016, 96 pp.
King's Fund and Nuffield Trust researchers look at the current state of social care services for older people (age 65+) in England, through a combination of national data and interviews with local authorities, NHS and private providers, Healthwatch and other groups. This report examines the impact of cuts in local authority spending on social care providers and on older people, their families and carers. It considers the implications for the social care market (e.g. recruitment and retention, the National Living Wage, and risks of provider failure), and the extent to which availability of NHS primary care, community nursing and acute services have affected care needs. The Care Act 2014 has created new demands and expectations, but funding has not kept pace: there is little room for local authorities to make further savings, and most will soon be unable to meet basic statutory duties. The authors suggest three strategies for older people's social care over the next five years: achieving more with fewer resources (e.g. by better commissioning and integrated care); establishing a more explicit policy framework, making it clear that individual and families have primary responsibility for funding care; and undertaking long-term reform of funding: reliance on additional private funding is unlikely to be sufficient or equitable. This report complements a report commissioned by the Richmond Group of Charities, 'Real lives: listening to the voices of people who use social care'. (RH)
From : http://www.nuffieldtrust.org.uk/publications/social-care-older-people-home-truths

SOCIAL NETWORKS

(See 232/100)

STROKE

232/111   Older people and decision-making following acute stroke in China: hiding as a barrier to active involvement; by Yue Wang, Mike Nolan.: Cambridge University Press.
Ageing and Society, vol 36, no 7, August 2016, pp 1526-1554.
Decision-making among older patients with stroke, their families and professionals has been extensively studied in a Western context, but not very much in China. The study reported here explored how decision-making took place between older people with stroke, their family carers and professionals in an acute care context in mainland China. The study used a constructivist grounded theory approach. Data were collected through semi-structured interviews, participant observation and documentary analysis. Constant comparative analysis of the data was carried out. This paper focuses on the key social process of 'hiding' and its dynamic relationship with the core category 'keeping the peace'. In order to meet the traditional Chinese cultural value of 'maintaining harmony', both family carers and professionals hid essential information from older stroke survivors who, as a consequence, were effectively precluded from playing an active role in major decisions. In understanding 'hiding', the paper draws upon both Chinese cultural values and 'awareness context theory', and in so doing questions the relevance to the Chinese context of key Western notions such as involvement in health-care decision-making. A better understanding of the experiences of decision-making processes between older people with stroke, their family carers and professionals in China will help professionals to provide the best possible support and care whilst promoting informed decision-making amongst all concerned. (RH)
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