

New Literature on Old Age

EDITOR

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Contents for vol 39 no 233, 2016

Subject Headings	Page
Abuse, safeguarding and protection	1
Active ageing	2
Ageing (general)	2
Alternative therapies	3
Arts and music	3
Assistive technology	3
Black and minority ethnic groups	4
Care management	5
Carers and caring	5
Centenarians	6
Climate change	6
Death and dying	7
Dementia	7
Dementia care	8
Demography and the demographics of ageing	11
Depression	11
Diet and nutrition	11
Disability	12
Education and training	12
Employment	12
End-of-life care	12
Family and informal care	13
Frailty	14
Government and policy	15
Health care	16
Health services	16
Home care	16
Hospital care	16
Hospital discharge	17
Housing	17
Income and personal finance	18

Continued...

Subject Headings	Page
Inheritance	18
Integrated care	18
Intergenerational issues	18
International and comparative	19
Life-long learning	21
Loneliness and social isolation	21
Long term care	22
Longevity	22
Medical issues	22
Medication	22
Mental capacity	23
Mental health	23
Mental health care	24
Neighbourhoods and communities	24
Nursing	24
Obesity	25
Older offenders	25
Older women	26
Oldest old	26
Physical activity	26
Politics and campaigning	27
Positive ageing	27
Prevention	27
Research	27
Residential and nursing home care	28
Resilience	29
Retirement	29
Sensory loss	30
Sexuality	30
Social care	32
Social inclusion	33
Social networks	33
Transport	33

ABUSE, SAFEGUARDING AND PROTECTION

- 233/1 Adult safeguarding: effective leadership is vital; by Lynne Phair, Hazel Heath.: Hawker. Journal of Dementia Care, vol 24, no 2, March-April 2016, pp 30-31.
Good leadership is key to preventing the abuse of older people. In the final part of their series on safeguarding, the authors ask what it takes to be a successful leader. With specific relevance to care homes supporting people with dementia, this article offers ideas for motivating good practice. It gives some tips on how leaders can reduce the risk of neglect and organisational abuse. (RH)
ISSN: 13518372 [From : www.careinfo.org](http://www.careinfo.org)
- 233/2 The effect of a family-based intervention with a cognitive-behavioral approach on elder abuse; by Zahra Khanlary, Masoomeh Maarefvand, Akbar Biglarian, Majideh Heravi-Karimooi.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 28, no 2, March-May 2016, pp 114-126.
Elder abuse may become a health issue in developing countries, including Iran. The purpose of this investigation was to study the effectiveness of Family-Based Cognitive-Behavioural Social Work (FBCBSW) in reducing elder abuse. In a randomised clinical trial in Iran, 27 elders participated in intervention and control groups. The intervention groups received a five-session FBCBSW intervention and completed the Domestic-Elder-Abuse-Questionnaire (DEAQ), which evaluates elder abuse at baseline and follow-ups. Repeated measures of analysis of variance (ANOVA) and the Wilcoxon test were used to analyse the data. The repeated measures ANOVA revealed that FBCBSW was successful in reducing elder abuse. The Wilcoxon test indicated that emotional neglect, care neglect, financial neglect, curtailment of personal autonomy, psychological abuse, and financial abuse significantly decreased over time, but there was no statistically significant difference in physical abuse before and after the intervention. The findings from this study suggest that FBCBSW is a promising approach to reducing elder abuse and warrants further study with larger samples. (RH)
ISSN: 08946566 [From : http://www.tandfonline.com](http://www.tandfonline.com)
- 233/3 Experience of elder abuse among older Korean immigrants; by Miya Chang.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 28, no 2, March-May 2016, pp 76-94.
Studies on the scope and nature of Asian American elder abuse conducted with older immigrants are extremely limited. The overall purpose of this study was to examine the extent and type of elder abuse among older Korean immigrants, and to investigate critical predictors of elder abuse in this population. The sample consisted of 200 older Korean immigrants aged 60 to 90 years who resided in Los Angeles County in 2008. One of the key findings indicated that 58.3% of respondents experienced one or more types of elder abuse. Logistic regression indicated that the victims' health status and educational level were statistically significant predictors of the likelihood of experiencing abuse. The present study, although limited in sample size, measures, sampling methods, and population representation, has contributed to this important area of knowledge. It is recommended that future studies conduct research on elder abuse with more representative national samples that can measure the extent of abuse and neglect more accurately. (RH)
ISSN: 08946566 [From : http://www.tandfonline.com](http://www.tandfonline.com)
- 233/4 Intervening to reduce elder abuse: challenges for research; by Claudia Cooper, Gill Livingston.: Oxford University Press.
Age and Ageing, vol 45, no 2, March 2016, pp 184-185.
Short research commentary looking at ways of reducing elder abuse, including asking carers about perpetrated abuse, reducing physical restraint and increasing professional vigilance for and reporting of abuse. A more comprehensive review by Ayalon et al appears later in this issue of the journal. (JL)
ISSN: 00020729 [From : www.ageing.oxfordjournals.org](http://www.ageing.oxfordjournals.org)
- 233/5 A systematic review and meta-analysis of interventions designed to prevent or stop elder maltreatment; by Liat Ayalon, Sagit Lev, Ohad Green ... (et al.): Oxford University Press.
Age and Ageing, vol 45, no 2, March 2016, pp 216-227.
Elder maltreatment is a major risk for older adults' quality of life, physical and mental health, institutionalisation and even mortality. The objective of the present study was to perform a systematic review and meta-analysis of interventions designed to prevent or stop elder abuse. Studies that were posted between January 2000 and December 2014, written in English, specifically designed to prevent or stop elder maltreatment were included. Overall 24 studies (and four records reporting on the same participants) were kept for the systematic review and the meta-analysis. Studies were broadly grouped into three main categories: (i) interventions designed to improve the ability of professionals to detect or stop elder maltreatment, (ii) interventions that target older adults who experience elder maltreatment and (iii) interventions that target caregivers who maltreat older adults. Of the latter category, one study targeted family caregivers, five

targeted psychological abuse among paid carers and the remaining studies targeted restraint use. The pooled effect of randomised controlled trials (RCTs) and/or cluster-RCTs that targeted restraint use was significant, supporting the effectiveness of these interventions in reducing restraint use. In conclusion, the most effective place to intervene is by directly targeting physical restraint by long-term care paid carers. Specific areas that are still lacking evidence are interventions that target (i) elder neglect, (ii) public awareness, (iii) older adults who experience maltreatment, (iv) professionals responsible for preventing maltreatment, (v) family caregivers who abuse and (vi) carers who abuse. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

ACTIVE AGEING

- 233/6 Evaluation of a healthy ageing intervention for frail older people living in the community; by Beverley McNamara, Lorna Rosenwax, Elinda AL Lee, Anne Same.: Wiley. *Australasian Journal on Ageing*, vol 35, no 1, March 2016, pp 30-35.
The present study aimed to evaluate a healthy ageing intervention in the form of a programme of physical and social activity for frail older people living in the community. New members of an activity programme were surveyed before and after attending and interviewed face-to-face prior to the programme, immediately afterwards and through a telephone interview two months later. Programme participants reported better health, social function and mental well-being; greater engagement in household and leisure activities; and increased enjoyment and confidence through participating in the programme. Some participants could not attend the whole programme due to poor health or difficulties securing transport. These results suggest that the programme was successful in enhancing the health and well-being of those community-dwelling older adults who stayed in it. However the high drop-out rate suggests that flexibility is required in community-based healthy ageing programmes. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

AGEING (GENERAL)

(See also 233/76)

- 233/7 Future of an ageing population; by Foresight Future of Ageing project, Government Office for Science. London: Government Office for Science, 2016, 124 pp (Future of an ageing population: foresight reports).
The Foresight Future of on Ageing Population team has considered a wide range of evidence and commissioned 22 peer-reviewed evidence reviews (see: <https://www.gov.uk/government/collections/future-of-ageing>). This report brings together findings from the project on these themes: working lives; lifelong learning; housing and neighbourhoods; a central role for families; health and care systems; and physical, social and technological connectivity. It notes that in mid-2014, the median age of the UK population exceeded 40 for the first time, up from 33.9 years in 1974. Another consequence of an ageing population is that the proportion of the working age population aged between 50 and the state pension age (SPA) will increase from 26% in 2012 to 35% in 2050, an increase of some 8 million people. This report combines evidence about today's older people with future trends and projections, so as to identify the most critical implications of an ageing population for government policy and socio-economic resilience. (RH)
From : Government Office for Science, 1 Victoria Street, London SW1H 0ET.
Email: contact@go-science.gsi.gov.uk
<https://www.gov.uk/government/publications/future-of-an-ageing-population>

- 233/8 A new narrative on ageing; by SEEFA - The South East England Forum on Ageing.: SEEFA - The South East England Forum on Ageing, [2016], 2 pp.
SEEFA - The South East England Forum on Ageing - states that one of the reasons for wanting a new narrative on ageing is that it should "contribute to a better understanding of the real implications of an ageing population in a changing society, recognising that ageing and longevity are intergenerational issues, with younger and older people needing to develop a shared vision of ageing well." SEEFA suggests a new narrative which is based on five pillars, the first being that ageing itself is not a social and economic problem: it is an inter-generational issue, presenting both opportunities and challenges. The second is that people are unique individuals, each with a different story: we need to recognise the diversity of ageing. The third is that older people are not an economic burden, but are net contributors to the economy. The fourth is that older people are active citizens and are assets within their families and communities. The fifth is that equal access to employment opportunities for older people will benefit business and society as a whole. (RH)
From : <http://www.seefa.org.uk/A%20New%20Narrative%20on%20Ageing.pdf>

ALTERNATIVE THERAPIES

- 233/9 Yoga-based exercise improves balance and mobility in people aged 60 and over: a systematic review and meta-analysis; by Sabrina Youkhana, Catherine M Dean, Moa Wolff ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 1, January 2016, pp 21-29.
One-third of community-dwelling older adults fall annually. Exercise that challenges balance is proven to prevent falls. In this study the authors conducted a systematic review with meta-analysis to determine the impact of yoga-based exercise on balance and physical mobility in people aged 60 years and above. Searches for relevant trials were conducted on a range of electronic databases from inception to February 2015. Trials were included if they evaluated the effect of physical yoga (excluding meditation and breathing exercises alone) on balance in people aged 60 years and above. The study extracted data on balance and the secondary outcome of physical mobility. Standardised mean differences and 95% confidence intervals (CI) were calculated using random-effects models. Methodological quality of trials was assessed using the 10-point Physiotherapy Evidence Database (PEDro) Scale. Six trials of relatively high methodological quality, totalling 307 participants, were identified and had data that could be included in a meta-analysis. Overall, yoga interventions had a small effect on balance performance and a medium effect on physical mobility. These findings showed that yoga interventions resulted in small improvements in balance and medium improvements in physical mobility in people aged 60 years and above. Further research is required to determine whether yoga-related improvements in balance and mobility translate to prevention of falls in older people. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

ARTS AND MUSIC

- 233/10 Abbeyfield celebration of art 2016: Golden galleries: [Art and Soul Exhibition]: celebrating 60 years, 1956-2016; by Abbeyfield Society. St Albans, Herts: Abbeyfield Society, 2016, unnumbered.
Abbeyfield was founded in 1956 by Major Richard Carr-Gomme with the aim of alleviating loneliness in older people and improving their quality of life. This publication illustrates some of the mixed media art works and handicrafts created by Abbeyfield residents - some of whom live with dementia - that has been displayed in the Golden Gallery Art and Soul exhibition: dementia and art during 2016. The exhibition aimed to highlight the therapeutic benefits brought by art to older people, to provide a means of expression. The exhibition was displayed at: Beamish Museum (16th-20th May); Birmingham Museum and Art Gallery (13th June - 14th October); Nottingham City Arts (24th October - 6th November); Northern Ireland: The Curve Gallery at Bangor Carnegie Library (31st October - 4th November); and St Peter's House, St Albans (11th November). (RH)
From : The Abbeyfield Society, St Peter's House, 2 Bricket Road, St Albans, Herts AL1 3JW.
- 233/11 Striking a chord: music's life-transforming power; by Veronica Franklin Gould.: Hawker Publications.
Journal of Dementia Care, vol 24, no 3, May/June 2016, pp 24-26.
The author reports on an inspirational project showing the power of participation in music, to improve cognition and well-being while reducing social isolation among people in the mild to moderate stages of dementia. Her article draws on her book, 'Music reawakening: musicianship and access for dementia: the way forward', which provides guidance to spread music practice for people affected by early to mid stage dementia and carers nationwide. The book (and this article) is also the outcome of Arts4dementia's Best Practice Symposium, 'Musicianship and Access for Early Stage Dementia - The Way Forward' held on 17 April 2015 at London's Wigmore Hall. This article focuses on learning and participation, singing and creating together, the reactions of participants, and future developments. (RH).
ISSN: 13518372 From : www.hawkerpublications.com

ASSISTIVE TECHNOLOGY

- 233/12 Benefits and problems of health-care robots in aged care settings: a comparison trial; by Elizabeth Broadbent, Ngaire Kerse, Kathryn Peri ... (et al).: Wiley.
Australasian Journal on Ageing, vol 35, no 1, March 2016, pp 23-29.
This study investigated whether multiple health care robots could have any benefits or cause any problems in an aged care facility. 53 residents and 53 staff participated in a non-randomised controlled trial over 12 weeks. Six robots provided entertainment, communication and health-monitoring functions in staff rooms and activity lounges. These settings were compared to control settings without robots. There were no significant differences between groups in resident or staff outcomes, except a significant increase in job satisfaction in the control group only. The

intervention group perceived the robots had more agency and experience than the control group did. Perceived agency of the robots decreased over time in both groups. Overall very mixed responses were received with positive, neutral and negative comments. The robots had no major benefits or problems. Future research could give robots stronger operational roles, use more specific outcome measures and perform cost-benefit analyses. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

233/13 Group sessions with Paro in a nursing home: structure, observations and interviews; by Hayley Robinson, Elizabeth Broadbent, Bruce MacDonald.: Wiley.
Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 106-112.

This article follows on from a previous study published in AJA (34, 1, March 2015) that described how a companion robot named Paro reduced residents' loneliness in a randomised controlled trial at an aged care facility. This report aims to provide additional, previously unpublished data about how the sessions were run, residents' interactions with the robot and staff perspectives. Observations were conducted focusing on engagement, how residents treated the robot and if the robot acted as a social catalyst. In addition, 16 residents and 21 staff were asked open-ended questions at the end of the study about the sessions and the robot. Observations indicated that some residents engaged on an emotional level with Paro, and Paro was treated as both an agent and an artificial object. Interviews revealed that residents enjoyed sharing, interacting with and talking about Paro.

This study supports other research showing that Paro has psychosocial benefits and provides a guide for those wishing to use Paro in a group setting in aged care. (JL)

ISSN: 14406381

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

233/14 Health technologies: are older people interested?; by Kathy Mason, 2020 Health. London: 2020 Health, May 2016, 8 pp (Discussion paper).

That we are living longer healthier lives is a fact. In 2010, over 65s accounted for 17% of the UK population in 2010 (an increase of 1.7 million since 1985), which is projected to rise to 23% by 2035. Over 75s are known to be the highest users of health services, and that the average NHS spending on retired households is nearly double that for non-retired households. As life spans increase, society needs to ensure that these lives are active and fulfilling, and that older people need to be supported and encouraged to stay as healthy and independent as possible for as long as possible. Digital technology already pervades everyday life, is increasingly a central factor in rising to this challenge. The received wisdom is that older people and their baby-boomer children who are themselves age 55+ are resistant to embracing technology in this context. This research paper examines whether this is actually true, and concludes that there is a growing appetite for assistive technologies in both these age groups. (RH)

From: <http://www.2020health.org/2020health/Publications/Publications-2016/Health-technologies---are-older-people-interested-.html>

BLACK AND MINORITY ETHNIC GROUPS

(See Also 233/33, 233/65)

233/15 The health of older Aboriginal and Torres Strait Islander peoples; by Dina LoGiudice.: Wiley.
Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 82-85.

The health of Aboriginal Australians is poorer than that of all other Indigenous cultures in developed nations, and recent studies suggest high rates of dementia and other conditions that are common in old age. This has implications for health promotion, provision of services and planning for older age in these communities. This article provides an overview on the health of older Aboriginal Australians. (JL)

ISSN: 14406381

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

233/16 Satisfaction with social care services among South Asian and White British older people: the need to understand the system; by Rosalind Willis, Priya Khambhaita, Pathik Pathak, Maria Evandrou.: Cambridge University Press.

Ageing and Society, vol 36, no 7, August 2016, pp 1364-1387.

National surveys show that people from minority ethnic groups tend to be less satisfied with social care services compared with the white population, but do not show why. Research indicates that barriers to accessing services include lack of information, perceptions of cultural inappropriateness, and normative expectations of care. Less research has examined the experience of minority ethnic service users after they access services. This study conducted in-depth interviews with 82 South Asian and White British service users and family carers, the majority of whom were older people. Thematic analysis was used. The key theme was understanding the

social care system. Participants with a good understanding of the system were more able to adapt and achieve control over their care. Participants with a poor understanding were uncertain about how to access further care, or why a service had been refused. More White British than South Asian participants had a good understanding of the system. There was more in common between the South Asian and White British participants' experiences than might have been expected. Language was an important facilitator of care for South Asian participants, but ethnic matching with staff was less important. Recommendations include better communication throughout the care process to ensure service users, and carers should have a clear understanding of social care services and hence a better experience. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

233/17

What keeps you strong?: A systematic review identifying how primary health-care and aged-care services can support the well-being of older Indigenous peoples; by Carol Davy, Elane Kite, Graham Aitken ... (et al.): Wiley.

Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 90-97.

The objective of this systematic review was to identify primary health care or aged care strategies that have or could support the well-being of older Indigenous peoples, with a particular focus on Australia and Canada. A search was undertaken of relevant databases in which papers which reported on the perspectives of older Indigenous peoples, community members and provider participants were included. Findings were pooled using a meta-aggregative approach. Three high-level synthesised findings – maintaining Indigenous identity, promoting independence and delivering culturally safe care – were believed to be important for supporting the well-being of older Indigenous peoples. As physical independence often diminishes with age, having the support of culturally safe primary health care and aged care services that understand the importance of maintaining an Indigenous identity and promoting independence will be crucial for the well-being of older Indigenous peoples. (JL)

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

CARE MANAGEMENT

233/18

What's the diagnosis?: organisational culture and palliative care delivery in residential aged care in New Zealand; by Rosemary Frey, Michal Boyd, Sue Foster (et al.): Wiley Blackwell.

Health and Social Care in the Community, vol 24, no 4, July 2016, pp 450-462.

Organisational culture has been shown to affect resident outcomes in residential aged care (RAC). This is particularly important, given the growing number of residents with high palliative care needs. The study described (conducted from January 2013 to March 2014) examined survey results from a convenience sample of 46 managers, alongside interviews with a purposively selected sample of 23 bereaved family members. The study aimed to explore the perceptions of organisational culture within New Zealand RAC facilities in one large urban District Health Board. Results of the Organisational Culture Assessment Instrument (OCAI) completed by managers indicated a preference for a 'Clan' and the structured 'Hierarchy' culture. Bereaved family interviews emphasised both positive and negative aspects of communication, leadership and teamwork, and relationship with residents. Study results from both managers' OCAI survey scores and next of kin interviews indicate that while the RAC facilities are culturally oriented towards providing quality care for residents, they may face barriers to adopting organisational processes supportive of this goal. (RH)

ISSN: 09660410

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

CARERS AND CARING

(See Also 233/100)

233/19

Brexit and the future of migrants in the social care workforce; by Cesira Urzi Brancati, Ben Franklin, Independent Age; International Longevity Centre - United Kingdom (ILC-UK). London: Independent Age, 2016, 26 pp.

This follow-up to the 2015 report 'Moved to care', reviews future workforce shortages in adult social care in England, to take account of the European Union (EU) referendum result on 23 June. It evaluates how many European Economic Area (EEA) migrants in the UK currently working in social care might have the right to remain post-Brexit. It models the impact of Brexit on the social care workforce gap in England in the long term. Two data sources have been used for this report: Skills for Care data on the current make-up of the social care workforce in England from 2016; and Office for National Statistics (ONS) data from 2014 on population projections for the future, including expected migration flows. The report considers: the role of migrants in the social care workforce; the immigration status of current EEA migrants; and the long-term implications of

post-Brexit changes to migration policy for the social care workforce. Recommendations are based on which scenarios would work best for the social care workforce and the older and disabled people they support.

From : <https://www.independentage.org/sites/default/files/2016-09/IA-Brexit-Migration-report.pdf>

233/20

State of caring 2014; by Carers UK. London: Carers UK, May 2014, 12 pp.

Nearly 5,000 carers shared their experiences for this survey on the state of caring in 2014, answering a wide range of questions on the issues that affect their lives and their experiences of caring. This report focuses on five issues affecting carers: health, financial hardship, ability to work, and maintaining relationships. Carers also gave their views on how they could be better valued: many experience a lack of empathy or understanding about their role. The two most important issues carers felt need to be tackled by government were to ensure that: carers and their families do not suffer financial hardship as a result of caring; and sufficient funding is available so that older and disabled people get the care they need and which is affordable. (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX.

<https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014>

233/21

State of caring 2016; by Carers UK. London: Carers UK, May 2016, 20 pp.

More than 6,140 people shared their views and experiences on what life is like for carers in 2016. Carers UK's latest calculation of the value of unpaid care in the UK shows that the contribution of the UK's carers is growing, and is now worth £132 billion, equivalent to spending on the National Health Service (NHS). This survey focused on access to practical support; experiences of carers' assessments; experience of hospital discharge; carers' finances; caring and work; and carers' expectations and priorities. It found that: 68% felt their need to have regular breaks from caring was either not considered or not thoroughly considered; only 35% felt that support to look after their own health was thoroughly considered; 74% did not feel that the support needed to juggle care with work was sufficiently considered; and 21% said they received little or no helpful information or advice, and felt they didn't know where to go for support with caring. The report shows that, one year on from implementation of the Care Act 2014, carers in England are still struggling to get the support they need to care well, maintain their own health, balance work and care, and have a life of their own outside of caring. (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX.

<https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2016>

233/22

Work ability, age and intention to leave aged care work; by Siobhan Austen, Therese Jefferson, Gill Lewin ... (et al.): Wiley.

Australasian Journal on Ageing, vol 35, no 1, March 2016, pp 18-22.

This study aimed to describe the work ability of mature age women workers in Australia's aged care sector, and to explore the relationship between ageing, work ability and intention to leave. Logistic regression techniques were applied to a sample of 2,721 responses to a survey of mature age women workers in the aged care sector. Findings from the study showed that mature age women working in the Australian aged care sector have relatively high levels of work ability by international standards. Furthermore their work ability remains high in their 50s and 60s, in contrast to some prevailing stereotypes. However, work ability is a key determinant of intention to leave in key occupational groups. These findings challenge some prevailing stereotypes about the work ability of mature age workers. However they lend support for the development of retention strategies which incorporate programmes that target low work ability. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

CENTENARIANS

(See 233/75)

CLIMATE CHANGE

233/23

Care provision fit for a future climate; by Low Carbon Building Group, Oxford Brookes University; University of Manchester; Lancaster University; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, May 2016, 4 pp (Inspiring social change; Ref 3209).

Climate change is expected to result in hotter, drier summers with heatwaves of greater frequency, intensity and duration. The implications for older people in care homes are serious, as they are vulnerable to negative health effects from excessive heat. This summary of a study's main findings examines how far care settings in the UK are fit for a warming climate, and draws on four case study schemes (two residential care and two extra-care settings) in England to consider the care sector's preparedness. The case studies covered climate change modelling, design features analysis, monitoring of temperatures, semi-structured interviews with designers, managers, care staff and residents, and a workshop with key stakeholders. The study concludes that overheating

risks are likely to be exacerbated because of climate change. The care sector needs to prioritise the health risks of excessive heat alongside those from cold, while national policy-makers and practitioners need to be equally ready to respond. (RH)

DEATH AND DYING

(See 233/47, 233/57)

DEMENTIA

(See Also 233/11, 233/84, 233/89)

- 233/24 Clinical practice guidelines for dementia in Australia: a step towards improving uptake of research findings in health- and aged-care settings; by Kate Laver.: Wiley.
Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 86-89.
This article takes a brief look at the first Clinical Practice Guidelines and Principles of Care for People with Dementia, approved by Australia's National Health and Medical Research Council (NHMRC) in February 2016, including implications for policy and practice. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 233/25 Co-producing approaches to the management of dementia through social prescribing; by Keith Baker, Adele Irving.: Wiley.
Social Policy and Administration, vol 50, no 3, May 2016, pp 379-397.
A promising approach to the management of dementia is 'social prescribing'. Social prescribing is a form of 'co-production' that involves linking patients with non-clinical activities, typically delivered by voluntary and community groups, in an effort to improve their sense of well-being. The success of social prescribing depends on the ability of boundary-spanning individuals within service delivery organisations to develop referral pathways and collaborative relationships through 'networks'. This article examines the operation of a pilot social prescribing programme in the North East of England, targeted at older people with early onset dementia and depression, at risk of social isolation. It is argued that the scheme was not sustained, in part, because the institutional logics that governed the actions of key boundary-spanning individuals militated against the collaboration necessary to support co-production. (RH)
ISSN: 01445596
From : [wileyonlinelibrary.com/journal/spol](http://www.wileyonlinelibrary.com/journal/spol)
- 233/26 Dementia rarely travels alone: living with dementia and other conditions; by All-Party Parliamentary Group on Dementia (APPG). London: Alzheimer's Society, 2016, 11 pp.
The All Party Parliamentary Group on Dementia looks at the challenges facing people living with dementia and other conditions, the prevalence of co-morbidities, and the changes that are needed across the health and social care system to help mitigate these difficulties. The report draws on evidence submitted by a number of organisations, including voluntary organisations, the Royal colleges, practitioners, and service providers. The Alzheimer's Society also held two focus groups for people with dementia and carers. The report found that despite significant progress to deliver integrated care services and support, the health and social system frequently treats conditions in isolation, so that people with dementia and other health conditions receive disjointed, substandard care and treatment. The report makes a number of recommendations in respect of improved risk reduction, GP-led holistic annual reviews, new guidance for medication management, better data for joint commissioning, and regulation of care pathways and of providers. (RH)
From : https://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=3008
- 233/27 James McKillop: dementia ambassador to Japan; by Mayumi Hayashi.: Hawker Publications.
Journal of Dementia Care, vol 24, no 3, May/June 2016, pp 12-13.
James McKillop had been diagnosed with Alzheimer's disease (AD) aged 59, and having always talked about the condition, was a founder member of the Scottish Dementia Working Group in 2002. When he arrived in Tokyo in November 2015, he said that he had nothing to declare except the right of people to live well with dementia. This article describes his interactions and the positive messages he shared with audiences in Japan. (RH)
ISSN: 13518372
From : www.hawkerpublications.com

233/28 Observational cohort study: deprivation and access to anti-dementia drugs in the UK; by Claudia Cooper, Rebecca Lodwick, Kate Walters ... (et al.): Oxford University Press.
Age and Ageing, vol 45, no 1, January 2016, pp 148-154.
UK National Dementia Strategies prioritise fair access to dementia treatments for the whole population. This study investigated for the first time inequalities in NHS national dementia prescribing and how they have varied between UK countries and over time. The study investigated the association between Townsend deprivation score and anti-dementia drug prescribing in 77,045 dementia patients from UK primary care records from 2002 to 2013. Included were 77,045 patients with recorded dementia diagnosis or anti-dementia drug prescription. It was found that least deprived patients were 25% more likely to be initiated on anti-dementia drugs than the most deprived. This was driven by data from English practices where prescribing rates were consistently lower in more deprived patients compared with Scotland, Northern Ireland and Wales, where prescribing was not related to deprivation quintile. Compared with English practices, anti-dementia medication was prescribed more often in Northern Irish and less in Welsh practices, with a trend towards more prescribing in Scottish practices. Drug initiation rates were also higher in younger people and men. Four years after the English National Dementia Strategy, there is no evidence that the Strategy's key objective of reducing treatment inequalities is being achieved. Higher overall anti-dementia drug prescribing in Scottish and Northern Irish practices, and differing clinical guidelines in Scotland from other UK countries might explain greater equality in prescribing in these countries. Strategies to offer treatment to more deprived people with dementia in England are needed. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

233/29 Reading dementia: try your best to think from both sides; by Sarah Hesketh.: Hawker.
Journal of Dementia Care, vol 24, no 2, March-April 2016, pp 24-27.
How do we "read" dementia and how much insight might people have into their own condition? This article explores what it would mean to approach dementia, and the language and behaviour of people with dementia, as if analysing a book or a poem. The author discusses an investigative project based on the stories of three people who lived in the same care home. (RH)
ISSN: 13518372
From : www.careinfo.org

DEMENTIA CARE

(See Also 233/40, 233/68)

233/30 Best practice for providing social care and support to people living with concurrent sight loss and dementia: professional perspectives; by Simon Chester Evans, Jennifer Bray.: Emerald.
Working with Older People, vol 20, no 2, 2016, pp 86-93.
Some 100,000 people in the UK aged 75 and over have concurrent dementia and sight loss, but current understanding of their experiences, needs and preferences is limited. This paper reports on a research project that explored the provision of social care and support for older people with both conditions. The project was a collaboration between the universities of York, Worcester, Bournemouth and Cambridge, supported by the Thomas Pocklington Trust and the Housing and Dementia Research Consortium. Data were drawn from focus groups held in 2013 involving 47 professionals across the dementia, sight loss and housing sectors across three geographical regions of England. Thematic analysis identified five main barriers to providing high-quality, cost-effective social care and support: time constraints; financial limitations; insufficient professional knowledge; a lack of joint working; and inconsistency of services. The requirements of dementia and sight loss often conflict, which can limit the usefulness of equipment, aids and adaptations. Support and information needs to address individual needs and preferences. However, unless professionals consider dementia and sight loss together, they are unlikely to think about the impact of both conditions and the potential of their own services to provide effective support for individuals and their informal carers. Failing to consider both conditions together can also limit the availability and accessibility of social care and support services. There are growing numbers of people living with concurrent dementia and sight loss, many of whom wish to remain living in their own homes. There is limited awareness of the experiences and needs of this group, and limited provision of appropriate services aids/adaptations. Among measures that should be implemented to support independence and well-being for people living with both conditions and their family carers are: increased awareness, improved assessment, more training, and greater joint working. People living with dementia or sight loss are at high risk of social isolation, increasingly so for those with both conditions. Services that take an inclusive approach to both conditions can provide crucial opportunities for social interaction. Extra care housing has the potential to provide a supportive, community-based environment that can help residents to maintain social contact. (RH)
ISSN: 13663666 From : www.emeraldgroupublishing.com/wwop.htm

- 233/31 Cracks in the pathway: people's experiences of dementia care as they move between care homes and hospitals; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, 2014, 48 pp.
This themed review of inspections focuses on the quality of care people living with dementia received to help maintain their physical and mental health and well-being in care homes and hospitals. It looks at how the care provided can prevent unnecessary admission to hospital, how providers of care work together, and how the quality of dementia care provided is monitored. It presents findings on: assessment of care needs; planning and delivery of care; providers working together to deliver care; staffing; involvement of family, friends and carers in choices and decisions about care; and monitoring the quality of care. Across more than 90% of care homes and hospitals visited, aspects of variable or poor care were found. (RH)
From : Care Quality Commission, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA.
http://www.cqc.org.uk/sites/default/files/20141009_cracks_in_the_pathway_final_0.pdf
- 233/32 Dementia and financial incapacity: a caregiver study; by Olivia DaDalt, Arielle Burstein, Birgit Kramer (et al): Emerald.
Working with Older People, vol 20, no 2, 2016, pp 66-75.
Caregivers' experiences of dealing with the financial aspect of dementia have not been widely discussed. This paper identifies strategies that caregivers of people with dementia use for financial and estate planning, and what advice they would give to others in their position. Data were gathered via in-depth in-person interviews with 34 caregivers of individuals with dementia in Boston, Massachusetts. Participants were asked questions about: how they financed care; the resources and people they used to help manage care and finances; and advice they would give to other caregivers. Caregivers wished that they had done more in-depth planning regarding dementia care and financial arrangements. Participants also wished they had saved more money for care expenses or a "nest-egg". Participants had mixed feelings about the usefulness and trustworthiness of financial advisors, but those who had elder care lawyers recommended them highly. It would be beneficial to rerun this study with a larger, gender-balanced sample with a wider variety of socio-economic backgrounds. The advice and insight provided in this paper would be useful both to dementia caregivers who can learn from the experiences of those interviewed, and to industry professionals such as financial advisors and elder care lawyers, who may recognise from these interviews the areas in which caregivers need assistance and the services they can provide. (RH)
ISSN: 13663666 From : www.emeraldgroupublishing.com/wwop.htm
- 233/33 The experiences of Indian migrant care home staff working with people with dementia: a pilot study exploring cultural perspectives; by Brandon Ow Yong, Jill Manthorpe.: Emerald.
Working with Older People, vol 20, no 1, 2016, pp 3-13.
Little is known about migrant Indian care workers working in long-term care facilities for people with dementia in England. In the light of political interest in immigration to the UK and continued staff shortages in parts of the social care sector, this paper aims to remedy such lack of information. This pilot study investigated the experiences of workplace acculturation among 12 migrant Indian care workers who were employed in English care homes. Qualitative face-to-face interviews were conducted in 2013. Analysis of the interviews was conducted using principles of interpretative phenomenological analysis. Five themes emerged from the analysis along an acculturation timeline. First, during the first six months of their employment, the migrant care workers recalled feeling vulnerable, seemingly marked by a sense of insecurity and an overwhelming state of cognitive burden within an unfamiliar cultural context. Second, simultaneously, the migrants felt perturbed about their new role as direct care workers. Third, few had been able to draw on their networks of friends and relatives to build up knowledge of their new work environments before starting care home employment. Fourth, two years into the work, although they reported feeling better adapted, psychological and socio-cultural adjustments were still thought to be needed. Fifth, most participants retained their ambition to be recognised as a qualified nurse in the UK, and to pursue a nursing career outside the social care sector.
As this is a pilot study in which 12 migrant Indian care home workers were interviewed, further interviews might provide a greater range of views and experiences. The care homes that participated in this research were in the London region, where staff shortages are common in dementia services such as care homes. The findings suggest a need for employers and human resource managers to respond to the specific needs of Indian and other migrants working with older people resident in care homes. Such responses should reflect the timeline of their acculturation; and employers need also to acknowledge and address aspirations to move on to NHS work. To the best of the authors' knowledge, this study is unique in considering Indian care workers specifically as a substantial part of the migrant care workforce in the UK. It offers information about their perceptions, and suggests practical human response and managerial initiatives. (RH)
ISSN: 13663666 From : www.emeraldgroupublishing.com/wwop.htm

- 233/34 How can effective physiotherapy rehabilitation be best achieved for people living with dementia, and how can this promote such individuals' independence and quality of life?; by Victoria Fyfe.: Institute of Ageing and Health (West Midlands).
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 20, 2016, pp 14-22.
There is support in literature reviews for the positive role of physiotherapy and the effect of related interventions on physical and cognitive function in people with dementia. The author critically explores the importance of physiotherapy in optimising the quality of life (QoL) and independence of people living with dementia, also the physiotherapists' role in relation to the wider team caring for these individuals. She also critically reviews the literature to determine how this physiotherapy can be most effectively delivered. The focus is on communication and person-centred approaches, as well as training programme characteristics. The author finds that the literature confirms the negative effects of dementia on independence and QoL. However, physiotherapy which implements exercise programmes including balance, strength and gait training can improve QoL, daily functioning and independence of people living with dementia. (RH)
ISSN: 13649752 From : www.iah-wmids.org.uk
- 233/35 A qualitative study of nursing assistants' awareness of person-centred approaches to dementia care; by Paulette V Hunter, Thomas Hadjistavropoulos, Sharon Kaasalainen.: Cambridge University Press.
Ageing and Society, vol 36, no 6, July 2016, pp 1211-1237.
In Canada, the number of education programmes addressing person-centred approaches to long-term residential dementia care has increased recently, and nursing assistants (NAs) are often the target audience. The authors consider the effectiveness of employee education programmes, by exploring the knowledge NAs acquire through practice. They examined approaches to person-centred care generated during a series of interviews with NAs, and compared these to the content of five frameworks for person-centred dementia care. Their results suggest that although NAs acquire significant knowledge about person-centred dementia care during the course of their work, the application of person-centred care strategies varies across NAs. The authors propose ways of enhancing NA education in order to address gaps in knowledge. They also recommend that attention is given to organisational factors that contribute to variability in practice. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso
- 233/36 Supporting people with dementia to walkabout safely outdoors: development of a structured model of assessment; by Eleanor Bantry White, Paul Montgomery.: Wiley Blackwell.
Health and Social Care in the Community, vol 24, no 4, July 2016, pp 473-484.
People with dementia who go missing are at risk of harm, including death. Yet, welfare concerns arise when freedom to walk about outdoors is restricted; in particular, getting lost is a risk factor for admission to long-term care. Accurate methods of assessing the risks posed to community-dwelling people with dementia from getting lost are needed, to ensure intervention is proportionate. Currently available assessment tools focus on the identification of dementia-related changes in a person's walking behaviour, traditionally referred to as 'wandering'. 'Wandering' and getting lost are conceptually distinct; measures of 'wandering' are not sufficient to support the assessment of risk while walking outdoors. This study aimed to develop an assessment schedule that can evaluate safety in community-dwelling people with dementia who walk about outdoors. A structured assessment schedule was generated from research on the aetiology of getting lost, a review of existing assessment tools, an observational study of incidents of getting lost, and qualitative data from families experiencing this issue. A content validity study was then undertaken with a panel of 17 health and social care practitioners and researchers in the field. A schedule of 7 domains and 38 items was generated, 33 of which were deemed valid by the expert panel. Panel feedback suggests the schedule needs to be used flexibly, to reflect an individual's unique living circumstances. Reflecting the complex aetiology of getting lost, considerable challenges exist when assessing risk in this field. The implications of this study for practitioners are discussed with reference to the merits of narrative and structured models of assessment, and the balance between objective safety and subjective well-being that is required when making decisions about intervention. The direction of further research is examined as a means of supporting professional assessment of this complex issue.
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc
- 233/37 We can all act as agents of creative change; by Kate Mansfield-Loynes, Trish Morris-Thompson, Di Marks-Maran.: Hawker Publications.
Journal of Dementia Care, vol 24, no 4, July/August 2016, pp 24-27.
Creativity in nursing practice can offer innovative ways to people with dementia of expressing and generating a sense of enjoyment and satisfaction. The authors use the example of a photographic project to explain their thinking. (RH)
ISSN: 13518372 From : www.careinfo.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

- 233/38 Better way to measure ageing in East Asia that takes life expectancy into account; by Sergei Scherbov, Warren C Sanderson, Stuart Gietel-Basten.: Wiley.
Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 139-142.
The aim of the study was to improve the measurement of ageing taking into account characteristics of populations and in particular changes in life expectancy. Using projected life tables, the study calculated prospective old age dependency ratios (POADRs) to 2060, placing the boundary to old age at a moving point with a fixed remaining life expectancy (RLE) for all countries of East Asia. POADRs grow less rapidly than old age dependency ratios (OADRs). For example, in the Republic of Korea, the OADR is forecast to increase from around 0.1 in 1980 to around 0.8 in 2060, while the POADR is forecast to increase from around 0.1 to 0.4 over the same period. Policy makers may wish to take into account the fact that the increases in measures of ageing will be slower when those measures are adjusted for changes in life expectancy. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 233/39 Trends in life expectancy and healthy life expectancy; by Carol Jagger, Foresight Future of Ageing project, Government Office for Science. London: Government Office for Science, 2015, 34 pp (Future of an ageing population: evidence review).
This evidence review has been commissioned as part of the UK government's Foresight Future of an Ageing Population project, and was conducted by Carol Jagger of the Institute for Ageing and Institute of Health and Society, Newcastle University. It reviews past trends in life expectancy (LE), healthy life expectancy (HLE) and disability-free life expectancy (DFLE) at various ages and in different regions of the UK, as well as regional inequalities in these trends. It identifies the major factors which will influence future trends, which are broadly chronic conditions, health behaviours, and socio-economic and environmental factors. (RH)
From : <https://www.gov.uk/government/publications/future-of-ageing-life-expectancy-and-healthy-life-expectancy-trends>

DEPRESSION

(See 233/85)

DIET AND NUTRITION

(See Also 233/69)

- 233/40 More than nutrition: food-related care; by Iliatha Papachristou, Gary Hickey.: Hawker Publications.
Journal of Dementia Care, vol 24, no 3, May/June 2016, pp 30-31.
Food is about much more than nutrition. This article outlines recent evidence on the role of food related activities (managing food shopping, preparation and eating) in dementia care. The authors suggest that activities centred around food can help family carers to cope and enable people with dementia to live independently for longer. (RH)
ISSN: 13518372
From : www.hawkerpublications.com
- 233/41 Still hungry to be heard: the scandal of people in later life becoming malnourished in hospital; by Age Concern England - ACE; Age UK. London: Age UK, [2010], 25 pp.
In 2006, Age Concern England published 'Hungry to be heard: the scandal of malnourished older people in hospital', since when the campaign has continued to improve hospital mealtimes. Among successes are that 82% of NHS hospital trusts in England engaged with the campaign; and 354 hospitals are using campaign materials with staff and patients, to tackle malnutrition. This report presents seven steps to end malnutrition in hospital. Step one: Hospital staff must listen to us, our relatives and our carers. Step two: All ward staff must become food-aware. Step three: Hospital staff must follow their own professional codes. Step four: We must be assessed for the signs or risk of malnourishment. Step five: Hospitals should introduce 'protected mealtimes'. Step six: Hospitals should implement a 'red tray' system (to recognise those who need extra help at mealtimes). Step seven: Hospitals should use trained volunteers where appropriate. The report also asks Government to introduce compulsory monitoring of malnutrition. (RH)
From : http://www.ageuk.org.uk/documents/en-gb/for-professionals/health-and-wellbeing/id9489_still_hungry_to_be_heard_report_28ppa4.pdf?dtrk=true

DISABILITY

(See Also 233/99)

- 233/42 Canadian power mobility device users' experiences of ageing with mobility impairments; by Alexandra Korotchenko, Laura Hurd Clarke.: Cambridge University Press. Ageing and Society, vol 36, no 6, July 2016, pp 1238-1253. The authors investigate how individuals ageing with mobility impairments perceive and experience the practical impacts and cultural connotations of using a power mobility device. The authors draw on interviews with 29 Canadian men and women aged 51-92 (mean age 67), examining the experiences of using a powered wheelchair or scooter. The findings reveal that those participants who had begun to use their power mobility devices later in life were dismayed by and apprehensive about the significance of their diminishing physical abilities in the context of the societal privileging of youthful and able bodies. At the same time, the participants who had used a power mobility device from a young age were fearful of prospective bodily declines, and discussed the significance and consequences of being unable to continue to operate their power mobility devices autonomously in the future. The authors consider the ways in which the participants attempted to manage, mitigate and reframe their experiences of utilising power mobility devices in discriminatory environments. The findings are discussed in relation to on-going theoretical debates pertaining to the concepts of 'biographical disruption' and the third and fourth ages. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

EDUCATION AND TRAINING

- 233/43 Training needs in the area of aging for social professionals and senior population in Portugal; by Marta Goncalves, Sergio Caramelo, Jose Almeida Ribeiro.: Emerald. Working with Older People, vol 20, no 1, 2016, pp 23-29. This paper aims to provide understanding on how the Institute of Public and Social Policies in Portugal could be useful to the country in terms of post-graduate training in the area of ageing. The authors conducted two focus groups (n=11), one with professionals of one large and three medium size social organisations, and the other with managers of three large, two medium and two small size social, health and civil rights organisations which support the older population. While the specific aim of the first focus group was to identify the training needs on ageing for professionals who work with assistance or support to the older population, the aim of the second group was to identify the training interests of the retired or pre-retired older population. The results indicate that the main challenges for those working with Portugal's older population are their training needs, and what exactly constitutes adequate training for them in the area of ageing, as compared to the training that currently exists. The authors conclude that both social professionals and senior population in Portugal need post-graduate training in the area of ageing. Given Portugal's rapidly changing and complex demography, attention needs to be given to training in rethinking support for the older population, and to developing empowerment and social inclusion. (RH)
ISSN: 13663666 [From : www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

EMPLOYMENT

- 233/44 Age in the workplace: retain, retrain, recruit; by Andy Briggs, Age at Work Leadership Team, Business in the Community; Centre for Ageing Better. London: Business in the Community, 2016, 46 pp. The need to retain, retrain and recruit older workers is becoming increasingly important; and changes must be brought about if age bias and discrimination is to be eliminated. This report sets out the barriers and obstacles to fulfilling work in later life. It uses examples of how some member organisations of Business in the Community are devising policies and practice to encourage flexible working, training, and opportunities for older workers such as "encore careers", which also redress the "skills gap" and help with problems such as caring responsibilities.
[From : http://age.bitc.org.uk/all-resources/research-articles/age-workplace-retain-retrain-recruit](http://age.bitc.org.uk/all-resources/research-articles/age-workplace-retain-retrain-recruit)

END-OF-LIFE CARE

(See Also 233/18)

- 233/45 Discussing end-of-life issues in nursing homes: a nationwide study in France; by Lucas Morin, Kristina Johnell, Lieve Van den Block, Regis Aubry.: Oxford University Press. Age and Ageing, vol 45, no 3, May 2016, pp 395-402. Discussing end-of-life issues with nursing home residents and their relatives is needed to ensure patient-centred care near the end of life. This study aimed to estimate the frequency of nursing

home physicians discussing end-of-life issues with residents and their relatives and to investigate how discussing end-of-life issues was associated with care outcomes in the last month of life. This was a post-mortem cohort study in a nationwide, representative sample of 78 nursing home facilities in France. Residents who died from non-sudden causes between October 2013 and May 2014 in these facilities were included. End-of-life issues were discussed with at most 21.7% of the residents who died during the study period. In one-third of the situations, no discussion about end-of-life-related topics ever occurred, either with the resident or with the relatives. Older people with severe dementia were less likely to have discussed more than three of the six end-of-life topics investigated, compared with residents without dementia. In the last month of life, discussing more than three end-of-life issues with the residents or their relatives was significantly associated with reduced odds of dying in a hospital facility and with a higher likelihood of withdrawing potentially futile life-prolonging treatments. During the last months of life, discussions about end-of-life issues occurred with only a minority of nursing home decedents, although these discussions may improve end-of-life care outcomes. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

233/46

Each community is prepared to help: community development in end of life care: guidance on Ambition Six; by Julian Abel, Libby Salinow, Scott Murray, Michael Kerin, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, [2016], 45 pp.

Ambition Six of 'Ambitions for palliative and end of life care' is "each community is prepared to help". This guidance has been written as a summary of how organisations in particular and society as a whole can participate. It aims to give practical examples of the varied and different public health practice examples, all of which have been put into practice to greater or lesser extents. Chapter 1, on public health approaches to end of life palliative care, introduces the Compassionate City Charter, which suggests 13 social changes to a city's key institutions and activities in relation to dying, death, loss and care, including schools, workplaces, trade unions, places of worship, hospices and nursing homes, museums and art galleries. A city should also lead on policies, services and events to raise awareness of end of life, loss and bereavement. The guidance includes case studies on its implementation in hospices, hospitals, primary care, clinical commissioning groups (CCGs), local authorities, and health and wellbeing boards. Lastly, it encourages the undertaking of research or evaluation. (RH)

From : National Council for Palliative Care, Hospice House, 34-44 Britannia Street, London WC1X 9JG.

233/47

A good death for the oldest old; by Miles D Witham, Jo Hockley.: Oxford University Press.

Age and Ageing, vol 45, no 3, May 2016, pp 329-331.

Brief article looking at ways of caring for oldest old patients at the end of life, usually aged 85 and above. A major finding of the survey was that many of these patients still die in hospital, which is unlikely to be their preferred place of death. (JL)

ISSN: 00020729 From : www.ageing.oxfordjournals.org

FAMILY AND INFORMAL CARE

(See Also 233/56)

233/48

Future of family support: projected living arrangements and income sources of older people in Hong Kong up to 2030; by Kok-Hoe Ng.: Wiley.

Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 113-118.

The study aimed to project future trends in living arrangements and access to children's cash contributions and market income sources among older people in Hong Kong. A cell-based model was constructed by combining available population projections, labour force projections, an extrapolation of the historical trend in living arrangements based on national survey datasets and a regression model on income sources. Under certain assumptions, the proportion of older people living with their children may decline from 59 to 48% during 2006-2030. Although access to market income sources may improve slightly, up to 20% of older people may have no access to either children's financial support or market income sources, and will not live with their children by 2030. Family support is expected to contract in the next two decades. Public pensions should be expanded to protect financially vulnerable older people. (JL)

ISSN: 14406381

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

233/49

Geographic proximity of adult children and the well-being of older persons; by Marieke van der Pers, Clara H Mulder, Naradi Steverink.: Sage.

Research on Aging, vol 37, no 5, July 2015, pp 524-551.

The importance of adult children living in close geographical proximity to their ageing parents is investigated as a contribution to the discussion of how this affects the well-being of older parents.

The authors investigate whether having children at all, and/or having them geographically proximate contributes differently to the well-being of older persons living with and without a partner. The authors enriched survey data from Statistics Netherlands' Permanent Survey on Living Conditions (POLS) (N = 8,379) with Dutch municipal register data. They conducted linear regression models for the association between life satisfaction of people aged 65+ on having children and three different measures of geographic proximity. Having children contributes to the well-being of older men with a partner. There is evidence for a positive association between proximity of children and parental well-being, in particular for widowed and separated mothers and for separated fathers. The findings suggest that close proximity may be a condition under which adult children can significantly add to the well-being of widowed and separated mothers and separated fathers. (RH)

ISSN: 01640275

From : roa.sagepub.com

233/50

Reciprocity in material and time support within parent-child relationships during late-life widowhood; by L M Isherwood, M A Luszcz, D S King.: Cambridge University Press.

Ageing and Society, vol 36, no 8, September 2016, pp 1668-1689.

The exchange of informal support within the social network plays a vital role in enabling older adults to remain living in the community as they age. Following spousal loss in later life, the exchange of instrumental support is of particular importance in meeting the practical and financial needs of the bereaved spouse. Adult children are typically the primary source of social contact and informal support for older widowed adults following bereavement. However, very little is known of the longitudinal changes that occur in the exchange of instrumental support with children during the transition to late-life widowhood.

Trajectories and predictors of change in material and time support exchange in parent-child relationships were modelled over a 15-year period for 1,266 older adult participants (mean age 76.7 years) in the Australian Longitudinal Study of Ageing (ALSA). Widowed older adults received more material and time support from their children than did their married peers. Proximity to children, age at spousal loss, self-rated health, cognitive functioning and income were predictive of levels of exchanged instrumental support in late-life widowhood. Short-term reciprocity appears to continue in parent-child relationships during late-life widowhood. Implications of these findings for policy and practice are discussed, including the role of children in older widowed adults' support networks, and the potential difficulties faced by those who do not have access to informal avenues of support. (RH)

ISSN: 0144696X

From : journals.cambridge.org/aso

FRAILITY

233/51

Is frailty associated with life-space mobility and perceived autonomy in participation outdoors?: a longitudinal study; by Erja Portegijs, Merja Rantakokko, Anne Viljanen ... (et al): Oxford University Press.

Age and Ageing, vol 45, no 4, July 2016, pp 550-553.

Essential aspects of independence in community mobility among older people concern the control over where, when and how to participate (perceived autonomy), and actual mobility (life-space mobility, frequency, distance and need of assistance). This study looked at relationships between frailty and life-space mobility and perceived autonomy in participation outdoors among community-dwelling older people aged between 75 and 90 years. The study used longitudinal analyses of the 'Life-space mobility in old age' cohort study. Life-space mobility (Life-Space Assessment, range 0_120) and perceived autonomy in participation outdoors (Impact on Participation and Autonomy subscale 'autonomy outdoors', range 0_20) were assessed at baseline and two years later. Baseline frailty indicators were unintentional weight loss (self-report), weakness (5 times chair rise), exhaustion (self-report), slowness (2.44 m walk) and low physical activity (self-report). In total, 53% had no frailty, 43% pre-frailty (1-2 frailty indicators) and 4% frailty (3 indicators or more). Generalised estimation equation models showed that life-space mobility was lower among those with frailty and pre-frailty compared with those without frailty and, in addition, declined at a faster pace. Perceived autonomy in participation outdoors was more restricted among those with frailty and pre-frailty compared with those without frailty, but the rate of decline did not differ. Frailty was associated with more restricted life-space mobility and poorer perceived autonomy in the decision-making concerning community mobility. Over the follow-up, frailty predicted a steeper decline in life-space mobility but not in perceived autonomy. Further study is warranted to determine whether compensation strategies or changes in the valuation of activities underlie this discrepancy. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

- 233/52 Thinking you're old and frail: a qualitative study of frailty in older adults; by Krystal Warmoth, Iain A Lang, Cassandra Phoenix (et al.): Cambridge University Press.
Ageing and Society, vol 36, no 7, August 2016, pp 1483-1500.
Many older adults experience what is clinically recognised as frailty, but little is known about the perceptions of, and attitudes regarding, being frail. This qualitative study explored adults' perceptions of frailty and their beliefs concerning its progression and consequences. Twenty-nine participants aged 66-98 with varying degrees of frailty, residing either in their homes or institutional settings, participated in semi-structured interviews. Verbatim transcripts were analysed using a Grounded Theory approach. Self-identifying as 'frail' was perceived by participants to be strongly related to their own levels of health and engagement in social and physical activity. Being labelled by others as 'old and frail' contributed to the development of a frailty identity by encouraging attitudinal and behavioural confirmation of it, including a loss of interest in participating in social and physical activities, poor physical health and increased stigmatisation. Using both individual and social context, different strategies were used to resist self-identification. The study provides insights into older adults' perceptions and attitudes regarding frailty, including the development of a frailty identity and its relationship with activity levels and health. The implications of these findings for future research and practice are discussed.
(RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

GOVERNMENT AND POLICY

- 233/53 Measuring state effectiveness: an ILC-UK index: a technical report; by Cesira Urzì Brancati, International Longevity Centre UK - ILC-UK.: International Longevity Centre UK - ILC-UK, 2016, 46 pp.
This technical report is part of a large research project on the future of the welfare state, and is published alongside a book entitled 'Towards a new age: the future of the UK welfare state'. It includes results from the elaboration of Eurostat and OECD data. The final estimation sample consists of 24 countries, observed in 11 consecutive years(2003-2013), for a total of 238 observations. With some 15 million people classified by Eurostat as 'at risk of poverty or social exclusion (ARPE)', the UK is ranked 15th of 23 European countries on the ILC-UK's Poverty and Social Exclusion Index. The UK is ranked 14th on the ILC-UK's Housing Quality Index, mainly due to its relatively high levels of housing cost overburden among the young and the working age population. In terms of overall State Effectiveness, the UK is average: 11th out of 23 European countries. A large demographic shift in older societies and the growing pressure on state budgets are threatening the very existence of a welfare state in many European countries. To avoid its demise, we need to make the welfare state more effective. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
http://www.ilcuk.org.uk/index.php/publications/publication_details/measuring_state_effectiveness_an_ilc_uk_index
- 233/54 Towards a new age: the future of the UK welfare state; by Ben Franklin, Cesira Urzi Brancati, Dean Hochlaf (eds), International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, 2015, 172 pp.
This publication features contributions from more than 20 leading academics, parliamentarians and industry experts who discuss the reforms to housing, health, education, the labour market, pension and welfare that will be needed to ensure the future sustainability of the UK welfare state. Two main questions are asked. First, how might population ageing impact on the wide array of policies and institutions we call the UK welfare state? Second, what reforms to the welfare state might be necessary in order to ensure long run sustainability and maximise wellbeing? ILC-UK argues that population ageing, the welfare state and democracy might be incompatible. Contributors discuss the continuing role of the welfare state, how ageing might affect economic growth and intergenerational fairness, and the extent to which benefits and entitlements might need to change in order to support future sustainability. Next come on solutions or "coping mechanisms" in the face of demographic change by reforming the pension system, the labour market and welfare state, education, health and housing. Lastly, consideration on how we could build a political consensus for reform includes general principles for a national debate on ageing and the welfare state. 'Measuring state effectiveness: an ILC-UK index' has been published alongside this volument.
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
http://www.ilcuk.org.uk/index.php/publications/publication_details/towards_a_new_age_the_future_of_the_uk_welfare_state

HEALTH CARE

(See 233/108, 233/109)

HEALTH SERVICES

233/55

Stocktake of access to general practice in England: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, 27 November 2015, 58 pp (HC 605 Session 2015/16).

Access to general practice is the first step for most patients in diagnosing and treating health problems. GPs and other staff play a crucial role in treating minor medical conditions, managing patients' conditions in the community, and referring them for hospital treatment or social care where appropriate. This report examines patient expectations and experience of access to, the demand for, and capacity of, general practice.

It covers demand, distribution of GP practices, availability of appointments, convenience of services, staffing and capacity, and most importantly, continuity of care. The report notes that those aged 75+ use general practice the most, an age group that is expected to increase by more than one-third in the next 10 years. While older patients and those with multiple conditions require longer consultations, there is no data collected nationally on type of health problem, its complexity, or time spent on each consultation. The workforce is also ageing, a problem particularly in urban and deprived areas, where 16% of GPs were aged 60+. A summary report (9 pp) is also available. (RH)

From: <https://www.nao.org.uk/report/stocktake-of-access-to-general-practice-in-england/#>

HOME CARE

233/56

Linkages between informal and formal care-givers in home-care networks of frail older adults; by Marianne Jacobs, Theo Van Tilburg, Peter Groenewegen, Marjolein Broese van Groenou.: Cambridge University Press.

Ageing and Society, vol 36, no 8, September 2016, pp 1604-1624.

In ageing societies, policy makers aim for more contact between informal and formal care-givers, as it may enhance the quality of care. So far, the linkage between formal and informal care-givers is generally studied from a one-sided or a single dyadic perspective, and thus disregard the presence of multiple informal and formal care-givers. This study examines discussion of care between all potential informal-formal care-giver dyads in a care network, and relates this to characteristics of the older care recipient, the care network and the care-givers.

Seventy-four Dutch older care recipients provided information on all care-givers who helped with five different types of tasks; 410 care-givers reported on the contact between all care-givers identified. Multi-level logistic regression was conducted in 2,150 informal-formal care-giver dyads, and revealed that in 26 per cent of all these dyads, discussion on care occurred. This was more likely when both care-givers performed multiple types of tasks, the informal care-giver was residing with the care recipient, and contact within the formal and the informal sub-network was higher. To enhance discussion of care between informal and formal care-givers in care networks where no discussion occurs at all, home-care organisations may need to allocate formal care-givers who act as a bridge with an extra-residential care-giver of care recipients living alone. (RH)

ISSN: 0144696X

From : journals.cambridge.org/aso

HOSPITAL CARE

(See Also 233/41)

233/57

Factors associated with hospital deaths in the oldest old: a cross-sectional study; by Lucy Victoria Pocock, Alex Ives, Andy Pring ... (et al).: Oxford University Press.

Age and Ageing, vol 45, no 3, May 2016, pp 372-376.

The aim of the research was to study associations between the likelihood of hospital death with patient demographics, cause of death and co-morbidities for people aged 85 or above at death who had previously been admitted to hospital in a 12-month period. This was a cross-sectional study, using death registration data and hospital episode statistics, for 671,178 England residents who had been admitted to hospital during the 12 months before death and were aged 85 or over at death during 2008-12. The outcome variable was the likelihood of dying in hospital. Covariates included gender, age, social deprivation, care home residence, cause of death and co-morbidity. Potential associations were explored by multivariable regression analysis. 62% of the sample died in hospital. The likelihood of dying in hospital was found to vary significantly with age, cause of death, deprivation, number of emergency hospital admissions and co-morbidities. People aged over 90 at the time of death were less likely to die in hospital than those aged 85-89. People who were care home residents at the time of death were significantly less likely to die in hospital.

Having a mention of dementia on the death certificate was significantly associated with a reduction in the likelihood of dying in hospital. Overall findings showed that the likelihood of an older person dying in hospital was significantly associated with a number of socio-demographic factors, such as age and level of deprivation. Care home residence was significantly associated with a reduction in likelihood of hospital death. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

HOSPITAL DISCHARGE

233/58 Evaluation of a New Zealand program to improve transition of care for older high risk adults; by Thomas E Robinson, Lifeng Zhou, Ngaire Kerse (et al): Wiley.

Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 269-274.

Transition interventions aim to improve care and reduce hospital readmissions but evaluations of these interventions have reported inconsistent results. The aim of this study was to report on the evaluation of an intervention implemented in Auckland, New Zealand. Participants were people over the age of 65 who had an acute medical admission and were at high risk of readmission. The intervention included an improved discharge process and nurse telephone follow-up soon after discharge. Outcomes were 28 day readmission rates and emergency attendances. The study was observational, using both interrupted times series and regression discontinuity designs. 5,239 patients were treated over a one year period. There was no change in readmission rates or ED attendances or secondary outcomes. Not all patients received all components of the intervention. After concluding that this transition intervention was not successful, the authors discuss possible reasons and implications. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

233/59 A report of investigations into unsafe discharge from hospital; by Parliamentary and Health Service Ombudsman. London: Parliamentary and Health Service Ombudsman, May 2016, 30 pp. Best practice guidance on discharge from hospital states that 'discharge is a process and not an isolated event at the end of the patient's stay'.

This report focuses on nine experiences drawn from recent complaints investigated by the Parliamentary and Health Service Ombudsman, which best illustrate the problems seen and the gap between established good practice and people's actual experience of leaving hospital. The stories highlight the consequences of health and social care organisations failing to manage people's discharge from hospital. The report identifies four main issues: patients being discharged before they are clinically ready to leave hospital; patients not being assessed or consulted properly before their discharge; relatives and carers not being told that their loved one has been discharged; and patients being discharged with no home-care plan in place or being kept in hospital due to poor co-ordination across services. The report highlights three areas requiring particular attention: failures to check people's mental capacity and offer legal protections for those who lack capacity; carers and relatives not being treated as partners in discharge planning; and poor co-ordination within and between services. (RH)

From: http://www.ombudsman.org.uk/__data/assets/pdf_file/0005/36698/A_report_of_investigations_into_unsafe_discharge_from_hospital.pdf

HOUSING

(See Also 233/103)

233/60 Collaborative design of Older Women's CoHousing; by Patrick Devlin, Rachel Douglas, Tom Reynolds.: Emerald.

Working With Older People, vol 19, no 4, 2015, pp 188-194.

CoHousing provides a new approach to older people's housing, and meets a demand for similarly minded groups of individuals who would like to grow old together. This paper explores how a Collaborative Design Process (CDP) can work, as applied to a soon-to-be realised project in Barnet, North London. It comprises a report by the architects with comment from an end user on a CDP.

It finds that a group of individuals that has invested in building decision-making capacity can participate meaningfully in the design of their future homes. However, this research was focused on one development; work on a wider range of projects would help test its validity. Older Women's CoHousing (OWCH) and similar projects demonstrate an appetite for: mutually supportive, intentional communities; planned downsizing; and contemporary, sociable design for the third age of life. The CDP developed for OWCH was comprehensively documented, has already been adapted for further cohousing developments, and is intended to continue to evolve with the demands made on it. (RH)

ISSN: 13663666 From : www.emeraldgroupublishing.com/wwop.htm

- 233/61 EFL design competition: accessible housing 2015-2016: jury report and the book of designs; by European Federation for Living - EFL. [Amsterdam; Lahti, Finland]: European Federation for Living - EFL; Housing Finance and Development Centre for Finland, 2016, 60 pp.
Architecture and design students were asked to design accessible residential building, with a focus on individual dwellings. This jury report and book of designs from the European Federation for Living (EFL) Accessible Housing Design student competition features the winning 2015-2016 entries. The competition brief emphasised the ability of housing that would respond to the changing needs of an increasingly ageing society, whereby the suggested schemes would provide both functionality and accessibility. Jeremy Porteus, Director of the Housing Learning and Improvement Network was a jury member, hence this report's presence on the Housing LIN website. (RH)
From: http://www.housinglin.org.uk/_library/Resources/Housing/OtherOrganisation/EFL_Jury_Report_web.pdf

INCOME AND PERSONAL FINANCE

(See 233/32)

INHERITANCE

- 233/62 Too ill to will? Deathbed wills: assessing testamentary capacity near the end of life; by Kelly Purser, Tuly Rosenfeld.: Oxford University Press.
Age and Ageing, vol 45, no 3, May 2016, pp 334-336.
Assessing testamentary capacity in the terminal phase of an illness or at a person's deathbed is fraught with challenges for both doctors and lawyers. Numerous issues need to be considered when assessing capacity for a will. These issues are exacerbated when such an assessment needs to be undertaken at the bedside of a dying patient. The nature and severity of the illness, effects on cognition of the terminal illness, effects of medication, urgency, psychological and emotional factors, interactions with carers, family and lawyers, and a range of other issues confound and complicate the assessment of capacity. What is the doctor's role in properly assessing capacity in this context and how does this role intersect with the legal issues? Doctors will play an increasing role in assessing testamentary capacity in this setting. The ageing of society, more effective treatment of acute illness and, often, the prolongation of dying are only some of the factors leading to this increasing need. However despite its importance and increasing prevalence, the literature addressing this challenging practical area is scarce and offers limited guidance. This paper examines these challenges and discusses some practical approaches. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

INTEGRATED CARE

- 233/63 Developing integrated health and social care models in Scotland; by Toni Dedeu.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 11-15.
Across Europe, demographic and epidemiological changes are challenging Member States' health systems; and Scotland is no exception. The Scottish Government is integrating health and social services to improve their quality and consistency, thereby improving health outcomes in Scotland. A clear vision, strong political commitment, extensive partnerships, and a health care systems approach to integrating services have all enabled integration that promotes strong accountability arrangements, transparent joint planning, and a clear outcomes framework. The Scottish Government has provided funds to facilitate the reform, and has established clear communication mechanisms for managing the transformational change that is needed. (RH)
ISSN: 13561030
From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

INTERGENERATIONAL ISSUES

(See Also 233/50)

- 233/64 Intergenerational report 2015: a limited and political view of our future; by Hal Kendig, Mike Woods.: Wiley.
Australasian Journal on Ageing, vol 34, no 4, December 2015, pp 217-219.
This invited article briefly summarises the Australian Government's Intergenerational Report (IGR) 2015, which aims to assess the long term sustainability of current policies over the next 40 years following its publication, especially taking into account of the financial implications of demographic change. The report focuses on Australia's ageing population and the fiscal burden

that is likely to result. The authors ask whether these projections of fiscal doom are real, and argue that the IGR is a highly political document, produced as it is by the Treasurer and not an objective government agency. The IGR, in its current format, should be replaced with a much more objective, transparent and whole-of-government report to the Australian public on a baseline fiscal, economic and social outlook over the longer term. Such a document would serve as a platform for debating a real agenda of productivity reforms that would meet looming policy challenges. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

233/65

Parent-child relationships among older Chinese immigrants: the influence of co-residence, frequent contact, intergenerational support and sense of children's deference; by Man Guo, Ling Xu, Jinyu Liu (et al): Cambridge University Press.

Ageing and Society, vol 36, no 7, August 2016, pp 1459-1482.

Immigration disrupts the bonding process in families. Maintaining close relationships with adult children can be an important protective factor for older immigrants' health and well-being. This quantitative study examined factors associated with close parent-child relationships in a purposive sample of 236 older Chinese immigrants in Los Angeles who provided information regarding 365 children. Two-level regression models were estimated to investigate factors contributing to cohesive parent-child relationships among these older adults. The findings showed that co-residence, a characteristic that distinguishes immigrant families from most non-immigrant families, was associated with lower parent-child relationship quality. Frequent contact was associated with closer relationships. While receiving instrumental and monetary support from children was associated with favourable ratings of relationships with children, providing such support to children was not related to parents' assessment of relationship quality. Parental perceptions of children being respectful was also associated with better relationship quality ratings. Overall, the findings demonstrate how family-related changes in the immigration context shape parent-child relationships in later life. Implications for future research and practice are provided. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

INTERNATIONAL AND COMPARATIVE

(See Also 233/15, 233/17, 233/48)

233/66

Associations between quality of relationships and life satisfaction of older mothers in Estonia, Germany, Russia and China; by Jing Wu, Kairi Kasearu, Airi Varnik (et al): Cambridge University Press.

Ageing and Society, vol 36, no 6, July 2016, pp 1272-1294.

The associations between the quality of relationships and life satisfaction of older mothers in Estonia, Germany, Russia and the People's Republic of China, are examined, based on the assumptions of Family Change Theory. The role of satisfaction with family life as the probable mediating factor is considered. Estonian older mothers reported the least admiration and intimacy in their relationships with their adult daughters, and the least satisfaction with family life compared to German, Russian and Chinese mothers. German older mothers perceived the most admiration from their adult daughters and were the most satisfied with both their family and general life. Russian older mothers were the least satisfied with their general life compared to their counterparts in Estonia, Germany and China. The results from structural equation modelling showed that the relationship between satisfaction with family life and general life satisfaction was statistically significant in all countries except Russia. The satisfaction with family life as a mediating factor might strengthen the positive and negative aspects of intergenerational relationships on the life satisfaction of older mothers. The findings indicate that the emotional closeness and intergenerational relationships in families during the process of transition and globalisation play an important role in the life satisfaction of older mothers in these four countries. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

233/67

An evaluation of recent old-age policy innovations in South Korea; by Hee Seung Lee, Douglas A Wolf.: Sage.

Research on Aging, vol 36, no 6, November 2014, pp 707-730.

In 2008, South Korea launched a Basic Old-Age Pension, which provides income support for the bottom 60% of the population, and a universal Long-Term Care Insurance (LTCI). The authors investigate the effect of both policies on subjective well-being of the elderly. They use panel data from the Korean Longitudinal Study of Ageing, with the 2006 data representing the "pre-treatment", and the 2008 data the "post-treatment" situations. They use regression methods

for purposes of inferring programme impacts. Their findings suggest that satisfaction with economic status was slightly improved by LTCI alone, and by LTCI and basic old-age pension in combination, depending on the estimator used. No policy impacts were found on satisfaction with health conditions. The benefits provided by the two programmes may be insufficient to raise well-being in the population as a whole. Alternatively, the outcomes may have been measured too soon after the policies were implemented. (RH)

ISSN: 01640275

From : roa.sagepub.com

233/68 Learning from Japan: social projects with business links; by Rachel Woodbridge.: Hawker Publications.

Journal of Dementia Care, vol 24, no 4, July/August 2016, pp 32-34.

Dementia care practice at home can profit from observing practice abroad. The author set out to discover what she could learn from two social projects in Japan. Located in a small village in Nara Province, the OiwakehexDementia Project is about creating networked communities where people with dementia can be valued and connected with others in the village. DAYS BLG was set up for people with young onset of dementia living in Machida Tokyo. (RH)

ISSN: 13518372

From : www.careinfo.org

233/69 The more the merrier?: Fertility and food insecurity among older Senegalese women; by Ivy Kodzi.: Cambridge University Press.

Ageing and Society, vol 36, no 8, September 2016, pp 1715-1737.

The number of children women have is a critical determinant of their future wellbeing. Often, adult children confer some protection against adverse conditions on their parents in older age. In many sub-Saharan African societies, it is expected that older women who typically have had many children, will benefit from their investment in children. Yet it is unclear if this is really the case. Using data from the 10 per cent micro-sample of the 2002 Senegalese Population and Housing Census, this study investigates the effect of the childbearing histories of older women (aged 60-85) on the likelihood that their households experienced food insecurity in the past year. Women who had had no children and those who had ever had two or more were not significantly different from those who had had five or more. Only those who had had one child were adversely affected. Based on principles of intergenerational altruism and moral obligation, it was expected that food insecurity would decrease with increases in the number of surviving children. This pattern was generally found. However, among women in the bottom 40 per cent of the wealth distribution, the relationship was, at best, weak with respect to all of the fertility variables (children ever had, living, co-resident). The benefits of high fertility seem to accrue to relatively richer women - those in the top 60 per cent of the wealth distribution. Yet among these richer women, having fewer than three children and co-resident adult children were significant risk factors of food insecurity. (RH)

ISSN: 0144696X

From : journals.cambridge.org/aso

233/70 The rights and needs of older people in the occupied Palestinian territories: a situational analysis; by Age International; HelpAge International; Plan - Strategic Management and Planning Consultants. Jerusalem: HelpAge International, 2016, 64 pp.

HelpAge International and the Palestinian Ministry of Social Affairs (MoSA) initiated this report to ascertain the current living conditions experienced by older people in the occupied Palestinian territories (oPt), and to make recommendations with practical and realistic applications for future age-related programmes and policy guidelines. The report used a descriptive analytical approach, including a literature review and analysis of demographic data. Semi-structured interviews and focus group discussions were conducted with older people, government service providers, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA), and with legislators and policy makers. Palestine's population of 4.68 million (in 2010) is still a youthful society with a high dependency ratio. The 210,000 people aged 60+ constitute 4.5% of the population; of these, 14.5% participate in the labour force, and around two-thirds are married. One sixth of families are headed by an older person. Illiteracy is widespread among older people, and women bear a disproportionate burden due to the prevalence of poverty. The report identifies existing failures to secure full protection for the fundamental human rights of older people in the oPt, or even to adhere to international recommendations such as the United Nations five principles for older persons: independence, participation, care, self-realisation and dignity. The status of the oPt in HelpAge International's Global AgeWatch Index for 2015 was very low: the West Bank and Gaza Strip were ranked 93 in the general index out of 96 participating countries. (RH)

From : <http://www.helpage.org/resources/publications/>

HelpAge International PO Box 81714, 19 Abu-Madi Street, Beit Hanina, Jerusalem, Israel.

LIFE-LONG LEARNING

233/71

Unmet demand for training among mature age Australians: prevalence, differentials and perceived causes; by Tim Adair, Emma Lourey, Philip Taylor.: Wiley.

Australasian Journal on Ageing, vol 35, no 1, March 2016, pp 36-41.

This study aimed to explore the prevalence of unmet demand for training by mature age Australians and to identify the main barriers to accessing training. 3,007 Australians aged 45-74 years were surveyed using Computer Assisted Telephone Interviewing. The sample frame was randomly selected and stratified based on the capital city and the rest of the state, and data were weighted to be nationally representative. Over one-third (37%) of respondents who had worked in the past five years reported wanting to attend some form of training but were unable to; these were most likely women and those aged 45-54 years. Commonly cited reasons for not being able to attend training included not being able to fit it in with work commitments, affordability and employer reluctance. Reduction of these barriers to workplace training could improve mature age people's ability to remain engaged in the workforce. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

LONELINESS AND SOCIAL ISOLATION

233/72

Exploring social inclusivity within the University of the Third Age (U3A): a model of collaborative research; by Rebecca Patterson, Suzanne Moffatt, Maureen Smith (et al.): Cambridge University Press.

Ageing and Society, vol 36, no 8, September 2016, pp 1580-1603.

Lifelong learning is believed to have physical, social and emotional benefits for older adults. In recognition of this, numerous programmes encouraging learning in later life exist worldwide. One example is the University of the Third Age (U3A), a lifelong learning co-operative rooted in peer-support and knowledge sharing. This article is based on a collaborative study in North-East England conducted by the authors, who were researchers at the Institute of Health and Society, Newcastle University and members of Hartlepool and District University of the Third Age. Their study investigated the social inclusivity of the group, in light of low attendance levels among those from social housing and non-professional backgrounds. A qualitative approach comprising semi-structured interviews and focus groups was adopted to explore knowledge and experience of lifelong learning and the U3A. Sixty individuals aged 50+ were interviewed. The demographic profile of participants largely reflected the socio-economic make-up of the area: the majority lived in areas of high socio-economic deprivation. Several barriers to lifelong learning are revealed, including poor health, insufficient transport, and caring responsibilities. Regarding U3A participation, three exclusionary factors are outlined: lack of knowledge, organisational name, and location. Poor comprehension of the purpose and remit of the U3A can result in the development of 'middle-class' myths regarding membership, perpetuating poor participation rates among lower socio-economic groups. Such perceptions must be dispelled to allow the U3A to fulfil its potential as a highly inclusive organisation. (RH)

ISSN: 0144696X

From : journals.cambridge.org/aso

233/73

Loneliness among older people as a social problem: the perspectives of medicine, religion and economy; by Werner Schirmer, Dimitris Michailakis.: Cambridge University Press.

Ageing and Society, vol 36, no 8, September 2016, pp 1559-1579.

The authors offer a theoretical framework for studying loneliness among older people from a social problems perspective. The framework combines the constructionist approach to social problems (Spector and Kitsuse) and systems theory (Luhmann). Based on the first approach, the authors understand the social problem of loneliness among older people to be the result of claims-making activities by different key actors. These activities are guided by underlying moralities, causalities and solutions. With the second approach, it can be explained how social problems are framed differently within different social systems. The proposed framework is primarily aimed at researchers studying social (in contrast to bio-medical or psychological) aspects of loneliness among older people. It helps not only to guide research designs in order to address conflicting perspectives, rationalities and interests, but also to enable researchers to grasp fully how 'loneliness among older people' is attributed (potentially shifting) meanings through communicative acts, by influential stakeholders in the 'social problems industry'. Combining constructionism and Luhmann's theory also helps to interpret and explain concrete claims-making concerning loneliness as a social problem. The argument in this article is illustrated via three different social systems: medicine, religion and economy. Loneliness among older people appears to be something different for each of these perspectives: as a matter of health and illness, of spirituality, and of incentives and commodities, respectively. (RH)

ISSN: 0144696X

From : journals.cambridge.org/aso

LONG TERM CARE

- 233/74 Long-term care use among old people in their last 2 years of life: variations across Finland; by Jutta Pulkki, Marja Jylha, Leena Forma (et al): Wiley Blackwell.
Health and Social Care in the Community, vol 24, no 4, July 2016, pp 439-449.
Variations across Finland in the use of six different long-term care (LTC) services among old people in their last 2 years of life, and the effects of characteristics of municipalities on the variations were studied. The authors studied variations in the use of residential home, sheltered housing, regular home care and inpatient care in health centre wards by using national registers. They studied how the use of LTC was associated with characteristics of the individuals, in particular characteristics of the municipalities in which they lived. Analyses were conducted with multilevel binary logistic regression. Data included all individuals (34,753) who died in the year 2008 at the age of 70 or over. Of those, 58.3% used some kind of LTC during their last 2 years of life. Considerable variations were found between municipalities in the use of different kinds of LTC. A portion of the variation was explained by municipality characteristics. The size and location of the municipality had the strongest association with the use of different kinds of LTC. The economic status of the municipality and morbidity at the population level were poorly associated with LTC use, whereas old-age dependency showed no association. When individual-level characteristics were added to the models, these associations did not alter. Results indicated that delivery system characteristics had an important effect on the use of LTC services. The considerable variation in LTC services also poses questions with respect to equity in access and to quality of LTC across the country. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

LONGEVITY

- 233/75 Predicting successful aging at one hundred years of age; by Lia Araujo, Oscar Ribeiro, Laetitia Teixeira (et al): Sage.
Research on Aging, vol 38, no 6, August 2016, pp 689-709.
The present study is based on a multidimensional model of successful ageing. It aims to identify subgroups of centenarians sharing common characteristics in successful ageing profiles, and to determine the role of sociodemographic factors and psychological, social, and economic resources on successful ageing. Eighty centenarians had been interviewed face-to-face in two Portuguese studies: 43 from the Oporto Centenarian Study, and 37 from the Beira Interior Centenarian Study. Cluster analysis was performed to identify distinct groups of successful ageing, and logistic regression models were performed which considered the cluster membership as a dependent covariate. There were two distinct clusters, with 40 centenarians in each, one of them presenting better results in all domains. Male sex and better income adequacy were the best predictors of successful ageing. Results help to identify different patterns of successful ageing and provide greater clarity regarding its correlates, increasing current understanding of its modifiable aspects. (RH)
ISSN: 01640275
From : roa.sagepub.com

MEDICAL ISSUES

- 233/76 Towards understanding the biological drivers of cell ageing; by Lynne Cox, Penelope A Mason, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 32).
Cell senescence is likely to underlie many age-related deleterious changes seen in the body. There is increasing evidence from both observation and intervention that senescent cell accumulation correlates with ageing and causes detrimental changes. This project set out to study the biochemical pathways leading to cell senescence, in order to permit future development of targeted strategies that would delay or even avoid the onset of senescence. A feature of this research was developing a new molecular tool to induce senescence in cells grown in the lab. A Research Outcomes webpage (www.esrc.ac.uk/my-esrc/grants/RES-356-25-0016/read) details further information about publications regarding this research. (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-32.html>

MEDICATION

(See 233/28)

MENTAL CAPACITY

(See 233/62)

MENTAL HEALTH

- 233/77 Late-life deficits in cognitive, physical and emotional functions, childhood intelligence and occupational profile: a life-course examination of the Aberdeen 1936 Birth Cohort (ABC1936); by Dorota Chapko, Roger T Staff, Christopher J McNeil ... (et al.): Oxford University Press. *Age and Ageing*, vol 45, no 4, July 2016, pp 486-493.
The 'triad of impairment' phenomenon describes the co-occurrence of age-related cognitive, emotional and physical functioning deficits. The present study investigated how occupational profile and childhood intelligence contribute to the triad of impairment in later life. The study analysed data of a subsample of the Aberdeen Birth Cohort of 1936, comprising of 346 participants. Data were collected on the participants' childhood intelligence, later life cognitive ability, physical functioning, depressive symptoms and main lifetime occupation. The various occupational and impairment measures were summarised into two latent variables, 'occupational profile' and the 'triad of impairment'. The study used a series of data reduction approaches and structural equation models (SEMs) of increasing complexity to test both the validity of the models and to understand causal relationships between the life course risks for the triad of impairment. Occupational profile had a significant effect on the triad of impairment independent of childhood intelligence. Childhood intelligence was the predominant influence on the triad of impairment and exerted its effect directly and indirectly via its influence on occupation. The direct effect of childhood intelligence exceeded the independent influence of the occupational profile on impairment by a factor of 1.7_1.8 and was greater by a factor of 4 from the indirect pathway (via occupation). Childhood intelligence was the predominant influence on the triad of impairment in later life, independently of the occupational profile. Efforts to reduce impairment in older adults should be informed by a life course approach with special attention to the early life environment. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org
- 233/78 Partner status and mental and physical health of independently living men aged 70 years and older; by Julie Byles, Kha Vo, Louise Thomas ... (et al.): Wiley. *Australasian Journal on Ageing*, vol 35, no 2, June 2016, pp 143-146.
This study aimed to describe and compare the mental health and physical functioning of community-dwelling men aged 70 years and over and living alone versus those living with a partner or spouse. Data were obtained from the baseline survey of the New South Wales 45 and Up Study. Mental health was measured using the Kessler Psychological Distress Scale and physical health was measured using the Medical Outcome Short Form 36 physical functioning scale. 37,690 community-dwelling men aged 70 years or over were included in the analyses. Men living alone were more likely to have high psychological distress scores and lower physical functioning scores compared to men living with a spouse or partner within each age group, except those 85 and over. Specific health and welfare programmes targeted to the increasing number of older men living alone may be needed to address their higher levels of psychological distress and lower levels of physical functioning. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 233/79 Self-awareness of memory impairment in Parkinson's disease: a review of the literature; by Jacqueline Bloomfield, Damith Woods, Jason Ludington.: Emerald. *Working with Older People*, vol 20, no 1, 2016, pp 57-64.
This paper reviews and provides information on the small but growing body of literature that demonstrates that some people with Parkinson's disease (PD) are unaware of the memory impairment, and that this has clinical implications for how family members care for their loved one, and how clinical staff and others may interact with them day-to-day The approach takes the form of a general review, which finds that people with PD experience a variety of cognitive impairments, including deficits in memory and higher level executive processes. Impairment in these areas can occur early in the disease course and result in adverse consequences including distractibility, trouble recalling information, and problems remembering to execute planned actions like adhering to medication regimes. The literature also suggests heterogeneity in both the memory performance of people with PD and in the definition of awareness used to investigate this phenomenon. Strategies for remembering may be of practical importance for people with PD, and/or caregivers, who should be introduced and educated to the nature of memory impairment in PD, as well as its likely course and natural progression in a non-threatening way, before they are later instructed on "tips" for maximising daily functioning as more severe cognitive deficits

begin to appear. This paper adds to the small body of literature that investigates patients' awareness of memory impairment in PD, and advocates for ongoing research within the area. (RH)
ISSN: 13663666
[From : www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

- 233/80 Sex on the brain!: associations between sexual activity and cognitive function in older age; by Hayley Wright, Rebecca A Jenks.: Oxford University Press.
Age and Ageing, vol 45, no 2, March 2016, pp 313-317.
The relationship between cognition and sexual activity in healthy older adults is under-researched. A limited amount of research in this area has shown that sexual activity is associated with better cognition in older men. The current study explores the possible mediating factors in this association in men and women, and attempts to provide an explanation in terms of physiological influences on cognitive function. Using newly available data from Wave 6 of the English Longitudinal Study of Ageing, the current study explored associations between sexual activity and cognition in adults aged 50-89. Two different tests of cognitive function were analysed: number sequencing, which broadly relates to executive function, and word recall, which broadly relates to memory. After adjusting for age, education, wealth, physical activity, depression, cohabiting, self-rated health, loneliness and quality of life, there were significant associations between sexual activity and number sequencing and recall in men. However, in women there was a significant association between sexual activity and recall, but not number sequencing. Possible mediators of these associations (e.g. neurotransmitters) are discussed. The cross-sectional nature of the analysis is limiting, but provides a promising avenue for future explorations and longitudinal studies. The findings have implications for the promotion of sexual counselling in healthcare settings, where maintaining a healthy sex life in older age could be instrumental in improving cognitive function and well-being. (JL)
ISSN: 00020729
[From : www.ageing.oxfordjournals.org](http://www.ageing.oxfordjournals.org)

MENTAL HEALTH CARE

- 233/81 GPs' satisfaction with memory clinic services; by Bethan Kendrick.: Hawker.
Journal of Dementia Care, vol 24, no 2, March-April 2016, pp 14-15.
Memory clinics play a key role in assessing people with memory impairment, and should provide timely diagnosis and intervention. However, general practitioners (GPs) are often ambivalent about memory clinics, with conflicting views about the value of a diagnosis. This article reports on a survey of GPs in Gwynedd and Anglesey, north-west Wales to examine their thinking. (RH)
ISSN: 13518372
[From : www.careinfo.org](http://www.careinfo.org)

NEIGHBOURHOODS AND COMMUNITIES

- 233/82 Urban social and built environments and trajectories of decline in social engagement in vulnerable elders: findings from Detroit's Medicaid home and community-based waiver population; by MinHee Kim, Philippa Clarke.: Sage.
Research on Aging, vol 37, no 4, May 2015, pp 413-435.
There is little knowledge on the relationships between neighbourhood environments and trajectories of social engagement among physically and economically vulnerable older adults. We examined the association between neighbourhood social and built environments (physical disorder, the presence of crime watch signs, and street conditions) and 36-month trajectories of social engagement among 965 older adults living in Detroit, Michigan. Social withdrawal was defined as a decline in social engagement without distress while social isolation was defined as a decline in social engagement with distress. The authors used data from Michigan's Minimum Data Set for Home Care (2000-2008), merged with contextual data collected through a virtual audit instrument using Google Earth's "Street View" feature. Results from multilevel multinomial analyses indicated that the presence of neighbourhood watch signs was associated with increased chance of social withdrawal and social isolation among frail older adults over time, highlighting the potential anxiety-provoking effect of precautionary measures against crime. (RH)
ISSN: 01640275 [From : roa.sagepub.com](http://roa.sagepub.com)

NURSING

- 233/83 Development of a curriculum for advanced nurse practitioners working with older people with frailty in the acute hospital through a modified Delphi process; by Sarah Elizabeth Goldberg, Jo Cooper, Adrian Blundell (et al.): Oxford University Press.
Age and Ageing, vol 45, no 1, January 2016, pp 48-53.
Advanced nurse practitioners (ANPs) are experienced nurses who undertake some activities traditionally performed by medical staff. There are four pillars of advanced practice: advanced

clinical skills, leadership, education and research. ANPs are starting to specialise in the management of older adults with frailty in the acute hospital. However the role and competencies required for this have not been well defined. This study aimed to establish an expert consensus on the role description and essential competencies for ANPs working with older people with frailty to develop a curriculum. A literature review and workshops including multi-professional and lay representatives generated a role description and a list of 69 competencies. A modified Delphi process was then conducted with three rounds involving a panel of 31 experts including representatives from the RCN, BGS Education and Training Committee, BGS Senior Nurses and Practitioners Group, Chartered Society of Physiotherapy Older People Network, College of Occupational Therapists Older People Specialist Section and lay representatives. Consensus on the statements was established by 70% panel agreement. The role description reached 100% agreement within three rounds. 25 essential competencies were agreed after Round 1, increasing to 43 after Round 2 and 49 after Round 3. This Delphi study has allowed, for the first time, a national panel of clinical experts and lay representatives to refine and agree a set of competencies for ANPs working with older people with frailty. It is the first step towards ensuring consistency in the training of ANPs in geriatric medicine. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

OBESITY

233/84

The risk of overweight/obesity in mid-life and late life for the development of dementia: a systematic review and meta-analysis of longitudinal studies; by Emilio Pedditizi, Ruth Peters, Nigel Beckett.: Oxford University Press.

Age and Ageing, vol 45, no 1, January 2016, pp 14-21.

It has been suggested that being overweight or obese as a risk factor for incident dementia differs between midlife and later life. In this study the authors performed a systematic review and meta-analysis of the up-to-date current literature to assess the said hypothesis. Inclusion criteria included epidemiological longitudinal studies published up to September 2014, in participants without cognitive impairment based on evidence of cognitive assessment and aged 30 or over at baseline assessment with at least two years of follow-up. Various relevant databases were searched using combinations of the search terms: Dementia, Alzheimer Disease, Vascular Dementia, Multi-Infarct Dementia, Cognitive Decline, Cognitive Impairment, Mild Cognitive Impairment/Obesity, Overweight, Adiposity and Waist Circumference. Handsearching of all papers meeting the inclusion criteria was performed. A random-effects model was used for the meta-analysis. Of the 1,612 abstracts identified and reviewed, 21 completely met the inclusion criteria. Being obese below the age of 65 years had a positive association on incident dementia with a risk ratio, but the opposite was seen in those aged 65 and over. This systematic review and meta-analysis suggests a positive association between obesity in midlife and later dementia but the opposite in later life. Whether weight reduction in midlife reduces risk is worthy of further study. (JL)

ISSN: 00020729 From : www.ageing.oxfordjournals.org

OLDER OFFENDERS

233/85

Links between depressive symptoms and unmet health and social care needs among older prisoners; by Kate O'Hara, Katrina Forsyth, Roger Webb ... (et al.): Oxford University Press.

Age and Ageing, vol 45, no 1, January 2016, pp 158-163.

Absolute numbers of older prisoners and their proportion of the total prison population are increasing. They have multiple health and social care needs that are prominent on entry into prison. No previous studies have identified older prisoners' health and social care needs at this crucial point. The objective of this study was to examine unmet health and social care needs among older men entering prison and their links with depressive symptoms. A cross-sectional survey across nine prisons in the North of England was completed. 100 male prisoners aged between 60 and 81 were interviewed using the Camberwell Assessment of Need - Forensic short version (CANFOR-S) and Geriatric Depression Scale - Short Form (GDS-15). Descriptive statistics were generated and tests performed. Participants reported high levels of unmet needs as measured with the CANFOR-S, notably in the domains of knowledge about their condition and treatment (38%), psychological distress (34%), daytime activities (29%), benefits (28%), food (22%) and physical health (21%). The mean total number of unmet needs was 2.74, with a median of 2.0. More than half the sample exhibited clinical signs of depression. A significant association between depressive symptomology and an unmet physical health need, as measured by the CANFOR-S, was detected. High levels of depressive symptoms were experienced by older prisoners on entry into prison. Personalised health and social care needs assessment and discrete depression screening are required on prison entry to facilitate effective management of unmet needs. (JL)

ISSN: 00020729 From : www.ageing.oxfordjournals.org

OLDER WOMEN

(See 233/60, 233/66)

OLDEST OLD

(See Also 233/57)

- 233/86 'Old but not that old': Finnish community-dwelling people aged 90+ negotiating their autonomy; by Jari Pirhonen, Hanna Ojala, Kirsi Lumme-Sandt, Ikkea Pietila.: Cambridge University Press. *Ageing and Society*, vol 36, no 8, September 2016, pp 1625-1644.
Autonomy is a pervasive concept in Western lifestyles today. However, people in the fourth age are assumed not to be autonomous, but dependent on other people. The dataset for this study is part of the Vitality 90+ study, consisting of interviews with Finnish community-dwelling people aged 90 or 91 (born in 1921 or 1922). The study aimed to examine how these people see their own autonomy in their everyday lives, based on membership categorisation analysis. Respondents considered their autonomy through three distinct themes. Functional ability was considered in terms of being physically capable of managing daily tasks. Independence in decision making was based on material and financial self-sufficiency, and on the respondents' supposition that they were capable of making decisions due to an absence of memory disorders. Additionally, autonomy was considered as contesting norms of age-appropriateness. Among respondents, chronological age seemed to have been replaced by functional and cognitive ability as a definer of categorisations. The study revealed that the perceptions of autonomy also included gendered features, as they were linked with differing gendered ideals, roles and life domains of women and men. The results highlight the internal diversity among the oldest old and challenge the third/fourth age division. Instead, they suggest the existence of a certain 'grey area' within old age, and urge an analysis on the subtle meaning making involved in older people's constructions of age-categorisations. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

PHYSICAL ACTIVITY

(See Also 233/9, 233/78)

- 233/87 Perceptions towards aqua-based exercise among older adults with osteoarthritis who have discontinued participation in this exercise mode; by Alison L Fiske, Debra L Waters, Wayne A Hing ... (et al): Wiley.
Australasian Journal on Ageing, vol 35, no 1, March 2016, pp 12-17.
This study aimed to investigate reasons for ceasing participation in aqua-based exercise among older adults with osteoarthritis (OA). 11 adults over 60 years of age with OA participated in one of two focus groups, during which they discussed barriers to aqua-based exercise and the potential benefits of this exercise mode. Each focus group was audiotaped, transcribed and then analysed using the general inductive thematic approach. The investigators reached a consensus on all coding categories and then identified themes. Key barriers identified were: a lack of suitable classes; insufficient instructor knowledge, which often led to increased pain; cold water and the changing facilities. Key perceived benefits included increased physical ability in water and social interaction. A greater understanding of reasons for ceasing participation in aqua-based exercise among older adults with OA may help facilitate development of suitable exercise programmes that minimise barriers for this group. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag
- 233/88 Processes of identity development and behaviour change in later life: exploring self-talk during physical activity uptake; by E J Oliver, J Hudson, L Thomas.: Cambridge University Press.
Ageing and Society, vol 36, no 7, August 2016, pp 1388-1406.
The benefits of exercise are well documented. Nevertheless, physical activity decreases progressively with age, a trend exacerbated in those who have fallen. An important predictor of exercise behaviour is the extent to which motivation for exercise has been internalised into one's identity. However, we know little about changing health behaviours in older people, with calls for longitudinal studies to aid understanding. Grounded in self-determination theory, the present study explored the role of self-talk in the process of identity change during the initial ten weeks of an exercise referral falls prevention programme. Six participants identified at risk of falling completed weekly measures of their physical activity-related cognition and identity; in-depth interviews were completed at course commencement and ten weeks later. During this initial phase of the behaviour change programme, participants developed stronger physical activity identities, with themes reflecting a transition from a physically impaired and negative self to a more future-orientated, capable and integrated self-identity. Concurrently, autonomy-supportive and

competence-reinforcing self-talk significantly increased, with non-significant increases and decreases in controlling and amotivational self-talk, respectively. The data suggest that self-talk may be usefully conceptualised as a process through which social messages are interpreted and internalised to integrate a new behaviour into one's existing self-concept. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

POLITICS AND CAMPAIGNING

- 233/89 Everyone deserves a voice; by Sara Livadeas, Madeline Cooper-Ueki.: Hawker. Journal of Dementia Care, vol 24, no 2, March-April 2016, pp 16-17.
Most adults expect to be able to exercise their right to vote in elections, but for people with dementia in a care home, things are seldom so simple. The authors report on an election campaign with a difference, which was run by the Orders of St John Care Trust (OSJCT) in partnership with the Electoral Commission that ensured that all their residents were able to register and vote in the General Election in May 2015. That residents felt engaged with a subject that matters to them also led to reminiscence work, as well as helping them to express their views. (RH)
ISSN: 13518372 [From : www.careinfo.org](http://www.careinfo.org)

POSITIVE AGEING

(See Also 233/6, 233/75)

- 233/90 From positive ageing to positive living: a changing perspective from the Beth Johnson Foundation; by Lynne Marie Wealleans.: Emerald. Working With Older People, vol 19, no 4, 2015, pp 165-169.
This paper reports on learning from the Positive Ageing and Positive Living projects of the Beth Johnson Foundation (BJF). The content for this case study was drawn from evidence gathering activities with different generations of older people, with key stakeholders, commissioners and policy makers. This was supported by analysis of information and research on the subjects of positive and active ageing. The case study makes some recommendations, based on practice, that support a change in the dialogue around ageing, from positive ageing to positive living. It promotes a multi-generational approach to the co-design of services; and it supports prevention, health promotion and appropriate interventions which are not based on age. It also promotes ageing as a "natural" part of the life course; challenges negative stereotypes around ageing; and ensures accessible, inclusive and quality services. The case study also addresses some of the issues around the language used and the culture around ageing, which will contribute to a more forward thinking approach. (RH)
ISSN: 13663666 [From : www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

PREVENTION

(See Also 233/111)

- 233/91 Public health and prevention: acting to make longer lives healthier; by Charles Alessi, Elaine Rashbrook.: Emerald. Working with Older People, vol 20, no 2, 2016, pp 110-120.
This paper outlines the action that can be taken to ensure longer and healthier lives. It draws on the relevant recommendations that delay or prevent the onset of ill health in later years set out by the National Institute for Health and Care Excellence (NICE). This is followed by a number of recommended approaches to promote healthy behaviours in older adults as well as those in midlife. There is a clear need for a public health and prevention agenda to help ensure that later years are not just longer, but healthier. The paper identifies how, when and where the health risks associated with the majority of years lost to ill health can be addressed, and advocates the importance of taking an asset-based approach to promoting good health in older people. The paper provides a comprehensive review of the key public health actions that can be taken to ensure longer and healthier lives. (RH)
ISSN: 13663666 [From : www.emeraldgroupublishing.com/wwop.htm](http://www.emeraldgroupublishing.com/wwop.htm)

RESEARCH

(See Also 233/102)

- 233/92 Pathways to advancing aging policy-relevant research in academic settings; by Kathryn G Kietzman, Lisa M Troy, Carmen R Green, Steven P Wallace.: Taylor and Francis. Gerontology and Geriatrics Education, vol 37, no 1, January-March 2016, pp 81-102.
Policy-level changes have a significant influence on the health and well-being of ageing populations. Yet there is often a gap between scientific knowledge and policy action. Although

previous research has identified barriers and facilitators to effective knowledge translation, little attention has been given to the role of academic institutions in knowledge generation. This exploratory focus group study examines barriers and pathways to developing and maintaining an ageing policy-relevant research agenda in academic settings. It also considers additional challenges associated with minority group membership in this pursuit. The participants were personally committed to conducting policy-relevant research, despite institutional barriers such as fewer funding opportunities and less value attributed to their research, particularly in the context of tenure and promotion. Although many viewed their research as an opportunity to make a difference, especially for under-served older adult populations, a number of minority group participants expressed that their policy research interests were marginalised. The participants offer individual and institutional-level strategies for addressing barriers, including collaborating with community members and colleagues, and engaging mentors within and outside of their academic institutions. Reframing the valuation of policy research through the diversification of funding and publishing opportunities can better support scholars engaged in ageing policy-relevant research. (RH)

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From : www.tandfonline.com

RESIDENTIAL AND NURSING HOME CARE

(See Also 233/10, 233/45)

- 233/93 Caring for acutely unwell older residents in residential aged-care facilities: perspectives of staff and general practitioners; by Amy Stokoe, Carolyn Hullick, Isabel Higgins ... (et al): Wiley. *Australasian Journal on Ageing*, vol 35, no 2, June 2016, pp 127-132. This study aimed to explore the challenges and facilitators of managing acutely unwell residents in their residential aged care facilities (RACF) and transferring RACF residents to the emergency department of a tertiary referral hospital in Australia. This exploratory study used a qualitative descriptive approach incorporating structured focus group interviews with nursing staff from RACFs and General Practitioners (GPs) within the local area. Four focus groups were held with staff from RACFs and one with GPs who visited one or more of the facilities during 2010. The interview data were analysed for themes relating to the study aims. Findings revealed both challenges and facilitators associated with managing acutely unwell older people including communication, nursing staffing mix and numbers, use of advanced care directives, responsibilities of GPs and awareness of community services. From these findings it is possible to make recommendations for alternative ways of practising and/or new models of care. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 233/94 Choosing a nursing home: families need more support; by Susan Ashton, Brenda Roe, Barbara Jack.: Hawker Publications. *Journal of Dementia Care*, vol 24, no 4, July/August 2016, pp 22-24. Nursing homes are sometimes the best option for people with advanced dementia, but what is it like choosing one? The authors report on their qualitative study of family caregiver experiences, in which they examined an 18-bed specialist long-term dementia unit that provided 24-hour care in north-west England. They conducted interviews with 12 family caregivers, most of whom had been instrumental in placing relatives with advanced stage dementia in the care home. Their study considered the extent to which caregivers could be perceived as "inspectors" in selecting a care home for their relative, and the importance of considering dignity in their decisions. (RH)
ISSN: 13518372 From : www.careinfo.org
- 233/95 Fear and overprotection in Australian residential aged-care facilities: the inadvertent impact of regulation on quality continence care; by Joan Ostaszkievicz, Beverly O'Connell, Trisha Dunning.: Wiley. *Australasian Journal on Ageing*, vol 35, no 2, June 2016, pp 119-126. Most residents in residential aged care facilities are incontinent. This study explored how continence care was provided in residential aged care facilities, and described a subset of data about staffs' beliefs and experiences of the quality framework and the funding model on residents' continence care. Using grounded theory methodology, 18 residential aged care staff members were interviewed and 88 hours of field observations conducted in two facilities. Data were analysed using a combination of inductive and deductive analytic procedures. Staffs' beliefs and experiences about the requirements of the quality framework and the funding model fostered a climate of fear and risk adversity that had multiple unintended effects on residents' continence care, incentivising dependence on continence management, and equating effective continence care with effective pad use. There is a need to rethink the quality of continence care and its measurement in Australian residential aged care facilities. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

- 233/96 Promoting resident and family councils: a pilot evaluation; by Jamie Znidarsich, Susan Davies, Susan Mary Sullivan.: Emerald.
Working with Older People, vol 20, no 2, 2016, pp 101-109.
The status and impact of a recently formed Resident and Family Council in the United States was evaluated, to determine whether the group was achieving the goals of improving long-term care facility relationships, enhancing communication and promoting positive change within the facility. The pilot evaluation was designed to develop recommendations for future sustainability of the council, as well as providing wider lessons about the benefits and potential pitfalls of such groups. Data were gathered using participatory qualitative research methods. Semi-structured interviews were conducted with nine council members, representing all groups within the Resident and Family Council. Documents relating to the work of the council and observational field notes maintained during meetings were also analysed. A number of themes and dynamics were identified relating to communication, collaboration and future sustainability. Recommendations for initiating Resident and Family Councils should include surveying interest within long-term care facilities, involving the facility ombudsmen or volunteer coordinator, and assessing resources within the community, such as volunteer organisations or partnering with local education organisations. This research could serve as a template for establishing Resident and Family Councils. (RH)
ISSN: 13663666
From : www.emeraldgroupublishing.com/wwop.htm

RESILIENCE

- 233/97 Emotional and personal resilience through life; by Kate M Bennett, Foresight Future of Ageing project, Government Office for Science. London: Government Office for Science, 2015, 44 pp (Future of an ageing population: evidence review).
This evidence review has been commissioned as part of the UK government's Foresight Future of an Ageing Population project; it was conducted by Kate M Bennett, University of Liverpool. It proposes an operationalised definition of resilience based on this one by Gill Windle in 2011: "The process of effectively negotiating, adapting to, or managing significant sources of stress or trauma ...". A systematic review of peer-reviewed literature on personal and emotional resilience and the associations between resilience and health, productivity and well-being found 56 papers which met review criteria. Eight papers were identified for interventions including bibliotherapy, t'ai chi, occupational therapy and relaxation. A review of the grey literature showed that government, the NHS and the third sector recognise resilience for older people. It considers changing factors influencing resilience until 2025: extended working life; dementia and mental health; demographic change; political and policy changes; and community, cultural and social changes. It also considers changing factors influencing resilience until 2040: changes to health; technological developments; and as yet unimagined influences. An appendix lists the items identified. (RH)
From : <https://www.gov.uk/government/publications/future-of-ageing-emotional-and-personal-resilience>

RETIREMENT

- 233/98 The task of time in retirement; by David J Ekerdt, Catheryn Koss.: Cambridge University Press. Ageing and Society, vol 36, no 6, July 2016, pp 1295-1311.
Retirees' encounter with time has long interested social scientists, especially the negotiation of such an open-ended status. Pursuing theoretical suggestions that daily activities anchor a narrative of self-identity, this project examined the coherence of retirees' representations of their time use. Information is drawn from interviews with 30 retirees in the Midwestern United States of America who were invited to discuss their daily lives and activities. The retirees valued time sovereignty and accounted for their time use by describing schedules of activities in some detail. Daily time was not presented as improvised but rather as structured into routines. Recurring behaviours flowed from situations and structures in which people were implicated, such as body care and living with others. Even in replies to a specific question about the preceding day, people slipped into language about what they typically do. Retirees' ready narratives about routines were also accounts of who they are not. The findings suggest, first, that daily routines are instrumental for retirees in economising thought and behaviour. Second, the assertion of a routine is an assurance that one's life is ordered and proceeds with purpose, thus solving the task of time. Third, routines can be a means to signal conformity with ideals of active ageing. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

SENSORY LOSS

(See Also 233/30)

- 233/99 Self-reported hearing, vision and quality of life: older people in New Zealand; by Shiran Zhang, Simon Moyes, Chris McLean ... (et al.): Wiley.
Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 98-105.
The aim of this New Zealand study was to establish associations between sensory-related disability and quality of life (QOL). 3,817 people aged 75 years and older, including 173 Maori aged 61 years and older, were surveyed. Measures included: sociodemographic and health factors; World Health Organization quality of life (WHOQOL)-BREF for QOL; and self-rated hearing- and vision-related disability. Hearing disability was reported by 866 (51%) men and 736 (36%) women. A total of 974 (26% of all, 61% of hearing disabled) used hearing aids. A total of 513 (30%) men and 618 (30%) women reported vision disability. Vision and hearing disability were both independently associated with lower QOL, with hearing difficulty affecting physical and social domains more, and the environmental domain least. Vision difficulty impacted the environmental domain most and the social domain least. QOL impact was higher for those with both hearing and visual disability (631, 17%). Overall the study concluded that hearing and vision disability are associated with poorer QOL. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

SEXUALITY

(See Also 233/80)

- 233/100 Are you delivering trans positive care?; by Serena Mackenzie Jones, Paul Willis.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 50-59.
For the vast majority of cisgendered people who experience alignment between the sex they were assigned at birth, the body they have and their gender identity they are comfortable with (Schilt and Westbrook, 2009), the experience of transgender people is a distant one. More of us share an experience of ageing and the associated concerns about reduced independence, deterioration of health and increased need for care and support. This paper aims to discuss these issues. For trans older people, the experience of ageing has specific features that have a major impact on their lives, if not understood, planned for and responded to appropriately. This paper presents findings from a qualitative study exploring trans peoples experiences, concerns and suggestions for how agencies providing elder care can better meet their expectations (Jones, 2013). The article discusses ageing and the associated concerns about reduced independence, deterioration of health and increased need for care and support. The research reveals low confidence in the ability of current aged care services to meet the needs of trans older people due to: a limited understanding of the relationship between health and social care specific to trans people; undervaluing the networks in trans people's lives; the need to demonstrate culturally competent services; and real concerns regarding tackling discrimination and abuse. Despite legislative advancements, the research detected a sense that activism is central to tackling these issues, and trans people are articulating their demands for shaping future provision. The research identifies a number of recommendations for care providers and future areas of research. (OFFPRINT) (RH)
ISSN: 20428766
From : www.emeraldinsight.com

- 233/101 Coming out narratives of older gay men living in New Zealand; by Stephen Neville, Bernie Kushner, Jeffery Adams.: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 29-33.
The purpose of this New Zealand study was to explore the coming out narratives of a group of older gay men. A narrative gerontological approach was employed to explore the men's coming out experiences. Semi-structured digitally recorded individual interviews were undertaken with 12 gay men aged between 65 and 81 years who lived in the community. Data were analysed using a narrative data analytic process. Three collective narratives related to the coming out of older gay men were identified: 'early gay experiences', 'trying not to be gay' and 'acceptance'. Overall study findings showed that older gay men come from diverse socio-cultural backgrounds. However they all grew up in an era where same-sex attraction was a criminal offence. The path to accepting being a gay man was individualised and stressful for these participants. Consequently health and social service providers need to support the ongoing development of resilience and provide a person-centred approach to care that promotes wellbeing. (JL)
ISSN: 14406381
From : [wileyonlinelibrary.com/journal/ajag](http://www.wileyonlinelibrary.com/journal/ajag)

- 233/102 Count me in: response to sexual orientation measures among older adults; by Karen I Fredriksen-Goldsen, Hyun-Jun Kim.: Sage.
 Research on Aging, vol 37, no 5, July 2015, pp 464-480.
 Health disparities exist among sexual minority older adults. Yet health and ageing surveys rarely include sexual orientation measures; and when they do, they often exclude older adults from being asked about sexual orientation. This is the first population-based study to assess item non-response to sexual orientation measures by age and change over time. The authors compare response rates and examine time trends in response patterns, using adjusted logistic regressions. Among adults aged 65 and older, the non-response rate on sexual orientation is lower than that for a question on income. While older adults show higher non-response rates on sexual orientation than younger adults, the non-response rates have significantly decreased over time. By 2010, only 1.23% of older adults responded "don't know" or "not sure", with 1.55% refusing to answer sexual orientation questions. Given documented health disparities and rapidly changing social trends in the understanding of diverse sexuality, decisions to not ask older people questions about sexual orientation must be reconsidered. (RH)
 ISSN: 01640275
 From : roa.sagepub.com
- 233/103 Learning from international experiences: developing older LGBT affirmative housing and care options in England; by Paul D S Ross.: Emerald.
 Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 60-70.
 The author aims to formulate recommendations from international and local examples, to aid the design and delivery affirmative housing and care options for older lesbian, gay, bisexual and transgender (LGBT) individuals in England. It combines a desk-top review conducted by the author, which includes personal views and recommendations for practice. It does so by discussing the levers within both the Care Act 2014 and the Equality Act 2010 for greater LGBT participation in the design, delivery and evaluation of housing with care services. The provision of LGBT affirmative housing and care options for individuals in England is currently limited. International and European evidence suggests that multi-faceted, person-centred approaches are central in delivering affirmative services to older LGBT individuals. This paper adds to a growing literature on minority housing and care services. The author draws on both a professional and personal interest in facilitating the development of LGBT affirmative services in England. (OFFPRINT) (RH)
 ISSN: 20428766
 From : www.emeraldinsight.com
- 233/104 Lesbian, gay, bisexual and transgender people's attitudes to end-of-life decision-making and advance care planning; by Mark Hughes, Colleen Cartwright.: Wiley.
 Australasian Journal on Ageing, special issue, 2015, pp 39-43.
 The present study aimed to examine lesbian, gay, bisexual and transgender (LGBT) people's attitudes to advance care planning (ACP) options and alternative decision-making at the end of life. 305 LGBT people completed an online or paper-based questionnaire, comprising fixed-choice questions and open-ended questions. Most respondents, particularly those identifying as female or transgender, preferred a partner to be their alternative decision-maker at the end of life should the need arise. 52% of respondents had spoken to this person about their wishes. Regarding legal options enabling end-of-life decision-making, 29% had an enduring power of attorney, 18% an enduring guardian and 12% an advance care directive. Despite the significance of ACP for promoting the rights of LGBT people at the end of life, the take-up of these options was nearly as low as for the general population. The potential for targeted strategies to increase the take-up of ACP is identified. (JL)
 ISSN: 14406381
 From : wileyonlinelibrary.com/journal/ajag
- 233/105 The significance of affinity groups and safe spaces for older lesbians and bisexual women: creating support networks and resisting heteronormativity in older age; by Jill Wilkens.: Emerald.
 Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 26-35.
 The author investigates the impact of belonging to a same-sexuality social group or network for older lesbians and bisexual women. In total, 35 women were interviewed about a range of topics including coming out (or not) in the 1950s and 1960s, their feelings about ageing, and their experiences of attending groups for lesbians and bisexual women, now and in the past. The study found that, while the participants had different opinions of groups and their significance, the majority valued the opportunity to meet with other "like-minded" women and enjoyed a range of positive outcomes. The nature of the space where such groups are located was significant to many, as was the employment of paid leaders, not only to take up the administrative burden, but also to moderate and prevent cliques from forming. The research indicates that such groups have an important role to play in alleviating loneliness and promoting positive ageing. (OFFPRINT) (RH)
 ISSN: 20428766 From : www.emeraldinsight.com

- 233/106 Silver rainbows: advances in Australian ageing and aged care; by Rebecca Reynolds, Samantha Edmonds, Y Gavriel Ansara.: Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 5-7.
This invited editorial briefly looks at the increasing number of lesbian, gay, bisexual, trans and intersex (LGBTI) people accessing aged care services in Australia, and the emerging challenge for service providers. Includes a description of the work of the LGBTI Health Alliance, and its strategy for ageing and aged care among this population. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 233/107 Understanding the experiences and needs of lesbian, gay, bisexual and trans Australians living with dementia, and their partners; by Catherine Barrett, Pauline Cramer, Sally Lambourne ... (et al): Wiley.
Australasian Journal on Ageing, special issue, 2015, pp 34-38.
The present study aimed to outline the experiences and needs of lesbian, gay, bisexual and trans (LGBT) Australians living with dementia and their partners, in which in-depth interviews were conducted with LGBT people, their partners and service providers. Findings showed that LGBT people living with dementia experience unique challenges including the failure of some families of origin and service providers to understand and value their sexual orientation or gender identity. The fear of discrimination by service providers results in greater reliance on intimate partners for care and compounds social isolation. The unique experiences of LGBT people with dementia are not well understood. There is a need to recognise historical experiences including familial relationships, and provide advocacy to ensure sexual and gender rights are not violated. There is also a need to ensure that the experiences and perspectives of LGBT people living with dementia inform the development of services. (JL)
ISSN: 14406381
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SOCIAL CARE

(See Also 233/16, 233/30)

- 233/108 Care Act first-phase reforms: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, 11 June 2015, 49 pp (HC 82 Session 2015-16).
The Care Act 2014 puts new legal responsibilities on local authorities in England, and requires them to cooperate with local partners to meet them. This report considers whether the Department of Health (DH) is carrying out Phase 1 of the Act in a way that is likely to achieve the government's objectives and be value for money. It focuses on the new duties to provide assessments and services to carers, and help for self-funders. The report notes local authority budgeted net spending on adult social care in 2014-15 was £14.4bn; however, the NAO estimates a fall of £1.1b in budgeted net spending on social care, 2010-11 to 2014-15. While £470m Care Act funding is £470m in 2015-16, the NAO estimates that Phase one of the Act will cost £2.5 billion to carry out from 2013-14 to 2019-20. A summary report (8 pp) is also available.(RH)
From : Downloads at: <https://www.nao.org.uk/report/care-act-first-phase-reforms/>
- 233/109 Care Quality Commission: capacity and capability to regulate the quality and safety of health and adult social care: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, 22 July 2015, 54 pp (HC 271 Session 2015-16).
Reports in 2011 by the National Audit Office (NAO) and 2012 by the Committee of Public Accounts found that the Care Quality Commission (CQC) was not adequately fulfilling its roles as an effective regulator of health and adult social care in England. This report focuses on the CQC's progress in putting in place its three year transformation strategy, and its capacity to implement its new approach. It finds that the Commission's new regulatory model strengthens the way it expects to monitor and inspect hospitals, adult care providers and GPs. While the CQC has made progress recruiting new staff, it does not yet have enough people to do all its work; and it began overseeing the financial health of adult social care providers before having in-house expertise fully in place. The report identifies that the CQC does not have access to routine information about adult social care sufficient to monitor risk or trigger inspections. Among the NAO's recommendations are that the CQC should make better use of information from service users as part of its intelligent monitoring data: work is still needed to manage public expectations about what the CQC can and cannot achieve. A summary report (7 pp) is also available.(RH)
From : <https://www.nao.org.uk/report/capacity-and-capability-to-regulate-the-quality-and-safety-of-health-and-adult-social-care/>

- 233/110 Shaping the future: CQC's strategy for 2016 to 2021; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission - CQC, 2016, 20 pp.
The Care Quality Commission (CQC) strategy for 2016 to 2021 sets out a vision for a more targeted, responsive and collaborative approach to regulation, so that more people get high quality care. The strategy focuses on four priorities, which will: encourage improvement, innovation and sustainability in care; deliver an intelligence-driven approach to regulation; promote a single shared view of quality; and improve the organisation's efficiency and effectiveness. A key development to CQC's approach will be the improved use of information from the public, providers, other regulators and oversight bodies, in order to target resources more effectively to where risk to the quality of care provided is greatest, or to where quality is likely to have changed. Another document, 'What our strategy means for the health and adult social care services we regulate', describes how the CQC will regulate and encourage improvement in each sector. (RH)
From : Link to downloads: <http://www.cqc.org.uk/content/our-strategy-2016-2021>

SOCIAL INCLUSION

- 233/111 Active social participation and mortality risk among older people in Japan: results from a nationally representative sample; by Yuka Minagawa, Yasuhiko Saito.: Sage.
Research on Aging, vol 37, no 5, July 2015, pp 481-499.
A large literature suggests that active social participation contributes to the well-being of older people. Japan provides a compelling context to test this hypothesis due to its rapidly growing elderly population and the phenomenal health of the population. Using the Nihon University Japanese Longitudinal Study of Aging (NUJLSOA), this study examines how social participation, measured by group membership, is related to the risk of overall mortality among Japanese older people aged 65 and older. Results from Cox proportional hazards models show that group affiliation confers advantages against mortality risk, even after controlling for sociodemographic characteristics, physical health measures and family relationship variables. In particular, activities geared more toward self-development - such as post-retirement employment and lifelong learning - are strongly associated with lower levels of mortality. Findings suggest that continued social participation at advanced ages produces positive health consequences, which highlights the importance of active aging in achieving successful ageing in the Japanese context. (RH)
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SOCIAL NETWORKS

(See 233/105)

TRANSPORT

(See Also 233/42)

- 233/112 Better planning for car ownership and well-being in old age; by Nigel Appleton, Contact Consulting; Housing Learning and Improvement Network - Housing LIN. London: Housing Learning and Improvement Network - Housing LIN, May 2016, 23 pp (Briefing).
This briefing of the literature seeks to connect the body of knowledge around the significance of car ownership in achieving well-being for older people to those making particular decisions that may affect older people's car ownership, in particular, those living in specialised accommodation. It examines from a social and psychological perspective the impact of loss of car ownership on the sense of well-being for older people. It considers the policy and practice responses to an ageing society, including the delivery of policies in relation to planning for transport health, housing and social care. It includes some examples of local practice. The briefing concludes that these wider policy matters should be given equal weight when determining the level of car parking to be provided in retirement developments. The views expressed are those of the author, and not necessarily those of the Housing Learning and Improvement Network. (RH)
From : http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Briefings/HLIN_Briefing_CarOwnership.pdf
- 233/113 Psychosocial factors significantly predict driving self-regulation in Australian older adults; by Ides Y Wong, Simon S Smith, Karen A Sullivan.: Wiley.
Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 133-138.
This study aimed to investigate: (i) whether attitudes and beliefs about driving predict older adults' driving self-regulation, and how much variance in self-regulation can be explained by these factors; and (ii) if driving confidence is controlled, whether attitudes and beliefs remain significant independent predictors of driving self-regulation. The present study examined the psychosocial factors that underlie driving self-regulation in 277 older adults within Australia. Participants completed standardised questionnaires about their driving, attitudes, belief and use of driving

self-regulation. Driving confidence, affective and instrumental attitude, and perceived behavioural control were all significant predictors of driving self-regulation. The combination of these factors accounted for 56% of the variance in driving self-regulation.

Driving self-regulation is a complex behaviour influenced by a wide range of psychosocial factors. Improved understanding of these factors could inform strategies to improve older driver safety and influence the advice that people receive. (JL)

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