ISSN 0140-2447

New Literature on Old Age

EDITOR
Gillian Crosby

VOLUME **40** NUMBER **235**

2017

The publications listed in this bulletin have been recently added to CPA's library. Readers who wish to obtain any of the documents cited should order from their usual bookseller (or direct from the addresses given) or arrange to borrow them through public and academic libraries. In case of difficulty, CPA library staff will be pleased to advise.

CPA's full bibliographic collection can be accessed through **Ageinfo** on the web.

New Literature on Old Age is published and distributed by CPA to whom all orders should be sent. The subscription rate is £30.00 per annum in the UK and £36.00 for overseas. Details of back issues are available from CPA.

To obtain more information about **Ageinfo** and access to CPA's library, please contact Gillian Crosby.

Centre for Policy on Ageing
Tavis House
1-6 Tavistock Square
London WC1H 9NA

Telephone: +44 (0) 207 553 6500
Fax: +44 (0) 207 553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

CPA
Information Service

Contents for vol 40 no 235, 2017

Continued...

Subject Headings **Page**

ABUSE, SAFEGUARDING AND PROTECTION

235/1 Call of duty: an exploration of the factors influencing NHS professionals to report adult protection concerns; by Kate Fennell.: Emerald.
Journal of Adult Protection, vol 18, no 3, 2016, pp 161-171.
The Adult Support and Protection (Scotland) Act 2007 places a duty on Councils to investigate the circumstances of adults who, because of a disability, health condition or illness are unable to safeguard themselves from harm. Public partner agencies including the NHS have a statutory obligation to bring to the attention of the Council those individuals who may be at risk of harm. Health professionals cooperate with adult protection investigations and participate in the development of adult support and protection plans, yet do not appear to be initiating adult protection referrals with the Council. Low reporting by health has also been recognised as a national issue. The purpose of this paper was to explore what promotes and what prohibits the identification and reporting of situations of abuse within the Scottish Legislative Framework. Understanding the decision-making processes of prospective reporters would potentially allow the barriers to be reduced and the supports to be strengthened. The findings point to a number of inter-related factors which impinge upon the professional's confidence to initiate adult protection referrals. Workers must first recognise harm as conduct which needs to be reported and addressed. They need to be familiar with referral procedures and be assured that their concerns will be dealt with appropriately. Health professionals are more likely to report if they are based in an environment which supports honest and open discussion regarding harm, without over-concern about agency reputation or resources. Access to multi-disciplinary consultation and support, particularly in relation to more ambiguous protection situations, was viewed as fundamental to reporting. (JL)
ISSN: 14668203 From : www.emeraldgrouppublishing.com/jap.htm

235/2 Exploring the complexities of understanding vulnerability and adult safeguarding within Christian faith organisations; by Lisa Ruth Oakley, Lee-Ann Fenge, Simon Bass, Justin Humphreys.: Emerald.
Journal of Adult Protection, vol 18, no 3, 2016, pp 172-183.
The purpose of this paper was to report the findings from a study exploring the understanding of vulnerability and adult safeguarding within Christian faith-based settings. It concludes with recommendations for practitioners involved in safeguarding adults in such settings. The study looked at results from a survey into understanding of vulnerability and adult safeguarding for individuals who attended Church regularly or worked in a Christian organisation This study was the first to be undertaken with a UK sample and highlighted a range of factors informing adult safeguarding practice within Christian organisations. This included: complexity linked to understanding vulnerability and its role in safeguarding activity; lack of clarity about what to do with a safeguarding adult concern; and the need for safeguarding training pertinent to the particular needs of faith-based settings. The authors conclude that professionals need to develop increased understanding of the complexities involved in safeguarding activity, and specifically how those working in the wider context of supporting vulnerable adults make sense of safeguarding processes and procedures. It is important that all organisations including faith-based settings working with adults have an understanding of their roles and responsibilities with respect to safeguarding those at risk of harm. (JL)
ISSN: 14668203 From : www.emeraldgrouppublishing.com/jap.htm

235/3 The feasibility of introducing an adult safeguarding measure (survey) for inclusion in the adult social care outcomes framework (ASCOF): projecting costs; by Caroline Norrie, Jill Manthorpe, Cher Cartwright ... (et al).: Emerald.
Journal of Adult Protection, vol 18, no 2, 2016, pp 71-85.
The Health and Social Care Information Centre undertook the development and piloting of a new adult safeguarding outcome measure (a face-to-face survey) for local authorities (LAs) that could be added to the Adult Social Care Outcomes Framework (ASCOF). The ASCOF was a national collection of social care outcomes performance indicators collected from the perspective of people receiving partial or total funding from a LA for care services. The projected costs of introducing the survey as a new statutory measure in England were assessed. An outcome measure (a face-to-face interview based survey consisting of seven questions) was piloted during 2014 in 40 LAs with 20 adults at risk (or other informant) in each site who had been the subject of a safeguarding investigation. LAs were asked to estimate the cost of conducting the survey for two years, interviewing at least 15 per cent of their completed safeguarding cases each year. Extrapolating cost findings to the full 152 LAs in England would give an estimated total cost of implementing the survey of approximately £3 million in Year 1 and £2.1 million in Year 2. Setup costs for the survey could therefore be estimated at around £900,000. Wide variations were identified in the costs per interview between LAs. The benefits of this unique survey were that it enabled LAs to measure how they were undertaking their adult safeguarding work from the perspective of adults at risk and others with a close interest. It also enabled LAs to meet their new

obligations under the Care Act 2014 Guidance to `understand what adults at risk think of adult safeguarding'. (JL)
ISSN: 14668203 From : www.emeraldgrouppublishing.com/jap.htm

235/4 From "intrusive" and "excessive" to financially abusive?: charitable and religious fund-raising amongst vulnerable older people; by Mark Redmond.: Emerald.
Journal of Adult Protection, vol 18, no 2, 2016, pp 86-95.
The purpose of this paper was to explore the nature of both charitable and religious fundraising amongst vulnerable older adults, particularly in the wake of the suicide of 92-year-old Olive Clarke in the Spring of 2015. The author argues that fundraising amongst vulnerable older adults is largely unregulated and independently monitored, hence ensuring the protection of this group requires substantial change and new accountabilities. The paper explores current approaches to financial abuse and the focus on family and professional carers as the main likely perpetrators. However using literature from both the USA and Australia, it considers notions of 'trust' and professional behaviour, and the way that vulnerable older adults are subject to new forms of abuse as a result of financial technology such as online and telephone banking. It links this with the practices of charitable fundraisers using techniques such as cold calling and direct mail. The circumstances surrounding the death of Olive Clarke suggest that charities and those who fundraise for them appear to engage in a practice whereby they sell the names of likely donors to each other. This practice opens opportunities for abusive relationships to take place. At the same time many clergy operate like the single GP surgeries that allowed Harold Shipman to practise unnoticed and unaccountable. The relationship between clergy and their ageing congregations, who are relied upon to raise funds for church activities, open up the opportunity for abuse to take to place. Few records on charitable giving exist that permit regulation and independent scrutiny. Following the death of Olive Clarke the Fundraising Standards Board has been tasked with reviewing the way charities raise funds amongst vulnerable older adults. No one has yet used the language of financial abuse, choosing to opt rather for the terms 'excessive' and 'intrusive'. There is a need to shift this debate and encourage greater regulation and accountability. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

235/5 Implications of divergences in adult protection legislation; by Lorna Montgomery, Janet Anand, Kathryn Mackay ... (et al).: Emerald.
Journal of Adult Protection, vol 18, no 3, 2016, pp 149-160.
The purpose of this paper was to explore the similarities and differences of legal responses to older adults who may be at risk of harm or abuse in the UK, Ireland, Australia and the USA. The authors drew upon a review of elder abuse and adult protection undertaken on behalf of the Commissioner for Older People in Northern Ireland. This paper focused on the desktop mapping of the different legal approaches and drew upon wider literature to frame the discussion of the relative strengths and weaknesses of the different legal responses. It was found that arguments exist both for and against each legal approach. Differences in defining the scope and powers of adult protection legislation in the UK and internationally were highlighted. This review was undertaken in late 2013, and although the authors updated the mapping to take account of subsequent changes, some statutory guidance was not yet available. While the expertise of a group of experienced professionals in the field of adult safeguarding was utilised, it was not feasible to employ a formal survey or consensus model. Some countries have already introduced adult protection legislation (APL) and others are considering doing so. The potential advantages and challenges of introducing APL are highlighted. The introduction of legislation may give professionals increased powers to prevent and reduce abuse of adults, but this would also change the dynamic of relationships within families and between families and professionals. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

235/6 Media reactions to the Panorama programme "Behind Closed Doors: Social Care Exposed" and care staff reflections on publicity of poor practice in the care sector; by Jill Manthorpe ... (et al).: Emerald.
Journal of Adult Protection, vol 18, no 5, 2016, pp 266-276.
The purpose of this paper was to present an analysis of media reactions to the BBC Television Panorama programme, `Behind Closed Doors' and to set this in the context of interviews with care staff about their reflections on publicity about poor practice in the care sector. There were mixed reactions to exposé of poor care on television and to the debates that preceded and followed the broadcast. The particular exposé of care home practices by the Panorama programme led to debate in England about the potential role of covert cameras in care homes. The interviews revealed that while care staff are affected by scandals in the media about social care, they do not necessarily focus on themes that the media stories subsequently highlight. Overall some are disenchanted while others have ideas of what needs to change to improve practice. Care staff consider that there remain problems in raising concerns about practices and some staff feel unable to stay in

workplaces where they have made complaints. Local Safeguarding Adult Boards may wish to develop a communications strategy to deal with requests for reactions to media reports locally and nationally. Safeguarding practitioners may wish to prepare for increased referrals following media coverage of poor care in their areas. They may later be able to use media reports to discuss any local differences of interpretation over matters such as prosecutions for abuse. Trainers and educationalists may wish to clarify the importance given by care providers to raising concerns, the ways in which difficult conversations can be held, and the protections available to whistle-blowers or those raising concerns _ with local examples to provide assurance that this is not mere rhetoric. Television reports of problems with social care attract wide media interest but very little is known about how care workers respond to depictions of their work and their occupational grouping. This paper links media and expert commentator reactions to television exposé with data acquired from interviews with those on the frontline of care. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

235/7 Referrals to the police of vulnerable adult abuse; by Jackie Ann Farquharson.: Emerald.
Journal of Adult Protection, vol 18, no 2, 2016, pp 119-127.
The purpose of this paper was to examine the outcome of referrals made to one police force in England by three local authorities between March 2010 and April 2011, in order to identify and understand the barriers to prosecuting suspects of abuse or harm against vulnerable adults and improve inter-agency co-operation. All referrals to this police force are given a crime number when they are recorded on the Criminal Justice System database together with a vulnerable adult flag and a status code which indicates the outcome following a police investigation. A search of the database using the vulnerable adult flag identifies the total number of referrals and outcomes for the selected period. This can then be imported into an Excel spreadsheet to allow further analysis to take place. Over 87 per cent of all referrals of alleged abuse to vulnerable adults made to this police force did not establish that a crime had been committed. Of those that did only one per cent resulted in either a caution or court proceedings. This was a small sample from one, predominantly rural, police force. The research contributes to a greater knowledge of the outcomes of adult safeguarding referrals made primarily by local authorities to the police and how police checks are being used as a means of providing employers of regulated activities with information on individuals who have been suspected of abusing vulnerable adults. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

235/8 Safeguarding vulnerable older people: a job for life?; by Steve Moore.: Emerald.
Journal of Adult Protection, vol 18, no 4, 2016, pp 214-228.
The purpose of this paper was to present the findings from one component of an empirical, mixed methods research project designed to determine the extent, nature and causes of abuse in contemporary independent sector care homes for older people. A self-completion, postal questionnaire was used to elicit both numerical and textual data that were subsequently subjected to both quantitative and qualitative analysis. The questionnaire was distributed to newly appointed care staff in five participating care homes to determine the nature of any abuse they may have witnessed in the homes in which they had previously worked. A significant proportion of respondents described instances of predominantly psychological and physical abuse and neglect and revealed hitherto undisclosed abusive practices. Though the research draws upon the experiences of only 140 anonymous questionnaire respondents of whom 94 had witnessed abuse, data suggest abuse continues to occur in some care homes for older people. The research has revealed care home staff's recent experiences of a range of abusive acts and practices. Findings suggest that changes are required to current methods of external scrutiny and investigation of practices in care homes. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

235/9 Towards explanations for the findings of serious case reviews: understanding what happens in self-neglect work; by Michael Preston-Shoot.: Emerald.
Journal of Adult Protection, vol 18, no 3, 2016, pp 131-148.
The purpose of this paper was to draw on systemic and psychodynamic theories to subject published serious case reviews (SCRs) involving self-neglect to a deeper level of scrutiny, in order to understand how complex contexts impact on self-neglect work. It also updated the dataset of self-neglect SCRs and accompanying thematic analysis. Psychodynamic and systemic ideas were applied to the content of published SCRs in order to understand how different contexts _ societal, legal, organisational, professional and personal _ impacted on and were influenced by work with self-neglecting adults. Further published reviews were added to the core dataset, with thematic analysis updated using four domains. Thematic analysis within and recommendations from SCRs have focused on the micro context, what takes place between individual practitioners, their teams and adults who self-neglect. This level of analysis also commonly extends to how organisations

have worked together and how Local Safeguarding Adults Boards (LSABs) have supported and scrutinised their collaboration. This level of analysis enables an understanding of local geography. However there are wider systems that impact on and influence this work, especially law and the societal context. If review findings and recommendations are to fully answer the question why, systemic analysis should be extended to appreciate the influence of national geography. There is still no national database of reviews commissioned by LSABs so the dataset reported here might be incomplete. The Care Act 2014 does not require publication of reports but only a summary of findings and recommendations in LSAB annual reports. This makes learning for service improvement challenging. This paper extends the use of systemic theory for understanding and learning from practice with adults who self-neglect and additionally offers psychodynamic formulations to appreciate what happens within and between practitioners and their organisations. The paper therefore contributes new perspectives to the methodology for conducting SARs. It also extends the thematic analysis of available reviews that focus on work with adults who self-neglect, further building on the evidence base for practice. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

235/10 Women aged 45-64 and IPV in Cyprus; by Stavros K Parlalis.: Emerald.
Journal of Adult Protection, vol 18, no 3, 2016, pp 184-194.
The purpose of this study was to explore and understand reasons why middle-aged women report higher percentages of intimate partner violence (IPV) when compared with other age groups. This was a qualitative study in which grounded theory method was adopted through the use of interviews. Findings revealed that the main reason why women aged 45-64 report intimate partner incidents more than other age groups is because they can recognise violence actions and behaviours. The findings suggest that frequent awareness campaigns should be organised in order to keep women informed regarding IPV. The value of the current study is that it offers a greater insight in the findings of the first national study conducted in the Republic of Cyprus by the Advisory Committee for the Prevention and Combating of Violence in the Family. (JL)
ISSN: 14668203
From : www.emeraldgrouppublishing.com/jap.htm

ACTIVE AGEING

235/11 Centenarian athletes: examples of ultimate human performance?; by Romuald Lepers, Paul J Stapley, Thomas Cattagni.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 729-733.
Some centenarians engage in regular physical activity, and sometimes in sporting events. The authors aimed to identify world records of centenarian athletes in several sports, and to determine which represented the best performance when compared to all-age world records, all disciplines taken together. All of the best performances achieved by centenarians were identified and compared in three disciplines: athletics, swimming and cycling. The performances were considered as an average of the respective speeds, except for jumping and throwing events for which the maximum distances performed were considered. Within each discipline, the decline in performance of centenarian athletes was expressed as a percentage of the world record for that discipline. In total, 60 performances of centenarian athletes were found. These performances belong to 19 individuals: 10 in athletics, 8 in swimming and 1 in cycling. The centenarian world record performed by Robert Marchand in one hour track cycling appears to be the best performance (-50.6% compared with the all-age world record in this discipline) achieved by a centenarian. Although the physiological characteristics of Robert Marchand are certainly exceptional, his remarkable performance could also be due to the lower age-related decline for cycling performances compared with running and swimming. The observations in this article offer new perspectives on how the human body can resist the deleterious effects of ageing. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

235/12 Engaging older people in healthy and active lifestyles: a systematic review; by Julia Menichetti, Pietro Cipresso, Dario Bussolin, Guendalina Graffigna.: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2036-2060.
In 2002, the World Health Organization's (WHO)
'Active ageing: a policy framework' emphasised the concept of active ageing to manage and increase the last third of life. Although many efforts have been made to optimise treatment management, less attention has been paid to health promotion initiatives. To date, few shared guidelines exist that promote an active life where healthy older people are the target population. To fill this gap, the authors conducted a systematic review to map health promotion interventions that targeted active and healthy ageing among older citizens. Articles containing the key term "active ageing" and seven synonyms were searched for in electronic databases. Because the authors were interested in actions aimed at promoting healthier lifestyles, they connected the string

with the term "health". A total of 3,918 titles were retrieved and 20 articles were extracted. Twelve of the 20 studies used group interventions, five interventions were aimed at the individual, and three interventions were aimed at the community. Interventions differed for the health focus of the programmes, which ranged from physical activity interventions to social participation or cognitive functioning. Most of the studies aimed to act on psychological components. The review suggests that different interventions promoting active ageing are effective in improving specific healthy and active lifestyles. However, no studies were concerned directly with a holistic process of citizen health engagement to improve long-term outcomes. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

AGEING (GENERAL)

235/13 Growing older in the UK: a series of expert-authored briefing papers on ageing and health; by Robert Wilson (ed), British Medical Association - BMA. London: British Medical Association, 2016, 79 pp (BMA 20160687).
Six briefing papers explore topics relevant to supporting and improving people's health and well-being as they grow old in the UK. The topics covered are: older people and the social determinants of health; health and social care services that support the needs of older people; older people's mental health and well-being; living with long term conditions; the perception of ageing and age discrimination; and supporting carers. Each paper presents evidence and makes recommendations regarding the roles and responsibilities of medical professionals in their treatment and interactions with older people. The papers are published under the auspices of the BMA Board of Science. (RH)
From : British Medical Association, BMA House, Tavistock Square, London WC1H 9JP. Website: bma.org.uk

AIDS AND ADAPTATIONS

(See 235/108)

ARTS AND MUSIC

(See Also 235/76)

235/14 "Something to get out of bed for": creative arts for a happily ageing population; by Paul Cann.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 190-194.
The purpose of this paper is to relate the growing body of evidence about the impact of creative arts on older people's health and well-being to the debate about active ageing, prevention and demographic change. It draws on a range of researched examples, to illustrate the impact of three different art forms - singing, dance and visual arts - on health and well-being. There is an increasing volume and diversity of evidence that creative arts improve not only personal feelings of well-being, but also key physiological measures. The arts are increasingly recognised as playing a major potential role in the delivery of health and social care interventions. Greater recognition and action are needed from policy makers, commissioners and care providers in health and social care that the arts are not a marginal and elitist avenue, but a mainstream tool supporting older people to remain active, healthy and independent. Importantly, the arts represent a powerful source of motivation, agency and confidence. This paper argues that creative arts should become an integral and more prominent part of ageing policy. An important research challenge remains, to plot cause (arts intervention) and effect (reduced demand on health and care services), if the creative arts are to occupy a central place in commissioning investment at a time of acute financial stringency in the public sector. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/15 Ageing, Drama, and Creativity: translating research into practice; by Jackie Reynolds, Miriam Bernard, Jill Rezzano, Michelle Rickett.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 37, no 2, July-September 2016, pp 307-328.
Ageing, Drama, and Creativity was a pilot six-session interprofessional training course delivered collaboratively by Keele University and the New Vic Theatre, Newcastle-under-Lyme, as part of the Arts and Humanities Research Council (AHRC) funded Ages and Stages follow-on project. The course brought together a critical gerontological approach with arts-based educational practices and was designed to develop practice capabilities and age awareness among a diverse group of professionals working in arts organisations, the voluntary sector, local government, health and social services and housing. This article describes how the course was developed and

how participants were selected, details its aims and objectives, provides an overview of the sessions and a flavour of some of the exercises that were used, and considers findings from the structured evaluation alongside written reflections from participants. (JL)
ISSN: 02701960
From : http://www.tandfonline.com

235/16 When I am old I shall wear purple: a qualitative study of the effect of group poetry sessions on the well-being of older adults; by Richard Seymour, Michael Murray.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 195-198.
There is increasing evidence that participation in various art forms can be beneficial for health and well-being. This paper examines the impact of participating in a poetry reading group on a group of older residents of an assisted living facility. Six poetry sessions, each on a different theme, were conducted with a group of volunteer participants. These sessions, those of pre- and post-study focus groups and interviews with the group facilitator and staff contact were audio-recorded. The transcripts of the recordings were then subjected to a thematic analysis. Overall, the participants were enthused by the opportunity to participate in the project and the benefits were confirmed by the support staff. In addition, reading poetry on particular themes promoted different types of discussion. Although the number of participants in this study was small and the study was conducted over a short period of time, this paper confirms the impact of poetry reading for older people. The challenge is to explore this impact in more detail and in community as well as residential settings. The paper is the first empirical report on the value of poetry reading for older people. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

ATTITUDES TO AGEING

(See Also 235/24)

235/17 Attitudes towards ageing and their impact on health and wellbeing in later life: an agenda for further analysis; by Guy Robertson.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 214-218.
This paper provides an overview of a substantial body of research on the impact that negative attitudes towards ageing have on the health and well-being outcomes of people in later life. Also highlighted is the need for a more interdisciplinary approach towards older people's well-being. The paper draws from an initial analysis of over 70 peer reviewed and published studies on the psychosocial impact of negative stereotypes about ageing. It finds that there is compelling evidence that the way in which people think about ageing can have a very significant adverse impact on a wide array of health and well-being outcomes. This research evidence is largely unknown, nor operationalised, within the field of health and social care policy or service development. The fact that beliefs and attitudes can have such a profound impact on health and well-being outcomes suggests the possibility that there may be psychosocial interventions to address them, in order to improve older people's experience of later life. There is a need for a more interdisciplinary research agenda to take these findings forward. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/18 Exploring public attitudes to welfare over the Longue Duree: re-examination of survey evidence from Beveridge, Beatlemania, Blair and beyond; by John Hudson, Neil Lunt, Charloette Hamilton (et al).: Wiley Blackwell.
Social Policy and Administration, vol 50, no 6, November 2016, pp 691-711.
It is commonly argued that public support for the welfare state is in long-term decline in the UK. Evidence from the British Social Attitudes Survey (BSA) is typically cited to support this claim, but it only stretches back to 1983. Few would disagree that the Thatcher years offered an unusual socio-political-economic context, which raises a question over whether the BSA's early 1980s baseline provides a misleading view on support for the welfare state over the longue durée. In this article, the authors explore this issue, piecing together data from the Beveridge era through to the present day. They draw on data from contemporary studies and surveys; opinion polls; and historical government surveys and reports. The method is undoubtedly a 'second best approach', making use of often limited historical data, which means the authors remain cautious in offering bold findings. However, they argue there is some evidence to suggest the 1980s were an unusual moment, that the decline in support for welfare is less dramatic than analysis of the BSA might make it seem. The evidence also suggests that support for the welfare state during the postwar consensus years was likely more equivocal than we often believe it to be from today's perspective, perhaps reflecting a tendency to reify this period as a 'golden age' of welfare, and so underplaying the complexity of the politics of social policy in the pre-BSA period. (RH)
ISSN: 01445596 From : wileyonlinelibrary.com/journal/spol

BEREAVEMENT

235/19 Identities in transition: women caregivers in bereavement; by Pam Orzeck.: Taylor and Francis. Journal of Social Work in End-of-Life and Palliative Care, vol 12, nos 1-2, January-June 2016, pp 145-161.

Population ageing and longevity due to medical advances over the past few decades have meant that the approximately 44 million caregivers in the United States and eight million caregivers in Canada must provide more intensive levels of care and for longer periods of time. Consequently caregivers are often profoundly affected by their caregiving role in emotional, psychological, physical and financial ways. 30 years of research on this population have helped to create a caregiver profile and identify the significant challenges for caregivers. One area explored to a much lesser extent is the postcaregiving period, when the caregiver transitions into a period of bereavement. This period can be particularly challenging for caregivers given the commitment inherent in the caregiving process. Research has shown that the emotional reactions of caregivers as well as practical challenges do not end with the death of the care recipient. In fact complex realities, tensions, and responses continue well after the death into the postcaregiving period. This study of bereaved women caregivers explored their lived experiences in the postcaregiving phase. One central theme emerged and suggested that the experience of caregiving had an effect on the caregivers' identities, which then influenced their bereavement processes and experiences. (JL)
ISSN: 15524256
From : http://www.tandfonline.com

BLACK AND MINORITY ETHNIC GROUPS

(See 235/70)

CARERS AND CARING

(See Also 235/71, 235/112)

235/20 Older people's care survey; by Gordon Cameron, Family and Childcare Trust. London: Family and Childcare Trust, 2016, 30 pp.

The first edition of an annual series by the Family and Childcare Trust, this 'Older people's care survey' gathers data from local authorities about local care costs and availability. The survey examines policy background in respect of needs eligibility, means test and the future of funding for social care. It gives a timeline of the Reviews and Commission that have reported since 1999. Regarding the transparency of information, it finds that local authorities held good information on the costs they were paying for older people's care, but that information on self-funders was less robust. The survey finds that more than 6.4 million people aged 65 and over live in areas that have insufficient care services to meet demand, this being the case in four in five local authorities in the UK. Just under a third of local authorities (32%) report having enough care provision for older people who need support for dementia as well as physical support needs. Fact sheets (see http://www.familyandchildcaretrust.org/regional-factsheets-older-peoples-care-survey-2016) detail the costs and availability of older people's care by region. (RH)
From : http://www.familyandchildcaretrust.org/sites/default/files/Older%20People%E2%80%99s%20Care%20Survey.pdf

235/21 Shining a light on care: helping people make better care home choices; by Jo Salter, Ciaran Osborne, Andy Kaye, Independent Age.: Independent Age, November 2016, 62 pp.

In 2016, there were more than 17,000 care and nursing homes across the UK, which in 2014 were home to some 405,000 people aged 65+. The picture of safety and quality in care homes in England is confused: Care Quality Commission (CQC) inspections rate most of them as 'good' or 'outstanding', but nearly 4,000 have been delivering substandard care or have struggled to improve. The authors of this report use a range of methods to gain a clear perspective of the problems and strengths of the current system for choosing a care home. They draw on interviews with 23 health and social care professionals, focus groups with older people and their families, two Anchor care home residents, a telephone-based mystery shopping exercise of 100 care homes, and interviews 2,030 British adults. The report considers people's expectations of the sorts of information required to find good quality care; and who collects and provides information and for what purpose. Based on these and what information is missing, Independent Age lists 10 care home quality indicators to counter the lack of consistent and standardised data, and the lack of transparency and easily available information to support care home choice. (RH)
From : https://www.independentage.org/sites/default/files/2016-11/Shining_a_light_on_care_report .pdf

235/22 Using data to identify good-quality care for older people: research report; by Chris Sherlaw-Johnson, Alisha Davies, Claire Currie (et al), Nuffield Trust. London: Nuffield Trust, November 2016, 33 pp.

The quality of care delivered to older people across England varies greatly. Numerous initiatives have been set up with the aim of improving care, but much of the evidence of their effectiveness is anecdotal. Also, when a locality has multiple health or care improvement activities, it is not always clear which parts improve outcomes and which do not. Moreover, some of the most effective activity could be going unreported. This report describes the results of a pilot analysis using a few health care indicators (mainly from acute emergency activity), to test ways of using data to identify good quality care for older people. It finds that it is possible to use routine data to identify significant changes over time that may relate to improvements in quality of care. However, there is not always a straightforward link between improvements in reported outcomes and changes in the way services are being delivered. Although such links may exist, they are not necessarily easy to find. There may be numerous innovations for changing service provision running concurrently in a locality, but how these interact may have a more important impact on outcomes than any one activity on its own. Much could be gained if local areas could monitor changes against their own past history, particularly when evaluating new initiatives for improving care. (RH)

From : http://www.nuffieldtrust.org.uk/publications/using-data-identify-good-quality-care-older-people

CENTENARIANS

(See 235/11)

DEATH AND DYING

(See 235/30)

DEMENTIA

(See Also 235/47, 235/48, 235/74, 235/109)

235/23 'Soul journey' to feelings of renewal and fulfilment; by Jeff Turner.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 20-21.

"Soul Journey" is a film and exhibition project that aims to shatter common stereotypes and celebrate the creativity of people affected by dementia. The author is co-founder and manager of creative arts company verd de gris, which is based in Hebden Bridge, West Yorkshire and runs participatory arts projects. He describes the project's local involvement and its touring programme. (RH)

ISSN: 13518372 From : www.careinfo.org

235/24 Attitudes to dementia: findings from the 2015 British Social Attitudes survey; by Anna Marcinkiewicz, Susan Reid, NatCen Social Research; Public Health England. London: NatCen Social Research, 2016, 18 pp.

Public Health England (PHE) commissioned question modules on four subject areas (alcohol, obesity, dementia and mental wellbeing) as part of NatCen's 2015 British Social Attitudes (BSA) survey. Forty questions about attitudes to dementia were asked, of which 18 had been asked previously on the Scottish Social Attitudes (SSA) survey in 2014. The rest of the questions were developed by the BSA research team through a process of questionnaire design and piloting. This paper explores the public's experience and knowledge of dementia, attitudes to people with dementia and caring, help-seeking behaviour, and dementia-friendly communities. 2167 people completed the interview, and 1827 people completed the self-completion questionnaire. The majority (59%) have known someone with dementia and knowledge of the symptoms of dementia is high. However, there are clear gaps in public knowledge of the risk factors. There is also evidence of stigmatising attitudes towards people living with dementia. However, 52% chose dementia as either their first, second or third priority from a list of health conditions for doctors and scientists to try to prevent. 12% see dementia as the highest priority for prevention. (RH)

From : https://www.natcen.ac.uk/media/1264339/d%C2%A3mntla.pdf

235/25 Dementia: pressing policy challenges; by Martin Knapp.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 21-24.

Dementia is one of the biggest clinical, social, economic and policy challenges for European health and care systems today. The author argues that a collective (policy) response to these challenges must be multi-dimensional. Societal responses to dementia in many countries are already better today than they were ten years ago, but much more needs to be done. There must

be earlier and more effective prevention, better care and treatment (although no "cures" have yet been discovered), more support family and other unpaid carers, and continued investment in basic science to find disease-modifying treatments. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth

235/26 Dementia and delirium: cause for concern; by Claire Biernacki.: Hawker Publications.
Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 28-31.
Delirium prevention should be key to a person-centred approach, and central to work with people with dementia. This article explains delirium's causes of and the predisposing factors, the types of delirium, and how it can be managed.
The article refers to the National Institute for Health and Care Excellence (NICE) Clinical guideline, 'Delirium: prevention, diagnosis and management' (CG 103; NICE, July 2010)
(sse: https://www.nice.org.uk/guidance/CG103). (RH)
ISSN: 13518372
From : www.careinfo.org

235/27 Developing dementia friendly churches; by Bob Friedrich, Bob Woods.: Hawker Publications.
Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 18-20.
The move towards dementia-friendly communities is well-known, but less well developed has been the role of "dementia friendly churches". The authors describe a significant movement of change within the Church of England and other churches (also churchgoers) to become more dementia friendly, led by pioneers who have produced useful resources to answer the need for training. (RH)
ISSN: 13518372
From : www.careinfo.org

235/28 The dialectics of dementia; by Jill Manthorpe, Steve Iliffe, Social Care Workforce Research Unit, King's College London. London: Policy Institute, King's College London, December 2016, 38 pp.
The authors attempt to clarify positions taken by those with an interest in dementia, the reasons why these are adopted, and the consequences for people with dementia, and for carers and services. This report explores the dialectics of dementia by setting out four theses, for each of which there is a counter-thesis, and a synthesis that attempts to resolve differences. The first thesis is that dementia is a big and expensive problem, and something must be done about it. The counter-thesis is that dementia is a big and expensive problem, but need not be as big and as expensive as portrayed. Second, dementia is a disease process that deserves a medical solution. Counter-thesis two argues that dementia is not a disease, but a syndrome with multiple causes that may be more tractable by social means than by medical treatment. Third, the medical solution is undermined by failure to recognise dementia, which must be put right. Counter-thesis three puts the case that screening for dementia is not justified, the benefits of earlier recognition are unproven, and dementia is poorly understood. Lastly, the care of people with dementia is primarily an individual or family responsibility. Counter-thesis four states that care for people with dementia is idealised. The authors suggest that the National Dementia Strategy (2009) needs refreshing, to include plans that are more realistic, more psychosocial than biomedical, and more engaging. They advocate a Dementia Strategy 2.0 that regards dementia as a disability, and does not blame doctors for not recognising dementia, or families for not wanting to care. Priorities would be helping carers to acquire the skills that they need; ending financial incentives to achieve dementia diagnosis targets; and converting memory clinics into (probably smaller) specialist clinics for difficult diagnoses. (RH)
From http://www.kcl.ac.uk/sspp/policy-institute/publications/The-dialectics-of-dementia.pdf

235/29 Institutionalising senile dementia in 19th-century Britain; by Stella Andrews.: Wiley Blackwell.
Sociology of Health and Illness, vol 39, no 2, February 2017, pp 244-257.
Explains how old, poor people living with dementia came to be institutionalised in 19th-century Britain (with a focus on London), and how they were responded to by the people who ran those institutions. The institutions in question are lunatic asylums, workhouses and charitable homes. Old people with dementia were admitted to lunatic asylums, workhouses and charitable homes, but were not welcome there. Using the records of Hanwell lunatic asylum, published texts of psychiatric theory, and the administrative records that all of these institutions generated at local and national levels, this article argues that `the senile' were a perpetual classificatory residuum in the bureaucracy of 19th-century health and welfare. They were too weak and unresponsive to adhere to the norms of the asylum regime, yet too challenging in their behaviour to conform to that of the workhouse, or the charitable home. Across all of these institutions, old people with dementia were represented as an intractable burden, many decades before the `ageing society' became a demographic reality.(NH)
ISSN: 14679566 From : wileyonlinelibrary.com

235/30 Reporting of clinically diagnosed dementia on death certificates: retrospective cohort study; by Gayan Perera, Robert Stewart, Irene J Higginson, Katherine E Sleeman.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 667-672.
Mortality statistics are a frequently-used source of information on deaths in dementia, but are limited by concerns over accuracy. The authors investigated the frequency with which clinically diagnosed dementia is recorded on death certificates, including predictive factors. They outline a retrospective cohort study, which was assembled using a large mental healthcare database in South London, linked to Office for National Statistics (ONS) mortality data. People with a clinical diagnosis of dementia, aged 65 or older, who died between 2006 and 2013 were included. The main outcome was death certificate recording of dementia. In total, 7,115 people were identified. Dementia was recorded on 3,815 (53.6%) death certificates. Frequency of dementia recording increased from 39.9% (2006) to 63.0% (2013) (odds ratio (OR) per year increment 1.11, 95% CI 1.07-1.15). Recording of dementia was more likely if people were older (OR per year increment 1.02, 95% CI 1.01-1.03), and for those who died in care homes (OR 1.89, 95% CI 1.50-2.40) or hospitals (OR 1.14, 95% CI 1.03-1.46) compared with home, and less likely for people with less severe cognitive impairment (OR 0.95, 95% CI 0.94-0.96), and if the diagnosis was Lewy body (OR 0.30, 95% CI 0.15-0.62) or vascular dementia (OR 0.79, 95% CI 0.68-0.93) compared with Alzheimer's disease. Changes in certification practices may have contributed to the rise in recorded prevalence of dementia from mortality data. However, mortality data still considerably underestimate the population burden of dementia. Potential biases affecting recording of dementia need to be taken into account when interpreting mortality data. (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

235/31 A self-management group for people with dementia; by Catherine Quinn, Gill Toms, Sue Davies (et al).: Hawker Publications.
Journal of Dementia Care, vol 24, no 5, September-October 2016, pp 29-32.
How can people with early stage dementia be helped to be more confident in managing their everyday lives? The authors discuss findings from a new self-managerment programme to help those with early stage dementia to understand the condition better, manage their memory difficulties, and find ways of dealing with changes in their lifestyle. They also discuss findings from an evaluation of the programme, which consisted of 8 weekly 90-minute group sessions. (RH)
ISSN: 13518372
From : www.careinfo.org

235/32 Tackling the challenge of Alzheimer's and other neurodegenerative diseases in Europe: JPND research strategy; by JPND Research - EU Joint Programme - Neurodegenerative Disease Research. [London]: Medical Research Council, 2012, 43 pp.
The EU Joint Programme - Neurodegenerative Disease Research (JPND) is the largest global research initiative aimed at tackling the challenge of neurodegenerative diseases, in particular Alzheimer's disease. This research strategy presents scientific priorities and enabling activities that will improve prevention, diagnosis, treatment and patient care. The Medical Research Council (MRC) has led on the the strategy, information on which is on the MRC website (see: https://www.mrc.ac.uk/news/browse/first-european-strategy-to-tackle-neurodegenerative-disease/). (RH)
From : JPND Research website: http://www.neurodegenerationresearch.eu/

235/33 Telling it as it is: involving people with dementia and family carers in policy making, service design and workforce development; by Ruth Marion Eley.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 219-222.
This paper highlights the need for proper involvement of people with dementia and their carers in policy making, and suggests practical ways to achieve this. The author draws on particular insights gained as Programme Lead for Dementia at the Department of Health (DH) during the development of the first English National Dementia Strategy and, more recently, experience of developing engagement strategies in various localities. She outlines the importance of recognising that people with dementia and family carers are experts by experience. The best ideas come from people who are involved at an early stage. Without the insights gained through the lived experiences of people with dementia and family carers, policy makers and professionals run the risk of developing costly services that do not meet the needs of those who will be using them. A number of key practical pointers are developed and summarised. Engagement and one-off consultations are not enough. Real involvement has to be part of everyday practice, at all levels. It requires investment to enable people with dementia and carers to have a seat at the table, to speak about what matters to them, and to help professionals develop relevant services that meet their needs. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/34 What is dementia and how big a problem is it?; by Jill Manthorpe, Steve Iliffe.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 16-18.
According to the authors, dementia is not the big and expensive problem that has often been portrayed. In this article, they argue that social support and dementia prevention may be a more sensible investment than seeking cures. Dementia is a fuzzy concept that can be recognised but not diagnosed, and is more of a collection of symptoms than a disease. In addition, we need to better prepare for people who have dementia and other health problems, and dementia may not be the most troubling. Thus, there will will still be a need for dementia care, but it may need to be re-thought within wider problems of physical frailty and emotional and psychological impairments. (RH)
ISSN: 13518372
From : www.careinfo.org

DEMENTIA CARE

(See Also 235/73, 235/101)

235/35 Dementia without Walls: reflections on the Joseph Rowntree Foundation programme; by Philly Hare.: Emerald.
Working with Older People, vol 20, no 3, 2016, pp 134-143.
The author describes the key elements of the Joseph Rowntree Foundation (JRF) programme Dementia without Walls, and reflects on the practical learning derived. The paper describes the whole range of programme activity, including research projects, think-pieces, action research, demonstrations, evaluations and production of resources such as films, infographics, case studies, practice guides and positive image galleries. The programme found that the active, meaningful engagement of people with dementia and their families is fundamental. Communities must engage with, and achieve equity for, all people with dementia, whatever their circumstances. If normal lives are to be continued, practical barriers to inclusion must be addressed; and the human rights of people with dementia and carers must be recognised and promoted. Local grassroots community activity is the bedrock of dementia-friendly communities - but this activity must be supported by strong, strategic planning, commissioning and leadership. There is no template: each community must develop its own approach. The paper highlights many examples of good practice which can inform the work of commissioners and practitioners, as well as wider communities. These focus particularly on good practice in engagement and involvement, and the co-production of dementia-friendly communities with people with dementia. The programme highlights the importance of social barriers to the inclusion of people with dementia in their communities, and gives examples of communities which have tried to overcome these through attitudinal and environmental change. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/36 The faith of primary carers of persons with dementia; by Albert Jewell ... (et al).: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 28, no 4, October-December 2016, pp 313-337.
This small-scale study investigated the experience of 53 Christian churchgoers in the UK who were or had recently been the primary carers of a relative or friend suffering from dementia. Responses to a short questionnaire revealed how almost all these carers claimed to have been supported by their faith, and how far it had been challenged and maybe deepened. Respondents also commented on the role of their local churches. Issues are identified where further research might be beneficial, and where lessons can be learned by the churches. (JL)
ISSN: 15528030
From : http://www.tandfonline.com

235/37 Knowledge, attitudes, and clinical practices for patients with dementia among mental health providers in China: city and town differences; by Hsin-Yi Hsiao ... (et al).: Taylor and Francis.
Gerontology and Geriatrics Education, vol 37, no 4, October-December 2016, pp 342-358.
Mental health providers are the major resource families rely on when experiencing the effects of dementia. However mental health resources and manpower are inadequate and unevenly distributed between cities and towns in China. This study was conducted to examine similarities and differences in knowledge, attitudes and clinical practices concerning dementia and working with family caregivers from mental health providers' perspectives in city versus town settings. Data were collected during focus group discussions with 40 mental health providers in the Xicheng (city) and Daxing (town) districts in Beijing, China in 2011. Regional disparities between providers' knowledge of early diagnosis of dementia and related counselling skills were identified. Regional similarities included training needs, dementia-related stigma and low awareness of

dementia among family caregivers. Culturally sensitive education specific to dementia for mental health providers and a specialised dementia care model for people with dementia and their family caregivers are urgently needed. Implications for geriatric practitioners and educators are discussed. (JL)
ISSN: 02701960
From : http://www.tandfonline.com

235/38 Knowledge, attitudes, and clinical practices for patients with dementia among mental health providers in China: city and town differences; by Hsin-Yi Hsiao ... (et al).: Taylor and Francis.
Gerontology and Geriatrics Education, vol 37, no 4, October-December 2016, pp 342-358.
Mental health providers are the major resource families rely on when experiencing the effects of dementia. However mental health resources and manpower are inadequate and unevenly distributed between cities and towns in China. This study was conducted to examine similarities and differences in knowledge, attitudes and clinical practices concerning dementia and working with family caregivers from mental health providers' perspectives in city versus town settings. Data were collected during focus group discussions with 40 mental health providers in the Xicheng (city) and Daxing (town) districts in Beijing, China in 2011. Regional disparities between providers' knowledge of early diagnosis of dementia and related counselling skills were identified. Regional similarities included training needs, dementia-related stigma and low awareness of dementia among family caregivers. Culturally sensitive education specific to dementia for mental health providers and a specialised dementia care model for people with dementia and their family caregivers are urgently needed. Implications for geriatric practitioners and educators are discussed. (JL)
ISSN: 02701960 From : http://www.tandfonline.com

235/39 A life history intervention for individuals with dementia: a randomised controlled trial examining nursing staff empathy, perceived patient personhood and aggressive behaviours; by Heather Eritz, Thomas Hadjistavropoulos, Jaime Williams (et al).: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2061-2089.
Behaviours of concern (e.g. aggression) are often present in residents of long-term care (LTC) facilities diagnosed with dementia and may impact quality of life. Previous uncontrolled research has shown that an intervention involving sharing resident life histories may be effective in reducing aggressive behaviours and improving quality of life, perhaps by increasing staff empathy. In this Canadian study, 73 residents were randomised to either a life history intervention (N = 38) or a control condition (N = 35). The authors also examined staff perceptions of LTC resident personhood in relation to aggressive behaviour. Ninety-nine nurses and care aides answered questionnaires about their own attitudes and the residents' behaviours and quality of life at baseline, post-intervention and at follow-up. Results of mixed-effects modelling indicated significant differences between groups in personhood perception and resident quality of life. Personhood perception mediated the relationship between the intervention and improved quality of life. Significant negative correlations were identified between resident cognitive impairment and staff perceptions of resident personhood. Qualitative findings suggested that staff primarily changed their verbal interactions with residents following the intervention, which may be particularly helpful for residents with the most severe dementia. Results indicate that LTC residents benefit when life histories are constructed with their families and shared with nursing staff. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

235/40 A mainstream social housing response to dementia; by Juliet Bligh.: Emerald.
Working with Older People, vol 20, no 3, 2016, pp 144-150.
This paper explores how social housing providers could respond to residents living with dementia in non-specialist housing. A research framework was developed from published material and used to assess how dementia-friendly a national housing provider was, and what could be different. Electronic surveys were completed by 209 members of staff, semi-structured interviews with 18 senior managers and an external contractor, and a customer focus group with five residents. A literature review and telephone interviews with housing providers identified current areas of innovation and good practice which informed the research recommendations. There are ways in which a non-specialist social housing provider can develop dementia-friendly services, by developing a customer-focused approach, staff awareness raising and training, and by working collaboratively with specialist statutory and non-statutory services across health and social care. These have the potential to positively affect the quality of life of residents with dementia or caring for people with dementia. Social housing providers should be considering their older residents, and how they can design and develop services to respond to specific needs. There is limited understanding of how mainstream housing providers could and should develop an offer for their residents living with dementia. This research provides an assessment approach and has developed ideas about what this offer could look like. (RH)
ISSN: 13663666 From : www.emeraldgrouppublishing.com/wwop.htm

235/41 The use of non-pharmacological interventions for dementia behaviours in care homes: findings from four in-depth, ethnographic case studies; by Tamara Backhouse ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 6, November 2016, pp 856-863.
Antipsychotic medications have been used to manage behavioural and psychological symptoms of dementia (BPSD). Due to the potential risks associated with these medications for people with dementia, non-pharmacological interventions (NPIs) have been recommended as safer alternatives. However it is unknown if, or how, these interventions are used in care homes to help people experiencing BPSD. The aim of the present study was to explore the use of NPIs in care homes to manage BPSD. In-depth, ethnographic case studies were conducted in four care homes. These included interviews with 40 care home staff and 384 hours of participant observations. NPIs, some of which were the focus of efficacy research, were used in care homes but predominantly as activities to improve the quality of life of all residents and not identified by staff as meeting individual needs in order to prevent or manage specific behaviours. Socially relevant activities such as offering a cup of tea were used to address behaviours in the moment. Residents with high levels of need experienced barriers to inclusion in the activities. There is a gap between rhetoric and practice with most NPIs in care homes used as social activities rather than as targeted interventions. If NPIs are to become viable alternatives to antipsychotic medications in care homes, further work is needed to embed them into usual care practices and routines. Training for care home staff could also enable residents with high needs to gain better access to suitable activities. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

235/42 Demographics and diversity in Europe: innovative solutions for health; by Isabel De La Mata Barranco, Dominik Schnichels, Tapani Piha, Anita Pochet.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 18-21.
Europe's health systems are facing an ageing population and a rise in rates of chronic diseases. These are threatening universal access to care and the sustainability of health systems, given that Europe is still recovering from the economic crisis. A new phenomenon is the migrant challenge. This article outlines various issues related to demography and diversity which affect health systems. It summarises the ways in which the European Commission tries to support Member States both through tried and tested methods, and through European Union (EU) cooperation or innovative solutions for health - in particular, eHealth and Health Technology Assessment. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth

235/43 Living arrangements and marital status: a register-based study of survival of older adults in Belgium at the beginning of the 21st century; by Anne Herm, Jon Anson, Michel Poulain.: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2141-2162.
Being married reduces the mortality risk for older people. More generally, living arrangements that include co-residence with a source of support and a close care-giver are associated with a lower mortality risk. The authors build a detailed typology of private and collective living arrangements, including marital status, and check its association with mortality risks, controlling for health status. The authors use administrative data from the population register to identify the living arrangements for those aged 65 years and over living in Belgium as at 1 January 2002, and their survival during the year 2002. Data on health status are extracted from the 2001 census. The authors use binary logistic regression with the probability of death as an outcome, with living arrangements, health, age and gender as covariates. Results show that mortality is more closely associated with actual living arrangements than with marital status. This association is age and gender-specific, and remains even at very old ages. Living with a spouse is confirmed to be beneficial for survival, but in older age living alone becomes more favourable. Of all living arrangements, older people living in religious communities experience the lowest mortality risk, whereas those living in nursing homes experience the highest risk. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

235/44 Population ageing in a lifecourse perspective: developing a conceptual framework; by Katrin Komp, Stina Johansson.: Cambridge University Press.
Ageing and Society, vol 36, no 9, October 2016, pp 1937-1960.
Population ageing is a global trend that affects individual life plans, family arrangements, market structures, care provisions and pension schemes. The authors combine insights from demography and lifecourse research to understand better the causes of population ageing. Demography explains population ageing by describing changes in fertility, mortality and migration rates. Lifecourse

research argues that these rates are interconnected because they are embedded in the lifecourses of individuals. An individual's experiences at an early age can influence behaviours at a later age, thereby creating continuity throughout the life course. Additionally, lifecourse research underlines that social networks - such as families - and countries influence lifecourse. Thus, historical events and past experiences have already set the course for today's demographic changes. Moreover, the effects of policies that strive to influence population ageing will not be evident for years, or even decades to come. This paper introduces a conceptual framework that explains how the lifecourse perspective can be applied to the phenomenon of population ageing and illustrates the framework through a case study of Germany. The case study highlights that insights from the micro-, meso- and macro-levels need to be combined to achieve a deeper understanding of population ageing. Scholars can use the framework presented in this paper as a guideline for merging arguments from demography and lifecourse research in future studies. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

235/45 Reconciling demographics and diversity: a common European challenge; by Tobias Vogt, Helmut Brand.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 4-6.
The threesome of ageing in European societies - fertility decline, increased life expectancy ad migration - is often overshadowed by current crises that need immediate attention. Because European states will get older, smaller and more diverse, all branches of our welfare systems will be affected, with health care in a key position to shape demographic development. Investing in health and maintaining high-quality living into old age will allow us to make the most of our longer lives. Demographic diversity will put additional pressure on European unity; so we should perceive population ageing as a common challenge. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth

ECONOMIC ISSUES

235/46 Economic insight: the 2016 Autumn Statement: a response ...: [on title page]: Planning tomorrow today; by International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, November 2016, 9 pp.
The Autumn Statement delivered by Chancellor Philip Hammond on 23rd November 2016 outlined the state of the UK's economy and public finances in the wake of the vote to leave the European Union (EU). The International Longevity Centre UK (ILC-UK) gives a short analysis of what the Autumn Statement means for savings, household incomes and interest rates, and finds that it is generally bad news for savers. The Government needs to think carefully about how it delivers its savings policy. ILC-UK acknowledges support from its Partners Programme. (RH)
From: http://www.ilcuk.org.uk/index.php/publications/publication_details/economic_insight_the_2016_autumn_statement

EDUCATION

(See 235/103)

END-OF-LIFE CARE

(See Also 235/72, 235/89)

235/47 Family caregiving and the site of care: four narratives about end-of-life care for individuals with dementia; by Anne P Glass.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 12, nos 1-2, January-June 2016, pp 23-46.
Little is known about end-of-life care for individuals with Alzheimer's disease and other dementias. In this article four case studies are presented using data collected by qualitative interviews conducted with family caregivers who were closely involved with end-of-life care for relatives with dementia. The case studies are formatted in two pairs, with one reflecting two deaths occurring at home and the other pair representing two deaths in the nursing home. The cases reveal a range of end-of-life experiences, suggesting that there is not just one 'good' path. The extent of care needed, the responsiveness of the individual, the health of the caregiver(s), and the residence and support situations, can all intersect in a variety of ways that make no one scenario the answer for all. Although most people say they would prefer to die at home, in some situations the nursing home can be a satisfactory choice, particularly if hospice is involved. These narrative case studies give the reader insight into the variety of the end-of-life experiences and suggest the environment should be considered as part of the care provision. (JL)
ISSN: 15524256
From : http://www.tandfonline.com

235/48 Live discharge from hospice and the grief experience of dementia caregivers; by Stephanie P Wladkowski.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 12, nos 1-2, January-June 2016, pp 47-62.
When an individual has dementia, family members are involved in many care transitions in their roles as caregivers. One such transition is the 'live' discharge from hospice services. This occurs when an individual no longer meets eligibility criteria. This can be difficult for caregivers who have been anticipating an end to understand in the context of their grief process. This qualitative study explored the experiences of 24 caregivers of adults with dementia, including Alzheimer's disease, who experienced a 'live' discharge from hospice. Specifically, the experience of grief was examined. Results from this study highlight the complexity of caring for someone with a terminal disease and the grief experience in end-of-life care as caregivers struggle to understand the individual's terminal prognosis as temporary. This is further complicated for caregivers who must resume caregiving responsibilities or assume a new caregiving role after experiencing a loss of hospice services. Finally hospice social workers are well positioned to offer emotional and other concrete support to caregivers who experience a 'live' discharge. (JL)
ISSN: 15524256
From : http://www.tandfonline.com

235/49 The route to success in end of life care: achieving quality for lesbian, gay, bisexual and transgender people; by Bridget Moss, Tes Smith, Kathryn Almack, National End of Life Care Programme, NHS, Department of Health - DH; St Helena Hospice, Colchester; University of Nottingham. [London]: National End of Life Care Programme, 2012, 34 pp.
The Department of Health's End of Life Care Strategy (DH, 2008) emphasised the need to raise the quality of care provided to dying people and their loved ones. This practical implementation document aims to provide a guide for everyone working with lesbian, gay, bisexual and transgender (LGBT) people, and for LGBT people themselves, whether dying or receiving end of life care. It is intended to support practitioners and staff caring for LGBT people to engage with key professionals, and to ensure that those who may be in the last months of life receive high quality end-of-life care. The guide follows the six steps of the End of Life Care Pathway laid out in the national End of Life Care Strategy (2008), beginning with initiating discussions as end-of-life approaches and concluding with care after death. Each section outlines the relevant steps of the pathway, identifies issues to consider about the individual's care, and links to the practitioner and/or staff role in that care. The guide includes case studies highlighting best practice, and suggests further information resources. (RH)
From : www.endoflifecareforadults.nhs.uk

FALLS

(See 235/98)

FAMILY AND INFORMAL CARE

235/50 Self-funded elder care and the Care Act 2014: insights from a qualitative study of family carers' experiences; by Alfia Mangano.: Emerald.
Working with Older People, vol 20, no 3, 2016, pp 157-164.
Semi-structured interviews were conducted with family carers in a densely populated city in Northern England, to find out about their views and experiences of self-funded care for older people, with an emphasis on attitudes to public intervention. Study participants were recruited according to a purposive sampling strategy, and data analysis was based on a qualitative content analysis approach. The paper concludes that it may not be straightforward for local authorities to engage with family carers, as appropriate under the Care Act 2014. An issue is that family carers do not envisage an intervention by the local authority in circumstances involving the use of privately paid social services. Qualitative information gathered within a broad study of family carers' views, attitudes and practices of care of dependent older people have been interpreted in the light of the provisions of the Care Act 2014 concerning self-funders. Only a handful of studies have attempted to look into family carers' experiences of self-funded care, and this paper aims to contribute to the limited literature. It also provides an evidence-based assessment of the challenges associated with implementation of the Care Act 2014. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

FRAILTY

(See Also 235/69)

235/51 New horizons: urgent care for older people with frailty; by Simon P Conroy, Sarah Turpin.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 579-586.
Urgent care for older people is a major public health issue and attracts much policy attention. Despite many efforts to curb demand, many older people with frailty and urgent care needs must be able to access acute hospital services. The predominant model of care delivered in acute hospitals tends to be medically focussed, yet the evidence-based approaches that appear to be effective invoke a holistic model of care, delivered by interdisciplinary teams embedding geriatric competencies into their service. This article reviews the role for holistic care - known as Comprehensive Geriatric Assessment (CGA) in the research literature - and how it can be used as an organising framework to guide future iterations of acute services, to be better able to meet the multifaceted needs of older people. The focus is on aged care in emergency departments and acute medical units, covering the first 72 hours of an older person with frailty's contact with an acute hospital. (RH)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

GOVERNMENT AND POLICY

(See Also 235/18)

235/52 The Autumn Statement: joint statement on health and social care; by King's Fund; Nuffield Trust; Health Foundation. London: The King's Fund, Nuffield Trust and the Health Foundation, 8 November 2016, 23 pp.
The King's Fund, Nuffield Trust and the Health Foundation are urging the government to address the critical state of social care in its forthcoming Autumn Statement. In the past six years, the number of people aged over 65 accessing publicly funded social care has fallen by at least 26% (more than 400,000 people). This joint statement notes that UK public spending on social care is set to fall back to less than 1 per cent of GDP by the end of this parliament, leaving thousands more older and disabled people without access to services. It presents evidence on actual and planned changes in spending on health and adult social care from 2010/11 until 2020/21. It concludes that, as a minimum, the Autumn Statement should bring forward the additional Better Care Fund money planned from 2018/19, if the pressures facing the social care system and the NHS are to be relieved. (RH)
From : Download: https://www.kingsfund.org.uk/publications/autumn-statement-2016

235/53 The divisive welfare state; by Peter Taylor-Gooby.: Wiley Blackwell.
Social Policy and Administration, vol 50, no 6, November 2016, pp 712-733.
An important tradition in social policy writing sees the welfare state as an agent of social cohesion against the divisive conflicts of market capitalism. Social policy in the UK is now developing in a way that directly conflicts with this approach. This may signal the future direction of change in other countries, as crisis and slow growth limit available resources, and governments become increasingly committed to a neo-liberal and consolidation agenda. The 2010 Conservative-led coalition and 2015 Conservative governments in the UK use social policy to exacerbate and embed social divisions as part of a project to achieve permanent cuts in welfare state spending without damaging their own electoral chances. This article reviews the divisive welfare state policies in relation to taxation, benefits for working age people and for immigrants, and between pensioners and non-pensioners. These groups cover much of welfare state activity and are currently salient in a way that gives the project political purchase. It goes on to argue that the divisions mask a further neo-liberal long-term project, facilitated by Brexit, of reducing the proportion of national resources going to all recipients of social spending. In this sense, we are all in it together. (RH)
ISSN: 01445596 From : wileyonlinelibrary.com/journal/spol

GRANDPARENTS

235/54 Dumela Mma: an examination of resilience among South African grandmothers raising grandchildren; by Megan L Dolbin-MacNab, Shannon E Jarrott, Lyn E Moore (et al).: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2182-2212.
Grandmothers serve as primary care-givers for a significant number of South African children. Previous research has documented that South African grandmothers experience physical, financial, emotional and social adversity. However, less attention has been given to South African grandmothers' resilience, or their capacity to respond to the challenges associated with raising

their grandchildren. Utilising Walsh's family resilience model (2003 and 2012), this qualitative study examined resilience and resilient processes among 75 Black South African grandmothers raising grandchildren. Grandmothers participated in structured interviews during a weekly visit to a local luncheon (social) club. Results indicated that the grandmothers perceived themselves as engaging in a number of resilient processes, including relying on their spirituality, accessing sources of instrumental support, and seeking emotional support and companionship from their grandchildren and larger communities. Grandmothers also believed that focusing on their grandchildren contributed to their sense of resilience. This involved maintaining a sense of responsibility to their grandchildren, having hope for their grandchildren's futures, and finding enjoyment in the grandmother-grandchild relationship. The findings reveal that by engaging in various resilient processes, South African grandmothers raising grandchildren perceive themselves and their families as having strategies they can utilise in order to successfully cope with adversity. Findings also highlight the need for prevention and intervention efforts designed to promote grandmothers' resilience, as well as the resilience of their grandchildren. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

HEALTH AND WELLBEING

(See 235/17)

HEALTH CARE

(See Also 235/22)

235/55 Health care for older people research in Nottingham and Derby 2016: excellence in care through world class research; by J R F Gladman, T Masud, R H Harwood (et al), East Midlands Research into Ageing Network (EMRAN), University of Nottingham; Nottingham and Derby Health Care of Older People Research Group. Nottingham: East Midlands Research into Ageing Network (EMRAN), University of Nottingham, October 2016, 38 pp (EMRAN Discussion paper series, issue 11).
East Midlands Research into Ageing Network (EMRAN) is a research collaboration across the East Midlands, to facilitate collaborative applied clinical research into ageing and the care of older people. This discussion paper looks at the work of the Nottingham and Derby Health Care of Older People Research Group, a multi-disciplinary group whose applied health research focuses particularly on those living with frailty. The Group describes its research in five overlapping and closely-related topic areas: the health care of residents of care homes; people with delirium and dementia, and their families; the aged musculo-skeletal system: fractures, bone health falls and exercise; community services for older people; and the education and training of staff in the care of older people. Updated information about the work of the Group may be found on its website (http://www.nottingham.ac.uk/research/groups/healthofolderpeople/index.aspx). (RH)
From : Download: http://www.nottingham.ac.uk/emran/documents/issue-11-emran.pdf

235/56 The state of health care and adult social care in England 2015/16: presented to Parliament pursuant to section 83(4)(a) of the Health and Social Care Act 2008; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, 12 October 2016, 149 pp (HC 2016/17 706).
This annual report on the state of health and adult social care in England shows that, despite increasingly challenging circumstances, much good care is being delivered and encouraging levels of improvement are taking place. However, evidence is begnning to be seen of deterioration in quality: some providers are struggling to improve their rating beyond 'requires improvement'. The fragility of the adult social care market and the pressure on primary care services are beginning to affect both those who rely on these services and the performance of secondary care. Evidence suggests we may be approaching a tipping point. The combination of a growing and ageing population, people with more long-term conditions and a challenging economic climate means greater demand on services and more problems for people in accessing care. This is translating to increased A&E attendances, emergency admissions and delays to people leaving hospital, which in turn affects the ability of many NHS Trusts to meet their performance and financial targets. The report includes examples of ideas for improving patient care. Part 1 of the report covers issues to do with quality and the future resilience of health and social care in England. Part 2 looks at the sectors regulated by the CQC: adult social care; acute hospitals, community health services and ambulance services; mental health; primary medical services; equality in health and social care; and the Deprivation of Liberty safeguards. A 19 page summary report (http://www.cqc.org.uk/sites/default/files/20161013_stateofcare1516_summary.pdf) is also available. (RH)
From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/560280/State_of_Care_15-16_web.pdf

HEALTH SERVICES

(See 235/67)

HOME CARE

(See Also 235/6)

235/57 Exit, voice and indifference: older people as consumers of Swedish home care services; by Johan Vamstad.: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2163-2181.
In the last 20 years, Sweden has undergone an extensive process of marketisation of its home care sector. Where the public sector once was the only provider of home care services, there is now a wide array of different, private alternatives for older people to choose from, using their publicly funded voucher. In other words, the publicly funded home care services in Sweden are organised to a large extent according to the principles of a quasi-market. Older people with care needs are therefore now considered to be consumers of home care, since they are expected to make an informed choice of home care provider according to their own preferences. This paper uses A O Hirschman's 1970 theory on 'Exit, voice and loyalty' and theory on the difference between care and market logic to study the extent to which older people with care needs assume this role and how they do it. The study is based on results from a research project using telephone interviews to ask 324 older people in three Swedish cities about their experience of making this choice. The results show that they had difficulty understanding how to choose, and what the purpose of the choice was. The study suggests some possible reasons why policy makers in Sweden continue to favour the freedom-of-choice model in spite of these poor results. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

235/58 Synthesizing ENABLE-AGE research findings to suggest evidence-based home and health interventions; by Susanne Iwarsson, Charlotte Löfqvist, Frank Oswald (et al).: Taylor and Francis.
Journal of Housing for the Elderly, vol 30, no 3, July-September 2016, pp 330-343.
As the quest for knowledge translation from research to practice and policy contexts is growing stronger, researchers need to develop strategies for synthesising research findings. Since home environments constitute an important context for the delivery of health care and social services to older adults and people aging with disabilities, research in this field can serve as an example for such endeavours. The authors used 35 original publications and one unpublished doctoral dissertation based on the European ENABLE-AGE Project, with the aim of demonstrating a systematic approach to synthesise research findings generated by large research projects as the basis for evidence-based interventions. The synthesized findings highlighted the complex interactions between objective and perceived aspects of housing and aspects of health in very old age, impacting on, for example, residential decision making. Independence in daily activity is influenced by the sociocultural care and service context. A familiar and safe neighbourhood, a social network, and a good supply of services are important to perceptions of participation. Going further, the authors suggest housing-related interventions that address problems and challenges related to ongoing demographic changes. This article contributes to the development of strategies for knowledge translation, by connecting research, practice and policy contexts struggling to meet the societal challenges that accompany population ageing. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

HOMELESSNESS

235/59 Homelessness among older people and service responses; by Maureen Crane, Anthony M Warnes.
Reviews in Clinical Gerontology, vol 20, no 4, November 2010, pp 354-363.
This paper reviews the limited evidence on the causes of homelessness in old age and on the circumstances and problems of older homeless people; it describes the few services dedicated to the group. Health care and social care professionals rarely encounter homelessness among the many problems of older people that present to them; but in many developed countries there is evidence that the number of older homeless people has recently been growing. Some among them have been homeless intermittently or continuously for years, but many became homeless for the first time in later life. The reasons for becoming homeless and the problems and needs of the group are exceptionally diverse. Many have been estranged from their family or have no living relatives, and they have a high prevalence of health problems and functional limitations. Although services for homeless people in general have improved since the early 1990s, few have targeted the needs of older people. (RH)
ISSN: 09592598
From : DOI: https://doi.org/10.1017/S0959259810000225

235/60 Older homelessness people: increasing numbers and changing needs; by Maureen Crane, Louise Joly.
Reviews in Clinical Gerontology, vol 24, no 4, November 2014, pp 255-268.
Evidence from England, Australia, Canada, Japan and the USA indicates that the single homeless population is ageing, and that increasing numbers of older people are homeless. This paper reviews evidence of changes in the age structure of the single homeless population, and the factors that are likely to have had an influence on the growth of the older homeless population. In many Western cities, the housing situation of older people is changing, and there is a growing reliance on the private rented sector. Unemployment is also having an impact on older people who are under the official retirement age. An increasing number of older people are experiencing problems linked to alcohol, drugs, gambling and criminality, and these are all behaviours that can contribute to homelessness. Although older homeless people experience high levels of morbidity and disability, they are a relatively neglected group and receive little attention from policy makers and mainstream aged care services. (RH)
ISSN: 09592598
From : DOI: https://doi.org/10.1017/S095925981400015X

HOSPITAL CARE

235/61 Mapping the road for a new spiritual care policy: identifying barriers and enhancing factors for providing spiritual care to cardiac patients; by Mysoon Khalil Abu-El-Noor, Nasser Ibrahim Abu-El-Noor.: Routledge.
Journal of Religion, Spirituality and Aging, vol 28, no 3, July-September 2016, pp 184-199.
This study was designed to explore barriers and solutions for providing spiritual care to hospitalised cardiac patients living in the Gaza Strip. A qualitative approach using a semi-structured interview format with 12 health care providers was used for data collection. Results revealed several barriers for providing spiritual care including inadequate preparation of staff, ambiguity of spirituality, lack of time, shortage of staff, policy barriers and personal barriers. Participants suggested several strategies to overcome these barriers including policy innovation, organisational actions, educational and training preparation, and miscellaneous interventions. (JL)
ISSN: 15528030
From : http://www.tandfonline,com

HOSPITAL DISCHARGE

235/62 Let's all get home safely: a commentary on NICE and SCIE guidelines (NG27) transition between inpatient hospital settings and community or care home settings; by Anna Winfield, Eileen Burns.: Oxford University Press.
Age and Ageing, vol 45, no 6, November 2016, pp 757-760.
Safe and appropriate transition between inpatient settings and the community is one of the major challenges facing the modern NHS. The National Institute for Health and Care Excellence (NICE) in conjunction with the Social Care Institute for Excellence (SCIE) published guidance on this challenging area in December 2015. This commentary provides context, summary and discussion of the key areas covered. The guidance particularly emphasises the importance of a person-centred approach in which patients are individuals and equal partners in the multidisciplinary team who should be treated with dignity and respect. Additionally, communication and information sharing is crucial both on admission and when taking a proactive approach to discharge, including the role of the discharge coordinator in liaising with community teams and arranging follow-up post-discharge. Self-care and the significance of carers are also highlighted as valuable in facilitating safe discharge and reducing readmissions. It is clear that in older people with complex needs, safe appropriate transition between hospital and community settings has a positive impact on patients and their carers. Given the financial and capacity pressures facing the NHS, strategies to reduce readmissions and prevent delays in discharge are increasingly important. These guidelines are therefore both timely and advocated to improve care for older people. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

HOUSING

235/63 Accessibility improvement models for typical flats: mass-customizable design for individual circumstances; by Tapio Kaasalainen, Satu Huuhka.: Taylor and Francis.
Journal of Housing for the Elderly, vol 30, no 3, July-September 2016, pp 271-294.
In Finland, housing policies for older people emphasise ageing in place and preparing the existing housing stock for the predicted increase in the aged population. Timely home modifications that enhance mobile accessibility are a focal target for these policies. This article introduces the idea of mass-customisable architectural accessibility improvement models (AIMs) that have been

developed for typical Finnish flats. The applicability and generalisability of an AIM designed for an archetypal two-room flat is tested by applying it to nine case buildings in the city of Tampere. The model was found to be beneficial for 42 of the 45 rooms in the research material. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

235/64 Building affordable rental housing for seniors: policy insights from Canada; by Catherine Leviten-Reid, Alicia Lake.: Taylor and Francis.
Journal of Housing for the Elderly, vol 30, no 3, July-September 2016, pp 253-270.
In the context of healthy ageing, the authors explore newly constructed, unassisted affordable rental housing in Nova Scotia, Canada with respect to design, location, and the involvement of older people in decision making. They do so from the perspectives of older people and project sponsors. Overall, the themes that emerged from these two groups of participants diverge. Older people spoke about the importance of shared space, design-related barriers to ageing in place, and problems accessing transport. The older people also expressed a range of views regarding participation in decision making, from conveying that it was not necessary to requesting resident involvement. Project sponsors spoke about cost, feasibility, and, in certain cases, learning how to build housing; they also evinced disparate views about the nature of the housing they were providing and the importance of older people's involvement. Recommendations include linking housing to health and social policy, implementing guidelines for sponsors related to design and location, and providing increased funding to offset new costs. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

235/65 Housing suitable for an ageing population; by Angela Morrison.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 204-208.
The older population is growing, but there is too little housing being built and very little suits their needs. The author, an architect, describes what is on offer now, and looks at the viability of the chalet bungalow as a desirable, affordable option which could attract older people to downsize from a family house. Traditionally, the bungalow has fulfilled the niche as an age-friendly dwelling, where all types of people can age in place; but as more pressure is put on land and its value, the style has gone out of favour. Whereas at the top end of the market developers are offering large cottages with a reception room that can be used as a ground floor bedroom, less well-off owner-occupiers are not catered for until they need care. The dwindling supply of suitable properties has led to older people feeling trapped in homes too big for their needs at a time when there is a chronic shortage of family houses. This leads to poor health and well-being, and a later life move into expensive housing with care. Mainstream developers have avoided building bungalows, because single storey dwellings are "land hungry". This paper reviews a chalet bungalow solution, which can be built to a greater density and is of a size and style that is age friendly, future proof and affordable. If more widely disseminated, this message could help solve the housing crisis. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/66 Meeting the housing needs of older people: the key to better care and a more integrated society?; by Tony Watts.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 199-203.
The author highlights the longer term view that is required to address older people's needs for suitable housing. He draws on his experience of meetings and discussions with many older people through his regional and national roles in the ageing sector. There is a need to hear what older people are saying, that emphasises "rightsizing" rather than "downsizing"; to create self-supporting communities rather than building houses; to focus on care and repair services; and to ensure that all new homes are built to enable occupiers to age in place. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/67 Quick guide: Health and housing: transforming urgent and emergency care services in England; by NHS England; Department of Health - DH; Public Health England (et al).: NHS England, [2016], 9 pp (Gateway Reference: 05939).
This quick guide provides practical resources and information for Clinical Commissioning Groups (CCGs) from a range of national and local organisations. It gives examples on how housing and health can work together to prevent and reduce hospital admissions, length of stay, delayed discharge, readmission rates and ultimately improve outcomes, particularly in supporting people to remain independent in the community. It is one of a series of online guides which provides practical tips and case studies or good practice examples of support health and care systems. (RH)
From : www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-health-and-housing.pdf

235/68 The state of the nation's housing: an ILC-UK factpack; by Ben Franklin, Brian Beach, Cesira Urzi Brancati, Dean Hochlaf, International Longevity Centre UK - ILC-UK. London: ILC-UK, July 2016, 23 pp.
Ensuring a supply of affordable and suitable housing will be critical in successfully meeting the needs of an older society. This report makes the point that getting housing right will help support the incomes and savings of younger people, while helping to limit the growth in health and social care costs from a rising number of older people. Researchers analysed official statistics and datasets, including the English Housing Survey and the English Longitudinal Study of Ageing (ELSA). The report considers the current housing market; the quality of UK housing; and the future of housing. Five priorities are identified: getting serious about the supply of housing; planning for local needs; preparing for a future of renters; making sufficient home adaptations; and adapting to changing needs. Support from Firstport is acknowledged. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. www.ilcuk.org.uk

HOUSING WITH CARE

(See 235/85)

INTEGRATED CARE

235/69 How effective is integrated care for community-dwelling frail older people?: The case of the Netherlands; by Emiel O Hoogendijk.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 587-590.
Integrated care programmes have been developed to enhance the quality care for older adults in primary care. These programs usually consist of a multidisciplinary approach, with personalised care based on comprehensive geriatric assessments (CGAs). However, there is limited evidence for the effectiveness of these programmes for frail older people. The authors review the results of three recent intervention studies carried out as part of the Dutch National Care for the Elderly Programme. The results illustrate how difficult it is to improve outcomes in community-dwelling frail older adults by means of integrated care. The authors also discuss the implications of these studies for future research into frailty interventions. (RH)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

INTERGENERATIONAL ISSUES

235/70 Mother-child relations in adulthood within and across national borders: non-Western immigrants in the Netherlands; by Ilse N Rooyackers, Helga A G de Valk, Eva-Maria Merz.: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2000-2035.
The authors examined structures of (trans)national mother_child relationships in adulthood among non-Western immigrants in the Netherlands, and assessed the impact of acculturation on these intergenerational ties. Turkish, Moroccan, Surinamese and Antillean respondents to the Netherlands Kinship Panel Study (NKPS) were selected, whose mother lived in the Netherlands (N = 360) or abroad (N = 316). First, extending a previous typology of immigrant mother_child relations in the Netherlands, Latent Class Analysis was conducted for transnational relations. As expected, combining information about given and/or received emotional and financial support resulted in an emotional-interdependent and detached transnational mother_child relationship. Second, acculturation effects were estimated by using relationship assignment as a dependent variable, performing Logistic Regressions on the uni-national and transnational sample. Findings were mixed, suggesting acculturation impacts differently on family relations within and across borders. Overall, the results demonstrate the importance of reciprocal affective ties in a transnational context (also in the absence of financial or practical support), and show the relevance of distinguishing different facets of acculturation. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

INTERNATIONAL AND COMPARATIVE

(See Also 235/10, 235/37, 235/38, 235/54, 235/57, 235/61, 235/70, 235/78, 235/94)

235/71 Experiences of Japanese aged care: the pursuit of optimal health and cultural engagement; by Michael J Annear, Junko Otani, Joanna Sun.: Oxford University Press.
Age and Ageing, vol 45, no 6, November 2016, pp 753-756.
Japan is a super-ageing society that faces pressures on its aged care system from a growing population of older adults. In this study naturalistic observations were undertaken at eight aged care facilities in central and northern Japan to explore how aged care is configured. Four aspects of contemporary provision were identified that offer potential gains in quality of life and health.

The Japanese government mandates that aged care facilities must employ a qualified nutritionist to oversee meal preparation, fostering optimal dietary intake. A concept of life rehabilitation seeks to maximise physical and cognitive performance, with possible longevity gains. Low staff to resident ratios are also mandated by the Japanese government to afford residents high levels of interpersonal care. Finally, Japanese facilities prioritise experiences of seasonality and culture, connecting frail older people to the world beyond their walls. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

LGBT

(See Also 235/49)

235/72 Being accepted being me: understanding the end of life care needs for older LGBT people: a guide for health and social care professionals and carers; by Kathryn Almack, University of Nottingham; National Council for Palliative Care - NCPC. London: National Council for Palliative Care, July 2016, 27 pp.
This guide aims to raise awareness of the end of life care needs of lesbian, gay, bisexual and trans (LGBT) older people, by providing information for health and social care staff and volunteers. It presents key facts on concerns about accessing health and social care services, and issues around disclosure of sexual orientation or gender identity. It includes points for discussion that could be used in training sessions. It is intended to complement the NCPC publication and DVD, 'Open to all? Meeting the needs of lesbian, gay, bisexual and trans people nearing the end of life'. Support from the Economic and Social Research Council (ESRC) is acknowledged. (RH)
Price: £5.00 (£2.00 to subscribers)
From : National Council for Palliative Care, 34-44 Britannia Street, London WC1X 9JG. Websites: www.ncpc.org.uk and www.dyingmatters.org.uk

235/73 Dementia care and LGBT communities: a good practice paper; by National LGB&T Partnership; Voluntary Organisations Disability Group; National Care Forum - NCF. Coventry: National Care Forum, April 2016, 15 pp.
Some 1.2m people in the UK are likely to be affected by issues relating to dementia and people from LGBT (lesbian, gay, bisexual and transgender) communities. This good practice paper has been developed since 'The dementia challenge for LGBT communities' reported on a roundtable discussion held in December 2014 (National LGB&T Partnership, 2015). It presents three case studies suggesting good practice for support for LGBT people with dementia. First, an Anchor sheltered housing scheme, shows how to involve LGBT people in shaping policies and practices on dementia care. The second, Gay Advice Darlington / Durham, illustrates the importance of a partnership approach between health, social care and the voluntary sector when supporting LGBT people with dementia. The third, Over the Rainbow, demonstrates the role of research in developing and refining methods of support, which could involve, for example, LGBT people's hopes for their future care. (RH)
From : National Care Forum, 3 The Quadrant, Coventry CV1 2DY. website: www.nationalcareforum.org.uk

235/74 The dementia challenge for LGBT communities: a paper based on a roundtable discussion, 2 December 2014; by National LGB&T Partnership. [London]: National LGB&T Partnership; National Care Forum, 2015, 11 pp.
The roundtable was held by the National LGBT Partnership with the National Care Forum (NCF), Sue Ryder and the Voluntary Organisations Disability Group, as part of the Department of Health Strategic Partner Programme, to examines the needs of LGBT (lesbian, gay, bisexual and transgender) people with dementia and how the social care workforce could provide more appropriate support. Specifically, LGBT people are more likely than their heterosexual peers to be single and living alone, and less likely to have family support; also, their past experiences of prejudice may affect their perception of support. The paper identifies some of the concerns LGBT people have in relation to dementia and access to support, such as reduced inhibition caused by dementia, and being forced "back into the closet" in later life because of the attitudes of care staff. The paper recommends raising awareness and acknowledgement of this "invisible population" in all settings, including home-based support and residential care. Other topics highlighted include: regular support vs 'rainbow villages'; growing more good practice; workforce and training; and personalisation and dignity. (RH)

235/75 Loneliness and social support among lesbian, gay, bisexual, transgender and intersex people aged 50 and over; by Mark Hughes.: Cambridge University Press.
Ageing and Society, vol 36, no 9, October 2016, pp 1961-1981.
Loneliness is a debilitating condition with particular negative health effects, including psychological distress. While the vast majority of older people do not experience significant degrees of loneliness, a minority do and there are some reports that this is even greater among

lesbian, gay, bisexual, transgender and intersex (LGBTI) seniors. This article examines the experience of loneliness and social support among LGBTI people aged 50 and over living in New South Wales, Australia. It also explores their interest in participating in social and health-promoting activities. Findings from an online survey delivered to 312 people are reported. Loneliness was associated with living alone, not being in a relationship, higher psychological distress and lower mental health. Nonetheless, most respondents reported that they are able to gain support from both biological family and friends if they need it in a crisis. The social and health-promoting activities that were most preferred among all respondents were fitness groups, walking groups, swimming and meditation. Those who experienced the greatest degree of loneliness were much more likely than those who were less lonely to want to participate in social and health-promoting activities with other LGBTI people. The findings indicate scope for community organisations to develop targeted interventions, such as those social and health-promoting activities most preferred by the participants of this study. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

235/76 Transformative theatre: a promising educational tool for improving health encounters with LGBT older adults; by Anne K Hughes ... (et al).: Taylor and Francis.
Gerontology and Geriatrics Education, vol 37, no 2, July-September 2016, pp 292-306.
Lesbian, gay, bisexual or transgender (LGBT) older adults are often unaware or fearful of ageing services that contribute to greater vulnerability, isolation and risk when services are needed. In addition they may perceive or experience bias in health care encounters. Providers may not recognise their own biases or their impact on such encounters. In response a group of LGBT community activists, ageing professionals, researchers and a theatre ensemble developed an interactive theatre experience that portrayed challenges faced by LGBT older adults needing services. Goals included raising awareness among LGBT older adults and providers about issues such as the limited legal rights of partners, limited family support, and fear of being mistreated as a result of homophobia. Evaluations and feedback reflected the potential of interactive theatre to engage people in sensitive discussions that could lead to increased awareness, reduced bias, practice change and ultimately improved care for LGBT older adults. (JL)
ISSN: 02701960 From : http://www.tandfonline.com

235/77 Your treatment and care: planning ahead for the LGBT community; by Compassion in Dying. London: Compassion in Dying, 2016, 30 pp.
Most people have some form of opinion about how they would like to be treated at the end of their lives, regardless of identity or background. For lesbian, gay, bisexual and transsexual (LGBT) people in particular, your identity might have an impact on the treatment and care you would like to receive. This guide aims to help you record your wishes to ensure they are respected if you cannot make a decision for yourself or tell people what you want. It provides an introduction to ways in which you can plan ahead for future treatment and care, by making a Lasting Power of Attorney for health and welfare (LPA), advance decision, or advance statement. It explains a person's rights under the Mental Capacity Act 2014, which applies in England and Wales. This guide was produced with assistance from Stonewall and Opening Doors London. (RH)
From : Compassion in Dying, 181 Oxford Street, London W1D 2JT.

LONG TERM CARE

(See Also 235/110)

235/78 Insiders and outsiders: policy and care workers in Taiwan's long-term care system; by Chen-Fen Chen.: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2090-2116.
As in many developed countries, foreign care-givers have made up a short-term labour force to help shoulder the responsibilities of older adult care in Taiwan since 1992. This study uses the dual labour market and the occupational segregation theoretical frameworks and a mixed-method approach to examine whether foreign care-givers are supplementary or have replaced Taiwanese care-givers in Taiwan's long-term care (LTC) industry, and to understand better the status of care workers and their influx into the secondary labour market. As of 2012, 189,373 foreign workers joined the care services, compared to 7,079 Taiwanese, indicating they are no longer supplementary. The gap between the dual care system and workforce regulation has resulted in occupation segregation, and the secondary care labour market has been divided into `institutional' and `home' spheres, segregating care-givers into three levels: all Taiwanese care-givers, foreign institutional care-givers, and foreign home care-givers, the latter being the cheapest, most obedient and most adaptable LTC products. This case exhibits the `particularistic' associations between nationality and care-givers' workplace, which should be abolished. Only by squarely facing the changes and impacts caused by importing workers into the secondary labour market can one propose concrete, effective LTC labour plans and retention policies. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

235/79 Organization and supply of long-term care services for the elderly: a bird's-eye view of old and new EU Member States; by Monika Riedel, Markus Kraus, Susanne Mayer.: Wiley Blackwell.
Social Policy and Administration, vol 50, no 7, December 2016, pp 824-845.
This article provides an overview of the organisation of formal long-term care (LTC) systems for older people in ten old and 11 new EU Member States (MS). Generally, the authors find that the main responsibility for regulating LTC services is centralised in half of these countries, whereas in the remaining countries, this responsibility is typically shared between authorities at the central level and those at the regional or local levels in both institutional and home-based care. Responsibilities for planning LTC capacities are jointly met by central and non-central authorities in most countries. Access to publicly financed services is rarely means-tested, and most countries have implemented legal entitlements conditional on needs. In virtually all countries, access to institutional care is subject to cost sharing, which also applies to home-based care in most countries. The relative importance of institutional LTC relative to home-based LTC services differs significantly across Europe. Although old MS appear to be experiencing some degree of convergence, institutional capacity levels still span a wide range. Considerable diversity may also be observed in the national public-private mix in the provision of LTC services. Lastly, free choice between public and private providers exists in the vast majority of these countries. This overview provides vital insights into the differences and similarities in the organisation of LTC systems across Europe, especially between old and new MS, while also contributing valuable insight into previously neglected topics, thus broadening the knowledge base of international experience for mutual learning. (RH)
ISSN: 01445596 From : wileyonlinelibrary.com/journal/spol

235/80 Supporting the pillars of life quality in long-term care; by Tracey McDonald.: Routledge.
Journal of Religion, Spirituality and Aging, vol 28, no 3, July-September 2016, pp 167-183.
Issues of life quality and what that means for the population who are ageing and becoming frail in large numbers require new thinking regarding a practical application of quality of life theory to enhance the experience of living in aged care contexts. Quality of life also has importance for care providers wishing to judge the quality of their services. Assumptions that disease and disability dictate life quality undermine the centrality of individual experiences, and assumptions regarding spirituality and religion can confuse approaches to services offered to a cohort of people whose focus is on spiritual well-being. Information gathered on aged care residents' experiences of life quality can focus attention on supporting positive experiences during late age. If the potential for quality of life is strengthened, individual pursuit of higher meaning may be fostered. Appropriate support and care within care services can be enhanced through reliable assessment of factors that sustain quality of life. It is argued that quality of life can exist separately from disease or disability, that spirituality and religion are not synonymous, and that concepts of life quality and spirituality are not causally related and are therefore more reliably assessed as separate phenomena. (JL)
ISSN: 15528030 From : http://www.tandfonline,com

LONGEVITY

235/81 The 100-year life: [on dust jacket]: living and working in an age of longevity; by Lynda Gratton, Andrew Scott. London: Bloomsbury Information, 2016, 264 pp.
The authors write on the basis that, on average, we are living longer than our parents, and longer still than our grandparents. They suggest that, with foresight and planning, a long life is a gift not a curse. It is also a wake-up call, and points to considerations such as the need to work for longer in order to finance a long life. A website (http://www.100yearlife.com/) has been devised to provide a diagnostic, whereby readers can assess their situation and plan more clearly for the future.
Price: £18.99
From : Bloomsbury Publishing, 50 Bedford Square, London WC1B 3DP. Website: www.bloomsbury.com

MENTAL CAPACITY

235/82 Understanding of the Mental Capacity Act in work with older adults exploring the "unintended consequences" for service users' emotional wellbeing; by Matthew Graham.: Emerald.
Working with Older People, vol 20, no 3, 2016, pp 151-156.
This paper explores the consequences for older people's mental well-being of understandings relating to the Mental Capacity Act 2005 (MCA). The MCA seeks to maximise people's abilities to make decisions, and provides a framework for decisions to be made in their best interests, should they lack the mental capacity to do so themselves (M Graham and J Cowley, 2015). Practice varies widely amongst health and social care practitioners, and little is known about the nature of interventions under the MCA or the outcomes for service users' lives and health,

especially their mental health and emotional well-being. By reflecting on existing evidence, this position paper offers a narrative of how practice in applying the principles of the MCA may affect older people's mental well-being. Drawing on Court of Protection judgments and existing research, the author analyses the way the MCA is understood and applied, and how institutional mechanisms might hinder good practice. There are tensions between policy imperatives and examples of practice linked to the MCA, the spirit of the Act, and tenets of good practice. Despite efforts on promoting choice, control and rights, there is growing paradoxical evidence that the MCA is used as a safeguarding tool, with the consequences that it constrains older people's rights, and that it may encourage risk averse practice. The consequences of this for older people are considerable and include lack of choice, autonomy and self-determination. This discussion suggests that anxiety in relation to the application of the MCA still exists in practice, and that maximising older people's capacity and supporting decision-making is central in promoting mental health and well-being. This position paper identifies how the MCA might be interpreted in action by considering existing evidence. The paper may lead to future research on how understandings of the MCA are constructed, and what values underpin its application from conception to outcomes in relation to understandings of risk, risk aversion, decision-making and the potential and need for emancipatory practice. Essentially, the paper discusses how the MCA actually seeks to enhance older people's mental health and emotional well-being, by offering a rather radical approach to understanding people's wishes and feelings, but how attitudes may lead to misunderstandings and negative outcomes for the individual. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

MENTAL HEALTH

235/83 Doing memory work with older men: the practicalities, the process, the potential; by Vic Blake, Jeff Hearn, Randy Barber (et al).: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 209-213.
A participant review and reflection on collective of memory work group of older men is described. The focus is on the making and unmaking of older men and masculinities through age, ageing, gender, gendering and other intersections. The potential of memory work, both for working with older men, and more generally is outlined. Key issues are: genuine and collective commitment to change, not just at a personal level, but also at wider social, political and cultural levels; a willingness to trust in the other members of the group, an issue that may be difficult for some men; and commitment for caring for one another, especially in their moments of greatest vulnerability. There has been little, if any other writing on this approach to ageing, men, and masculinities. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/84 The Test Your Memory cognitive screening tool: sociodemographic and cardiometabolic risk correlates in a population-based study of older British men; by Efstathios Papachristou, Sheena E Ramsay, Olia Papacosta ... (et al).: Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 31, no 6, June 2016, pp 666-675.
This study aimed to examine the association of Test Your Memory (TYM)-defined cognitive impairment groups with known sociodemographic and cardiometabolic correlates of cognitive impairment in a population-based study of older men. Participants were members of the British Regional Heart Study, a cohort across 24 British towns initiated in 1978-1980. Data stemmed from 1570 British men examined in 2010-2012, aged 71-92 years. Sociodemographic and cardiometabolic factors were compared between participants defined as having TYM scores in the normal cognitive ageing, mild cognitive impairment (MCI) and severe cognitive impairment (SCI) groups, defined as 46 or more (45 if 80 years of age or over), 33 or more and under 33, respectively. Among 1570 men, 636 (41%) were classified in the MCI and 133 (8%) in the SCI groups. Compared with participants in the normal cognitive ageing category, individuals with SCI were characterised primarily by lower socio-economic position, slower average walking speed, mobility problems, poorer self-reported overall health, obesity and impaired lung function. A similar albeit slightly weaker pattern was observed for participants with MCI. Sociodemographic and lifestyle factors as well as adiposity measures, lung function and poor overall health are associated with cognitive impairments in late life. The correlates of cognitive abilities in the MCI and SCI groups, as defined by the TYM, resemble the risk profile for MCI and Alzheimer's disease outlined in current epidemiological models. (JL)
ISSN: 08856230
From : www.orangejournal.org

MIGRATION

235/85 Geographic migration among residents in seniors housing and care communities: evidence from the Residents Financial Survey; by Norma B Coe, April Yanyuan Wu.: Taylor and Francis.
Journal of Housing for the Elderly, vol 30, no 3, July-September 2016, pp 312-329.
On the whole, older people show relatively little inclination for geographical migration within the U.S. The authors were interested in the geographical migration patterns among a specific subset of older people that they know have moved out of the traditional family home _ those living in assisted living and independent living communities. They analysed data from the Residents Financial Survey (RFS, conduced in 2011), a survey of 2,617 residents in assisted living and independent living communities that asked about their previous living arrangement, where they lived before moving to their current community, and how their care needs were previously met. The authors find there is substantial migration among respondents. Using self-reported and community-reported location and zip code information, they calculated whether people moved across state lines and computed the distance people moved between their previous location and their current community. While the median distance moved is less than 10 miles, 20% moved across state lines, and 21% of the sample moved more than 100 miles; the average distance moved among the sample was 165 to 190 miles. The evolution of living arrangements shows that there are strong correlations between respondents' current living arrangements, previous living arrangements, and their plan to move in the future. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

NEIGHBOURHOODS AND COMMUNITIES

235/86 Age-friendly cities: the role of churches; by Noelle L Fields, Gail Adorno, Karen Magruder ... (et al).: Routledge.
Journal of Religion, Spirituality and Aging, vol 28, no 3, July-September 2016, pp 264-278.
Although the role of religion and spirituality in the lives of older adults is well documented, more research is needed to better understand the role of churches within the context of 'age-friendly' cities. In this study qualitative data were collected from six ethnically diverse focus groups and individual interviews of homebound older adults. Study participants emphasised the importance of churches as a source of social connectivity, volunteering and as a provider of health-related education and informal services. Findings underscore the importance of churches in age-friendly cities and address a critical gap in the literature. (JL)
ISSN: 15528030
From : http://www.tandfonline,com

235/87 Champions for change; by Nélida Redondo, Silvia Gascon.: AARP International.
AARP International: The Journal, 2016, pp 69-70.
Second of two short case studies that offer insights into age-friendly communities around the world. This study, from La Plata, Argentina, examines an action plan set up to improve the lives of that city's older citizens. (JL)
From : journal.aarpinternational.org

235/88 Revaluating aging in place: from traditional definitions to the continuum of care; by Joyce Weil, Elizabeth Smith.: Emerald.
Working With Older People, vol 20, no 4, 2016, pp 219-222.
Traditional definitions of ageing in place often define the concept specifically as the ability to remain in one's own home or community setting in later life. This paper aims to reframe ageing in place and to show how narrowly defined ageing in place models can be potentially negative constructs that limit options for older adults. The authors propose a paradigm shift, or a re-framing of, the popularised idea of ageing in place. They challenge mainstream and literature-based beliefs that are deeply rooted to the idea that ageing in place ideally happens in the home in which a person has lived for many years. The paper reviews common concepts and constructs associated with ageing in place as well as gaps or exclusions, also US-based ageing in place policy initiatives that favour the ageing in place model. It finds thst an expanded definition of ageing in place embraces heterogeneity in residence types and living options. A realistic assessment of person-environment fit - matching an older person's capabilities to his or her environmental demands - allows for the development of additional ageing in place options for those living across the continuum of care. In all, ageing in place should be moved from the personal "success" or "failure" of an older individual, to include the role of society and societal views and policies in facilitating or hindering ageing in place options. The authors demonstrate that these options, in facilities within the continuum of care, can be thought of as appealing for older people of all levels of physical and cognitive functioning. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

OLDER OFFENDERS

235/89 Detained and dying: ethical issues surrounding end-of-life care in prison; by Meredith Stensland, Sara Sanders.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 12, no 3, July-September 2016, pp 259-276.
Prisons are increasingly being called upon to provide end-of-life (EOL) care within the restrictive correctional environment. Several relatively recent phenomena have brought medical ethics to the forefront of prison EOL care _ including ageing behind bars, a paradigm shift in prison culture, the increasing rate of in-prison deaths, and the corresponding prison hospice movement. This article examines prominent ethical issues that emerge for prison staff who are tasked with providing care to terminally ill offenders by presenting three offender composite characters that exemplify dying offenders and emergent ethical issues surrounding their care. Identification and critical analysis of these ethical issues demonstrate the need for strong commitment to ethical practice and highlights specific issues for prisons to examine in their own EOL care practice. (JL)
ISSN: 15524256
From : http://www.tandfonline.com

PALLIATIVE CARE

235/90 Developing a model of short-term integrated palliative and supportive care for frail older people in community settings: perspectives of older people, carers and other key stakeholders; by Anna E Bone ... (et al).: Oxford University Press.
Age and Ageing, vol 45, no 6, November 2016, pp 863-873.
Understanding how best to provide palliative care for frail older people with non-malignant conditions is an international priority. The present study aimed to develop a community-based episodic model of short-term integrated palliative and supportive care (SIPS) based on the views of service users and other key stakeholders in the United Kingdom. The study carried out transparent expert consultations with health professionals, voluntary sector and carer representatives including a consensus survey. In addition, focus groups with older people and carers were used to generate recommendations for the SIPS model. Discussions focused on three key components of the model: potential benefit of SIPS, timing of delivery and processes of integrated working between specialist palliative care and generalist practitioners. Content and descriptive analysis was employed and findings were integrated across the data sources. In all, two expert consultations, a consensus survey and three focus groups were conducted. Potential benefits of SIPS included holistic assessment, opportunity for end of life discussion, symptom management and carer reassurance. Older people and carers advocated early access to SIPS, while other stakeholders proposed delivery based on complex symptom burden. A priority for integrated working was the assignment of a key worker to co-ordinate care, but the assignment criteria remained uncertain. Key stakeholders agreed that a model of SIPS for frail older people with non-malignant conditions had potential benefits within community settings, but differed in opinion on the optimal timing and indications for this service. These findings highlight the importance of consulting all key stakeholders in model development prior to feasibility evaluation. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

PARTICIPATION

(See Also 235/33)

235/91 Older people's forums in the United Kingdom: civic engagement and activism reviewed; by Jill Manthorpe, Jess Harris, Sam Mauger.: Emerald.
Working with Older People, vol 20, no 3, 2016, pp 165-178.
Older people's forums seek to influence statutory responses to ageing, and enable older people to speak up on matters important to them. This paper reviews the literature on older people's forums in the UK. The review examined three facets of forums: their membership, structures, and effectiveness. Methods included searching databases, the internet, and specialist libraries for materials relating to older people's forums. Key points were extracted, and source material was described but not subject to quality appraisal. Relevant non-UK studies are included to draw contrast and comparisons. Several studies and reports have explored forum members' socio-demographic profiles, motivations and triggers for joining, and the two-way rewards of participation. However, membership remains a minority activity, with only a small percentage of members actively engaged. The review highlights gaps in the literature on widening participation. Both statutory and voluntary sectors have supported forum development and sustainability. There is little data on formal structures, but some exploration of the informal communications and behaviours that sustain them has been undertaken. Forums are viewed as effective but resource

intensive. The size and representativeness of the membership, strength of influence, and deployment of members' expertise are all identified as potential contributors to effectiveness. Some material may not have been accessible, and there is potential bias by greater inclusion of journal-published materials than other possible sources. Material was not appraised for quality, and research literature and self-reporting by forums are presented alongside each other. Practitioners should familiarise themselves with current older people's organisations locally to ensure that consultations are broad and reach different groups. While partnerships with voluntary sector health and care providers are encouraged, some of these groups may not wish to represent all older people. Wider reach may provide multiple perspectives. Help in kind as well as financial resources may be welcomed by older people's groups, such as providing meeting spaces, assistance with administration, and briefings that are accessible. Offering to meet older people's forums to discuss matters regularly may provide insight into experiences of services and changing needs earlier than professional feedback. Dismissing older people's forums as being made up of the "usual suspects" is likely to be unfair and unhelpful to building up positive relationships. This review provides a preliminary assessment of the size and scope of research and grey literature on UK older people's forums. It synthesises points of similarity and difference and identifies clear gaps in the evidence. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

PENSIONS AND BENEFITS

235/92 Austerity, ageing and the financialisation of pensions policy in the UK; by Craig Berry.
British Politics, vol 11, no 1, April 2016, pp 2-25.
This article offers a detailed analysis of the recent history of pensions policy in the United Kingdom, culminating in two apparent revolutions in policy now underway: the introduction of automatic enrolment into private pensions, and proposals for a new single-tier state pension. These reforms are examples of the 'financialisation' of UK welfare provision, typified in pensions policy by the notion that individuals must take personal responsibility for their own long-term financial security, and must engage intimately with the financial services industry to do so. As such, the reforms represent the continuation of pensions policy between the Labour and Coalition governments, despite the Coalition government's novel rhetorical commitment to austerity. In fact, the pensions revolutions will actually cost the state significantly more than current arrangements; yet the importance of fears about population ageing means that the government is able to marshal the imagery of austerity to justify financialisation, but is also required to partly conceal the increased expenditure this requires. The article shows how the financialisation agenda in pensions policy was evident before the financial crisis, but has evolved to both take advantage of, and mitigate the constraints, of a post-crisis political climate. (OFFPRINT.) (RH)
ISSN: 1746918x From : doi:10.1057/bp.2014.19

235/93 Independent review of the State Pension age: interim report; by John Cridland, State Pension Age Independent Review, Department for Work and Pensions - DWP. London: Department for Work and Pensions, 13 October 2016, 100 pp.
The Pensions Act 2014 requires the government to review the State Pension Age (SPA) during each Parliament. As part of the State Pension Age Review, this interim report and consultation sets out evidence considered thus far, and seeks further research, insights and evidence. It examines the impact of a universal SPA age rising in line with life expectancy on affordability and fairness, and looks at the labour market position of older people. It describes how life expectancy is measured and its influence on different socio-economic and lifestyle factors in different parts of the country. It also discusses Healthy Life Expectancy, and summarises the latest data. It considers the serious impacts of changing SPA on groups such as carers, people with disabilities and self-employed people; the pension outcomes that people will see in the future; and the material impact of waiting longer for a state pension. The dependencies between SPA, the remaining welfare system and private pensions are identified. It explores and asks whether moving to a more personalised way of assessing what it means to retire, and when those key decisions may happen, could be a better choice for people than a fixed decision point around SPA. It asks whether it is possible and useful to smooth the transition between working age and retirement. The consultation closes at 5pm, 31 December 2016. (RH)
From : https://www.gov.uk/government/consultations/state-pension-age-independent-review-interim-report-with-questions

235/94 Public-private partnerships in European old-age pension provision: an accountability perspective; by Ville-Pekka Sorsa.: Wiley Blackwell.
Social Policy and Administration, vol 50, no 7, December 2016, pp 846-874.
Over the last few decades, the boundary between public and private responsibility in old-age pension provisions has been redrawn throughout Europe. A new, public-private mix has emerged, not only in pension policy, but also in pension administration. The purpose of this article is to map

and conduct a comparative analysis of the administrative design of public-private partnerships (PPPs) in European pension regimes, with a specific focus on how accountabilities are institutionally enforced within the PPP design. Previous literature has recognised accountability as an important factor in promoting trust in mandated pension schemes. However, as the literature on PPPs suggests, institutional arrangements of accountability are more complex in the case of PPPs than has been suggested by previous studies on pension administration. Thus, there is a need for further elaboration of existing comparative models. This study's analysis examines 19 old-age pension schemes that existed in 18 European countries at the beginning of 2013. The findings suggest that significant variations in accountability structures exist, even among schemes that are similar in terms of their pension policy targets. It is concluded that various schemes suffer from ineffective accountability structures that may compromise the legitimacy and sustainability of PPP-type pension schemes. (RH)
ISSN: 01445596 From : wileyonlinelibrary.com/journal/spol

PREVENTION

235/95 Finding the balance in life-course vaccination; by Karam Adel Ali, Lucia Pastore Celentano.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 29-33.
Progressive changes to the European Union (EU) demographic structure have given impetus to renewed research on more effective and sustainable ways of investing in health and healthy ageing. The role of prevention is paramount in the regard, and it has been suggested that expanding vaccination programmes to embrace the entire life-course could be instrumental in helping to meet disease elimination goals, as well as to maximise opportunities for reducing disease burden in the later years of life. There are nonetheless a number of challenges that will require careful consideration in prioritising vaccination across all age groups, and to develop the necessary evidence that can drive a radical shift. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth

235/96 Implementation of the life-course approach through strengthened intersectoral action; by Manfred Huber, Gauden Galea, Gunta Lazdene, Monika Kosinska.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 25-28.
Reliance on policies that address narrowly defined stages of life is not enough to improve and reduce inequalities. A strong case exists for coherent policies that consider the influences of early or timely action on health throughout life and across generations. Important points in people's lives - particularly transitions during changes in role and status - offer opportunities to act that improve health outcomes later. Adoption of a life-course approach that mobilises a range of actors across government and society presents policy-makers with unique opportunities to improve health and well-being, promote social justice, and contribute to sustainable development and inclusive growth. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth

PUBLIC HEALTH

235/97 Baby boomers: fit for the future: annual report of the Chief Medical Officer 2015 on the state of the public's health; by Sally C Davies, Department of Health - DH. London: Department of Health, 2016, 154 pp.
The Chief Medical Officer's annual report on the state of the public's health considers the health of the 'baby boomer' generation (currently aged 50-70 and born between 1945 and 1964). Topics considered include the impact of lifestyle choices on current and future health, employment, physical and mental health, sexual health, and screening and immunisation programmes. In Chapter 2 on demography, Maria Evandrou and Jane Falkingham note that West Somerset has the highest percentage of this age group (32.5%) and Tower Hamlets the lowest (11.6%); they also examine living arrangements, changes in the family and implications for future social support, social network, and use of technology. In Chapter 3, on health and employment, Richard Heron, Stephen Bevan and Justin Varney consider "a lack of data and evidence to reliably tailor and adapt work for workers over 50 years of age, to maximise their longevity in the workplace and potential productivity to employers". That work is good for you is balanced against problems with ill health. Elsewhere in the report is the observation that physical activity levels are low on average in the baby-boomer generation, and fall far below the levels recommended in national guidelines, such that obesity and the emergence of chronic diseases such as type 2 diabetes, arthritis, hypertension and cardiovascular disease, are of concern. (RH)
From: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575797/Baby_boomers_v0.2.pdf

QUALITY OF LIFE

235/98 Health-related quality of life in relation to mobility and fall risk in 85-year-old people: a population study of Sweden; by Eva Tornvall, Jan Marcusson, Ewa Wressle.: Cambridge University Press.
Ageing and Society, vol 36, no 9, October 2016, pp 1982-1997.
Optimal mobility is fundamental for healthy ageing and quality of life. This study is part of a cross-sectional population-based study of 85-year-old people residing in Linköping municipality, Sweden. The purpose was to describe 85-year-old peoples' health-related quality of life (HRQoL) in relation to mobility and fall risk, while adjusting for gender and body mass index (BMI). Data collection included a postal questionnaire, a home visit and a reception visit. HRQoL was assessed with EQ-5D-3L, mobility with the Timed Up and Go test (TUG) and fall risk with the Downton Fall Risk Index (DFRI). All those who completed the DFRI, TUG and EQ-5D-3L were included in the present study (N = 327). Lower HRQoL was associated with longer time taken to complete TUG and higher fall risk in both genders but not with body mass index. Women had higher risk of falling, took a longer time to complete TUG, and reported less physical activity compared with men. Health-care professionals should address mobility capacity and fall risk in order to maintain older people's quality of life. This is of utmost importance, especially for older women, because impaired mobility, high risk of falling and occurrence of pain are common among women, and related to lower HRQoL. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

REABLEMENT AND REHABILITATION

235/99 New horizons: reablement - supporting older people towards independence; by Fiona Aspinal, Jon Glasby, Tine Rostgaard (et al).: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 574-578.
As the overwhelming majority of older people prefer to remain in their own homes and communities, innovative service provision aims to promote independence, despite incremental age-associated frailty. Reablement is one such service intervention that is rapidly being adopted across high-income countries, and is projected to result in significant cost savings in public health expenditure, by decreasing premature admission to acute care settings and long-term institutionalisation. Often multi-disciplinary in nature, reablement is an intensive, time-limited intervention provided in people's homes or in community settings, and focusses on supporting people to regain skills around daily activities. Irrespective of diagnosis, age and individual capacities, it is goal-orientated, holistic and person-centred. Reablement is an inclusive approach that seeks to work with all kinds of frail people, but requires skilled professionals who are willing to adapt their practice to older people, families and care staff. Although reablement may just seem the right thing to do, studies on the outcomes of this knowledge-based practice are inconsistent. Yet there is an emerging evidence and practice base that suggests that reablement improves performance in daily activities. However, this innovative service may lead to hidden side effects, such as social isolation and a paradoxical increase in hospital admissions. Some of the necessary evaluative research is already underway, the results of which will help fill some of the evidence gaps outlined in this article. Work relating to this article emerged at the International Federation on Ageing (IFA) Copenhagen Summit on Reablement and Older People, 17-19 April 2016 (http://www.ifa-copenhagen-summit.com/). (RH)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

RELIGION AND SPIRITUALITY

(See Also 235/2, 235/27, 235/36, 235/61, 235/86)

235/100 Hindu women in religious orders: understanding their well-being in old age; by Samta P Pandya.: Routledge.
Journal of Religion, Spirituality and Aging, vol 28, no 3, July-September 2016, pp 219-238.
The study aims to understand determinants of well-being of Hindu women in old age who have committed their lives to religious orders. Data was obtained across eight countries from a sample of 12,082 older Hindu women renunciants belonging to two religions orders: Brahmakumaris and Chinmaya Mission. An e-mail questionnaire was administered comprising basic background profile questions and four scales to measure aspects of well-being, satisfaction with life and happiness. The analysis of variance, logistic regression and structural equation models showed that religiosity, spirituality, work done in the order and length of association positively influenced well-being, life satisfaction and happiness. Internal covariances among the independent variables had further compounding effects. Religiosity and spirituality serve to be protector variables for

older Hindu women renunciants, influencing their well-being, life satisfaction and happiness. Study of older women in religious orders and working with them must form a part of ageing studies and practice. (JL)
ISSN: 15528030
From : http://www.tandfonline,com

235/101 Spiritual care for those with dementia: a case study; by Marlette B Reed, Annette M Lane, Sandra P Hirst.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 28, no 4, October-December 2016, pp 338-348.
It is often assumed that spiritual care cannot be provided for ageing adults with cognitive impairment. However it is argued that chaplains and other health and human service professionals can 'touch the spirit' of older adults with dementia, even when those with dementia are severely limited in their abilities to respond. In this article a case study is presented that demonstrates how the type of spiritual care offered can be tailored to address the spiritual needs of those who experience increased cognitive impairment over time. (JL)
ISSN: 15528030
From : http://www.tandfonline.com

235/102 Spirituality, spiritual need, and spiritual care in aged care: what the literature says; by David Jackson ... (et al).: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 28, no 4, October-December 2016, pp 281-295.
This article addressed the following questions: How are spirituality, spiritual need and spiritual care in aged care defined? What constitutes spiritual care for older people in aged care? From an organisational perspective, what are barriers and enablers to providing spiritual care? Spirituality and spiritual care were defined in a variety of ways in the literature. The literature endorsed nurses and other aged care staff engaging in elements of spiritual care of older people as valuable. A whole-of-organisation approach is required rather than leaving it to the individual. New guidelines are being developed specifically for spiritual care in aged care. (JL)
ISSN: 15528030
From : http://www.tandfonline.com

REMINISCENCE

235/103 Teaching through remembering: using written reminiscences in courses for older adults; by Elena Bendien.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 37, no 2, July-September 2016, pp 255-272.
This article presents the use of reminiscence work in educational courses for older adults. The author analyses a course that addresses experiences of time and the process of remembering at a later age. The study demonstrates how reminiscences, written by participants of the course, are used as illustrative material for some of the theoretical points. They are also instrumental in unfolding an answer to one of the key questions of the course, which is, what is the meaning of remembering in later life? The author argues that an educative use of personal reminiscences can improve the insight of the participants in theoretical issues at hand and can help them to develop new social skills, thus enabling them to translate experiences of ageing into a sense-making process in later life. In addition, an educational application of reminiscence work broadens the possibilities for the participants to strengthen their feeling of belonging and to reach beyond one dominant version of history. (JL)
ISSN: 02701960
From : http://www.tandfonline.com

RESEARCH

235/104 Data harmonization in aging research: not so fast; by Margaret Gatz, Chandra A Reynolds, Deborah Finkel (et al).: Taylor and Francis.
Experimental Aging Research, vol 41, no 5, October-December 2015, pp 475-495.
Harmonising measures in order to conduct pooled data analyses has become a scientific priority in ageing research. Retrospective harmonisation where different studies lack common measures of comparable constructs presents a major challenge. This study compared different approaches to harmonisation with a crosswalk sample (a within subject design) who completed multiple versions of the measures to be harmonised. Through online recruitment, 1061 participants aged 30 to 98 answered two different depression scales, and 1065 participants answered multiple measures of subjective health. Rational and configural methods of harmonisation were applied, using the crosswalk sample, to determine their success. Empirical item response theory (IRT) methods were applied in order to empirically compare items from different measures as answered by the same person. For depression, IRT worked well to provide a conversion table between different measures. The rational method of extracting semantically matched items from each of the two scales proved an acceptable alternative to IRT. For subjective health, only configural

harmonisation was supported. The subjective health items used in most studies form a single robust factor. The authors conclude that caution is required in ageing research when pooling data across studies using different measures of the same construct. Of special concern are response scales that vary widely in the number of response options, especially if the anchors are asymmetrical. A crosswalk sample that has completed items from each of the measures being harmonised allows the investigator to use empirical approaches to identify flawed assumptions in rational or configural approaches to harmonising. (RH)
ISSN: 0361073X From : http://www.tandfonline.com

RESIDENTIAL AND NURSING HOME CARE

(See Also 235/6)

235/105 A valued relationship with nature and its influence on the use of gardens by older adults living in residential care; by Lori Reynolds.: Taylor and Francis.
Journal of Housing for the Elderly, vol 30, no 3, July-September 2016, pp 295-311.
While there is growing interest in inclusion of gardens and outdoor spaces in residential care facilities for older adults, these spaces are often under-utilised despite many identified, evidence-based benefits. A qualitative study of participant observations with behaviour mapping, and individual and focus-group interviews, using a grounded theory methodology was used to understand value versus use of outdoor garden spaces. Individual and focus-group interviews were conducted with 32 residents from two facilities in Kentucky. Results revealed that views of nature are fundamentally important to resident well-being, that access to nature influences facility choice, and use of garden spaces is influenced by the way in which individuals prefer to enjoy nature. (RH)
ISSN: 02763893 From : http://www.tandfonline.com

RURAL ISSUES

235/106 Motivating rural older residents to prepare for disasters: moving beyond personal benefits; by Sato Ashida, Erin L Robinson, Jane Day, Marizen Ramirez.: Cambridge University Press.
Ageing and Society, vol 36, no 10, November 2016, pp 2117-2140.
In the United States of America (USA), older adults in rural areas are at increased risk for adverse outcomes of disasters, partly due to medical needs, limited or long geographic distances from community resources, and less knowledge and motivation about preparedness steps. Older residents and ageing service providers in a rural community in the USA were interviewed regarding their perceptions about disasters and preparedness, and their reactions to the preparedness training programme using the concepts of the Extended Parallel Process Model. Participants generally indicated low motivation to engage in preparedness behaviours despite perceptions of personal risk and beliefs that preparedness behaviours were easy and could improve disaster outcomes. A theme of social relationships emerged from the data, with participants identifying social relationships as resources, barriers and motivators. People surrounding older adults can support or deter their preparedness behaviours, and sometimes elicit a desire to protect the well-being of others. Findings suggest two potential strategies to facilitate preparedness behaviours by moving beyond personal benefits: highlighting older adults' increased ability to protect the well-being of younger generations and their community by being prepared themselves, and engaging family, friends and neighbours in preparedness programmes to enhance the resilience of their social groups. Older adults in many cultures have a desire to contribute to their society. Novel and effective approaches to increase preparedness could target their social groups. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

SENSORY LOSS

235/107 Age, hearing, and speech comprehension: special issue; by Jonathan E Peelle (ed).: Taylor and Francis.
Experimental Aging Research, vol 42, no 1, January-February 2016, pp 1-127.
Articles in this special issue of Experimental Aging Research were presented at a symposium at Brandeis University, Massachusetts, in honour of Professor Arthur Wingfield. Topics range from basic speech perception to higher levels of complex interaction, reflecting Wingfield's areas of expertise. Subjects covered in the eight articles include: effects of vocal emotion on memory in younger and older adults; how spoken language comprehension is achieved by older listeners in difficult learning situations; issues concerning during word recognition in noise for older adults with hearing loss; age differences in language segmentation; effects of age, acoustic challenge and verbal working memory on recall of narrative speech; and social coordination in older adulthood. (RH)
ISSN: 0361073X From : www.tandfonline.com

235/108 How can innovative technologies improve the quality of life for people suffering from hearing loss?; by Patrick D'Haese.: European Observatory on Health Systems and Policies.
Eurohealth, vol 22, no 2, 2016, pp 37-39.
In Europe, around 20% of women and 30% of men have a degree of hearing loss by age 70. Untreated hearing loss puts pressures on Europe's already struggling health and social care systems, partly because it risks the onset of other diseases. Innovative technologies such as cochlear implant offer a real solution for the individual with a hearing loss too high to benefit from a hearing aid. Action from European policy-makers is called for to help realise awareness of the condition, facilitate access to these technologies where appropriate, and share best practice amongst Member States. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth

SOCIAL CARE

(See Also 235/6, 235/21, 235/22, 235/52, 235/56)

235/109 "I live with other people and not alone": a survey of the views and experiences of older people using Shared Lives (adult placement); by Nadia Brookes, Sinead Palmer, Lisa Callaghan.: Emerald.
Working with Older People, vol 20, no 3, 2016, pp 179-186.
The authors report findings of a survey on the positive and negative views and experiences of older people using Shared Lives (adult placement) in 2012/2013, and whether it had made a difference to their quality of life. Questionnaires were returned by 150 older people using Shared Lives services. Findings suggest that this model of community-based support has a number of advantages for some older people, such as reducing social isolation and loneliness, promoting independence, choice and control, providing emotional support and increased well-being. A limitation is that the questionnaire was self-completed, and so responses were not followed up to provide deeper insights. Shared Lives is not appropriate for everyone, but it is suggested that this option should form part of local commissioning strategies, be part of a range of options for social care practitioners to consider in their work with older people and in meeting various current policy imperatives. The potential of Shared Lives for older people is under-researched, so this paper contributes to the literature in exploring the views of older people about family-based support in the community. (RH)
ISSN: 13663666
From : www.emeraldgrouppublishing.com/wwop.htm

235/110 Adult social care funding: 2016 state of the nation report; by Local Government Association - LGA. London: Local Government Association, November 2016, 34 pp.
The Local Government Association (LGA) the LGA estimates that, by 2019/20, local government will face a funding gap of £5.8 billion. Councils with adult social care responsibilities spend a minimum of 30% to 35% of their total budgets on adult social care. The LGA estimates that adult social care faces a funding gap of £1.3 billion by the end of the decade. This report notes the views of organisations across the care and support sector on the consequences of funding pressures. In anticipation of the Chancellor's Autumn Statement on 23 November 2016, individuals across the sector representing elected Council members, carers, inspectors, service providers, workforce support, personalised care and health care offer their perspectives on the state of adult social care funding. The report concludes by summarising findings from an IPSOS-Mori poll on the perceptions of 1,785 people: only 16% of those polled correctly identified that adult social care accounts for around 35% of an average council's budget. More than half of respondents thought the proportion was only 15%; and 60% thought that spend on adult social care accounted for more of the total combined £129 billion spend on health and social care than is the case. (RH)
From :http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/8022318/PUBLICATION

235/111 From official supervision to self-monitoring: privatizing supervision of private social care services in Finland; by Toomas Kotkas.: Wiley Blackwell.
Social Policy and Administration, vol 50, no 5, September 2016, pp 599-613.
In October 2011, a new Act on Private Social Care Services came into force in Finland. The Act included a provision on a 'self-monitoring plan'. According to the provision, providers of private social care services are required to draw up a self-monitoring plan and to follow its realisation. The plan must be kept publicly on view so that clients and their relatives can also keep an eye on the realisation of self-monitoring. In this article, self-monitoring is first explained, and then briefly analysed against the background of a wider theoretical discussion on accountability. It is argued that the introduction of client involvement in the supervision of private social care services

represents a new mechanism of accountability that is typical of the Post-Keynesian welfare state. Because public authorities are no longer able to supervise the growing number of private social care service providers, the responsibility has been partly shifted to service providers themselves as well as to clients. However, it is argued that the idea of self-monitoring lends itself poorly to 'delegated' private social care services, i.e. to services that are outsourced to private service suppliers. Supervision of private social care service providers should not be too eagerly delegated to service providers themselves, or to clients, because we are here dealing with the constitutional right to adequate social care services. Client involvement also involves numerous practical problems, as shown at the end of the article. (RH)
ISSN: 01445596
From : wileyonlinelibrary.com/journal/spol

235/112 The state of the adult social care sector and workforce in England; by Sarah Davison, Gary Polzin, Skills for Care. Leeds: Skills for Care, 2016, 116 pp.
This report presents an overview of the adult social care sector: its size (some 1.55 million jobs), employment information, recruitment and retention issues, workforce demographics, pay and qualification rates, and future workforce forecasts. In 2015, around 19,300 organisations were involved in providing or organising adult social care in England; and around 40,100 establishments were involved in providing or organising adult social care in England. Around 235,000 adults, older people and carers received direct payments from councils' social services departments in 2014/2015, of which approximately 65,000 (28%) of these recipients were employing their own staff. Among other key findings are that workers had an average of eight years of experience in the sector and four years of experience in a role. A worker's average age was 43 years old: a fifth were aged over 55. (RH)
From : Skills for Care, West Gate, Grace Street, Leeds LS1 2RP.
http://www.skillsforcare.org.uk/NMDS-SC-intelligence/NMDS-SC/Workforce-data-and-publications/State-of-the-adult-social-care-sector.aspx

SOCIAL SERVICES

(See 235/109)

Centre for Policy on Ageing

CPA

New attitudes to old age ..

AgeInfo

a key information resource for gerontologists.

http://www.cpa.org.uk/ageinfo

Centre for Policy on Ageing, Tavis House, 1-6 Tavistock Square, London WC1H 9NA
Tel: +44 (0) 207 553 6500   Fax: +44 (0) 207 553 6501