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New Literature on Old Age

EDITOR
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Contents for vol 40 no 236, 2017

Continued...

Subject Headings Page

ABUSE, SAFEGUARDING AND PROTECTION

236/1 How older persons explain why they became victims of abuse; by Yuliya Mysyuk, Rudi Gerardhus Johannes Westendorp, Jolanda Lindenberg.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 695-702.
Elder abuse can greatly affect older peole's quality of life. Depending on the definition used, prevalence rates range from 3% to 30%. Only about a dozen studies have explored how older victims themselves experience and explain abuse; and it is essential that healthcare professionals understand the perceptions of older victims as they are among the most important groups to handle and report abuse. This Dutch qualitative study on the perceptions and experiences of victims of elder abuse was conducted using in-depth semi-structured interviews. Subjects were six men and 11 women aged 63-90 years, who were abused and living independently, in residential care facilities, or in nursing homes. The main causes of abuse identified by older victims themselves were mutual dependency between victim and perpetrator, power and control imbalances, loneliness and a marginalised social position of older people. Effects of abuse included negative feelings, physical and psychological distress, a change of personal norms and values, changed perspectives on money, and low self-efficacy. These differential effects depended upon the types of abuse experienced and the relationship with the perpetrator. Coping strategies mentioned by victims were seeking informal or professional help, and using self-help strategies. Older victims perceive abuse differently, depending on the expected acceptability of the type(s) of abuse experienced and the anticipated stigma associated with the perpetrator involved. The effects and chosen coping strategies are influenced by these considerations, and therewith also influence their help-seeking behaviour. Healthcare professionals are encouraged to use these findings in practice to prevent, detect and intervene in elder abuse. (RH)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

236/2 Prevalence and associated factors of elder mistreatment: a cross sectional study from urban Nepal; by Uday Narayan Yadav, Grish Paudel.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 609-614.
Mistreatment of older people is internationally recognised as a serious public health issue. This study aimed to estimate the prevalence and risk factors associated with mistreatment in urban Nepal. This was a descriptive cross-sectional study of 212 older people residing in Butwal, an urban area in Nepal; the study was conducted between March and October 2015. Two-stage cluster design with simple random sampling was adopted for the study. Information was collected using an interviewer administered semi-structured questionnaire of older people. Logistic regression analysis was used to identify factors associated with elder mistreatment. The study found a prevalence of 49.1% for mistreatment of the older population. Prevalence rates of caregiver neglect, financial, psychological or physical mistreatment and other types (including sexual assault) were 47.2%, 11.8%, 10.8%, 1.42% and 3.3%, respectively. Being a dalit (untouchable, backward class in the traditional Hindu caste system), being unemployed, widowed, divorced or separated, having problems concentrating, and smoking were independent factors associated with mistreatment. Smoking was found to be consistently associated with the three most common mistreatment types. Mistreatment of older people is common in urban Nepal, with neglect, financial and psychological abuse most common. Along with standard risk factors, specific ethnic issues (membership of dalit community) are associated with increased risk. (RH)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

236/3 The prevalence of potentially abusive behaviours in family caregiving: findings from a national survey of family carers of older people; by Attracta Lafferty, Gerard Fealy, Carmel Downes, Jonathan Drennan.: Oxford University Press.
Age and Ageing, vol 45, no 5, September 2016, pp 703-707.
Family caregiving can be both rewarding and fulfilling. However, conflicts can occur in the caregiving relationship, and some family carers may engage in behaviours that could be potentially harmful to the older person for whom them provide care. In a cross-sectional survey, the prevalence of potentially abusive behaviours towards older people by family carers was determined in a self-completion questionnaire was posted to 4,000 family carers of older people across Ireland. The sample was selected from family carers in receipt of a social welfare payment for the care they provide to a relative aged 65 and older. 2,311 eligible completed questionnaires were returned (response rate 58%). More than a third of family carers (36.8%) reported that they engaged in potentially harmful behaviours towards their older family member in the 3 months prior to the survey. Of these potentially harmful behaviours, a third (35.9%) reported that they engaged in potentially harmful psychological behaviours and 8% reported engaging in potentially harmful physical behaviours.
Potentially abusive carer behaviours therefore need to be detected at an early stage, so that preventive interventions can be introduced to avert caregiving situations deteriorating into serious cases of elder abuse. (RH)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

236/4 The role of the general practice surgery in safeguarding adults; by Jeremy C Gibson ... (et al).: Emerald.
Journal of Adult Protection, vol 18, no 5, 2016, pp 288-298.
In this study the authors firstly summarise arrangements expected from general practice (GP) surgeries to optimise their safeguarding adults role. Secondly, using case-based discussions, the authors present specific safeguarding pathways that they developed to help Derbyshire GPs respond appropriately to safeguarding adults concerns. Thirdly the authors present the Derbyshire Clinical Commissioning Groups' (CCG) approach to seeking assurance from their GPs that they have effective arrangements in place for safeguarding adults. The authors based the paper on relevant current UK legislation and national guidance, the local approach to seeking assurance from GP surgeries. The authors then adjusted the pathways on the basis of feedback received from eight out of 103 Derbyshire GP safeguarding leads who responded to an e-mail containing draft pathways. Primary care staff are ideally placed to identify safeguarding adults issues and to act to protect those who are at risk of abuse or neglect. The authors are unaware of any other paper that did all of the following: summarises policies GP surgeries should implement regarding safeguarding adults; details core competencies required of GPs regarding safeguarding adults; presents how CCGs can seek assurance from GP surgeries regarding safeguarding adults; and presents straightforward pathways for specific safeguarding adults scenarios. In one paper, now published in the British Journal of General Practice, the authors presented a generic safeguarding adults pathway. (JL)
ISSN: 14668203 From : www.emeraldgrouppublishing.com/jap.htm

ACTIVE AGEING

(See Also 236/89)

236/5 Don't fix what ain't broke: evaluating the effectiveness of a Men's Shed in inner-regional Australia; by Andrea Waling, Dave Fildes.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 758-768.
Men's Sheds and similar community programmes are known to encourage help-seeking behaviour and thus improve the health and well-being outcomes for the men who attend. This paper investigates this issue through a community needs assessment of a Men's Shed programme in inner-regional Australia. The immediate purpose of this research was to help direct future funding initiatives, and provide recommendations for potential changes and improvements to the programme. A community-level needs assessment is a systematic process used to determine and address gaps or needs between current and desired conditions within a particular community. The study sought to explore how particular formats and structures of Men's Sheds programmes contribute to improve social and medical well-being, and whether there are key programme characteristics that could be emulated. In total, 22 surveys and 20 interviews were conducted with the men who participated in the programme. The report finds 95% of men are satisfied with the current running of the programme. While there were areas that have been identified for improvement, most men reported that they are content with the current format and would not like to see major changes to its implementation. The results of this research confirm the known benefits of these types of programmes. This paper provides other community programmes with some insight into the key success factors for running a Men's Shed. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

ADVANCE DIRECTIVES

236/6 Advance decisions: issues of autonomy, identity and efficacy; by Sue Wilkinson.: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 4-12.
The Mental Capacity Act 2005 came into force in 2007, since when there has be statutory provision for making a legally binding advance decision.
This paper introduces Advance Decisions, to indicate reasons for their low uptake, and examine fundamental issues that can inform the development of policy and practice in this area. The paper discusses findings from a research project with the charity Compassion in Dying (analysing calls to its telephone helpline) and practical experience of working with the charity Advance Decisions Assistance (helping people write Advance Decisions and training healthcare professionals). Older people themselves identify the issues of autonomy, identity and efficacy as key challenges in writing Advance Decisions and having them respected. (RH)
ISSN: 13663666 From : www.emeraldinsight.com/loi/wwop

236/7 Willingness to complete advance directives among low-income older adults living in the USA; by Eunjeong Ko, Jaehoon Lee, Youngjoon Hong.: Wiley.
Health and Social Care in the Community, vol 24, no 6, November 2016, pp 708-716.
Advance directives and related legal documents enable individuals to designate decision-makers in the event that they cannot make their own decisions about end-of-life treatment preferences.

This study examines low-income older adults' willingness to complete such advance directives and legal documents, also the role of social support and other predictors that affect their willingness. This study was conducted as part of a larger study exploring behaviours of advance care planning among low-income older Americans. Of 255 participants from the original study, this study included 204 participants who did not complete an advance directive for data analysis. A cross-sectional study using probability random sampling stratified by ethnicity was used. Older adults residing in two supportive housing facilities, or who were members of a senior centre in San Diego, California, USA, were interviewed in person between December 2010 and April 2011. Hierarchical logistic regression analysis revealed that the majority of participants (72.1%) were willing to complete advance directives; and the factors significantly predicting willingness to complete included self-rated health, attitudes towards advance decision-making, and social support. Participants with a poorer health status (OR = 1.43, 95% CI = 1.07-1.90) were more willing to complete advance directives. Conversely, participants with higher positive attitudes (OR = 1.18, 95% CI = 1.00-1.39) and greater social support (OR = 1.07, 95% CI = 1.00-1.15) were also more willing to complete advance directives. The findings suggest the importance of ongoing support from healthcare professionals in end-of-life care planning. Healthcare professionals can be a source of support assisting older adults in planning end-of-life care. Initiating ongoing communication regarding personal value and preference for end-of-life care, providing relevant information, and evaluating willingness to complete as well as assisting in the actual completion of advance directives will be necessary. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

AGEING (GENERAL)

236/8 Our ageing population; by Cara Acred (ed). Great Shalford, Cambridge: Independence Educational Publishers, 2017, 44 pp (Issues, vol 311).
'Our ageing population' is a cross-curricular educational resource book for 14 to 18 year olds. It aims to provide a balanced overview of the ageing, by exploring the changes society needs to make, to properly care for its older citizens. It looks at topics such as pensions, retirement age, care homes, medical issues, age discrimination and loneliness in old age. It does so by offering information, facts and figures, articles and opinions from a UK perspective from a range of sources including: newspaper reports and opinion pieces; website factsheets; magazine and journal articles; statistics and surveys; government reports; and literature from special interest groups. The user is encouraged to critically evaluate the material, to distinguish between fact and opinion, and the biased and unbiased. (RH)
Price: £7.95 (+ P&P) From : Independence Educational Publishers, The Studio, High Green, Great Shalford, Cambridge CB22 5EG.

AGEISM AND AGE DISCRIMINATION

236/9 Mental health and well-being in older people: Butler's three constructs of ageism in Australasian Journal on Ageing; by Sue Malta, Colleen Doyle.: Wiley.
Australasian Journal on Ageing, vol 35, no 4, December 2016, pp 232-235.
The term 'ageism' was initially proposed by Robert Butler, founding director of the U.S. National Institute on Aging. Ageism is typically expressed as discrimination against people on the basis of their age and is manifested through negative stereotypes and perceptions about older adults. Butler identified three distinct but related aspects of ageism: attitudes and beliefs, behavioural discrimination and formalised policies and practices. The purpose of this virtual issue editorial was to select and review papers published in the Australasian Journal on Ageing (AJA) from 1982 to the present day that illustrate Butler's three constructs. In all, 25 papers were found. The study concludes that despite many research initiatives designed to highlight and address ageist practices, ageism is still prevalent in Australia as with the rest of the world. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

236/10 Perceived discrimination in primary healthcare in Europe: evidence from the cross-sectional QUALICOPC study; by Lise G M Hanssens, Jene D J Detollenaere, Amelie Van Pottelberge (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 641-651.
Recent figures show that discrimination in healthcare still persists in the European Union (EU). Research has confirmed these results but focused mainly on the outcomes of perceived discrimination. Studies that take into account socioeconomic determinants of discrimination limit themselves to either ethnicity, income or education. This article explores the influence of socioeconomic indicators (e.g. gender, age, income, education and ethnicity) on perceived discrimination in 30 European countries. Data from the EU-funded QUALICOPC (Quality and Costs of Primary Care in Europe) study were used. These data were collected between October 2011 and December 2013 in the participating countries. In total, 7183 GPs (general practitioners)

and 61932 patients participated in the study, which had an average response rate of 74.1%. Data collection was co-ordinated by NIVEL (the Netherlands Institute for Health Services Research). Bivariate binomial logistic regressions were used to estimate the impact of each socioeconomic indicator on perceived discrimination. Multivariate logistic regressions were used to estimate the unique effect of each indicator. Results indicate that in Europe, overall 7% of the respondents felt discriminated against, ranging between 1.4% and 12.8% at the country level. With regard to socioeconomic determinants in perceived discrimination, income and age are both important indicators, with lower income groups and younger people having a higher chance to feel discrimination. In addition, significant influences of education, gender, age and ethnicity discrimination were found in several countries. In most countries, more highly educated people, older people, women and the indigenous population appeared to feel less discriminated against. In conclusion, perceived discrimination in healthcare is reported in almost all European countries, but there is large variation between these countries. A high prevalence of perceived discrimination within a country does not also imply a correlation between socioeconomic indicators and perceived discrimination. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

AIDS AND ADAPTATIONS

236/11 Active subjects of passive monitoring: responses to a passive monitoring system in low-income independent living; by Clara Berridge.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 537-560.
Passive monitoring technology is beginning to be reimbursed by third-party payers in the United States of America. Given the low voluntary uptake of these technologies on the market, it is important to understand the concerns and perspectives of users, former users and non-users. In this paper, the range of ways older adults relate to passive monitoring in low-income independent-living residences is presented. This includes experiences of adoption, non-adoption, discontinuation and creative 'misuse'. The analysis of interviews reveals three key insights. First, assumptions built into the technology about how older adults live present a problem for many users who experience unwanted disruptions and threats to their behavioural autonomy. Second, resident response is varied and challenges the dominant image of residents as passive subjects of a passive monitoring system. Third, the priorities of older adults (e.g. safety, autonomy, privacy, control, contact) are more diverse and multi-faceted than those of the housing organisation staff and family members (e.g. safety, efficiency) who drive the passive monitoring intervention. The tension between needs, desires and the daily lives of older adults and the technological solutions offered to them is made visible by their active responses, including resistance to them. This exposes the active and meaningful qualities of older adults' decisions and practices. (RH)
ISSN: 0144686X
From : cambridge.org/aso

ALCOHOL AND DRUG MISUSE

236/12 Lifecourse transitions, gender and drinking in later life; by Clare Holdsworth, Martin Frisher, Marina Mendonca (et al).: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 462-494.
Older people consume less alcohol than any other adult age group. However, in recent years, survey data on alcohol consumption in the United Kingdom have shown that while younger age groups have experienced a decline in alcohol consumption, drinking behaviours among the elderly have not reduced in the same way. This paper uses data from the English Longitudinal Study of Ageing (ELSA) to analyse both the frequency and quantity of older adult's alcohol consumption, using a life-course approach over a ten-year period. Overall, drinking declined over time; and the analysis examined how socio-economic characteristics, partnership, employment and health statuses were associated with differences in drinking behaviours and how these changed over time. Higher wealth and level of education were associated with drinking more, and drinking more frequently for men and women. Poorer self-rated health was associated with less frequent consumption. Older people with poor and deteriorating health reported a steeper decline in the frequency of alcohol consumption over time. Men who were not in a partnership drank more than other men. For women, loss of a partner was associated with a steeper decline in drinking behaviours. These findings have implications for programmes to promote responsible drinking among older adults, as they suggest that, for the most part, characteristics associated with sustaining well-being in later life are also linked to consuming more alcohol. (RH)
ISSN: 0144686X
From : cambridge.org/aso

ARTS AND MUSIC

236/13 Imagine.... a creative partnership with Equal Arts; by Joanne Matthewson.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 24-25.
What does it take to be an outstanding care home? The author highlights an innovative arts initiative that won praise from the Care Quality Commission (CQC). Shadon House, a council-owned dementia resource centre in Gateshead worked in partnership with Equal Arts, by offering activities to people with dementia to use their imaginations and tell each other stories as a shared, sociable and stimulating activity. Some of the sessions were held in different locations, to find out how physical environment affected the stories - and improved the participants' well-being and quality of life. (RH)
ISSN: 13518372
From : www.careinfo.org

ATTITUDES TO AGEING

236/14 Do increasing reform pressures change welfare state attitudes?: An experimental study on population ageing, pension reform preferences, political knowledge and ideology; by Elias Naumann.: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 266-294.
It is a perennial issue in the public and the scientific debate whether increased pressures to reform due to the financial crisis or population ageing erode welfare state support. Surprisingly, our knowledge of how individuals change their attitudes in hard times is still limited - both theoretically and empirically. This study relies on newly available data from a survey experiment in a representative German online survey, and it exogenously manipulates the perceived pressure to reform (due to an ageing society). The study shows that people indeed change their reform preferences when faced with an ageing society: the strong opposition to increasing the retirement age decreases. Further analyses reveal that not all groups within society react to increased reform pressures in the same way: political knowledge but also political partisanship do moderate the strength and the direction of the attitude change. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

BEREAVEMENT

236/15 Widowhood in the fourth age: support exchange, relationships and social participation; by L M Isherwood, D S King, M A Luszcz.: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 188-212.
Widowhood becomes increasingly common with advancing age, and spousal bereavement is likely to present additional challenges for adults in very late life. However, previous studies have not considered the potential heterogeneity of the experience of widowhood for different age cohorts. This qualitative study provided a novel examination of the experience of social resources during widowhood in the fourth age. Semi-structured interviews were conducted with 20 widowed older men and women in the fourth age (i.e. aged 85 years and older) from the Australian Longitudinal Study of Ageing (ALSA) Participants were asked about their access to, and mobilisation of, social resources during widowhood in the fourth age. The role that these resources play in adjustment to spousal loss was also explored. During this phase, widowhood was associated with diminished social networks and concurrent challenges related to ageing and health which affected support needs and social participation. Despite requiring and receiving increasing levels of social support, participants strove to maximise independence. Males and those widowed during the fourth age were more likely to experience social isolation, loneliness and unwanted informal support. Through the mobilisation of social resources many oldest-old widowed adults continue to lead socially engaged and meaningful lives. The implications of the findings for future policy and practice are discussed, including the need for programmes to promote the continuing independence, self-directedness and social engagement of widowed individuals experiencing advanced ageing. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

BLACK AND MINORITY ETHNIC GROUPS

(See Also 236/109)

236/16 Communities can't be left to 'look after their own'; by David Truswell.: Hawker Publications.
Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 26-28.
Black and minority ethnic (BAME) families are known to play a key role in providing social support and care for their older relatives: they 'look after their own'. There is evidence, though,

that there are higher rates of vascular dementia and early onset dementia in this population, compared with UK White people. The author and colleagues describe how the organisation Culture Dementia UK works to raise awareness about dementia in the Afro-Caribbean and other UK minority ethnic communities, and to improve support through partnership working. (RH)
ISSN: 13518372
From : www.careinfo.org

236/17 Perceptions of dementia and use of services in minority ethnic communities: a scoping exercise; by Sahdia Parveen, Carol Peltier, Jan R Oyebode.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 734-742.
Despite the rapidly ageing population and a predicted sevenfold increase in the prevalence of dementia in minority ethnic communities, people from these communities remain under-represented in specialist dementia services. Leventhal's Model of Self-Regulation suggests perceptions of illness facilitate help-seeking behaviours such as the use of services. This scoping exercise uses the model to explore perceptions of dementia in British Indian, African and Caribbean, and East and Central European communities in the United Kingdom. Between August 2013 and April 2014, culturally specific dementia awareness roadshows were attended by people living with dementia, carers and members of the public. During the roadshows, 62 British Indian, 50 African and Caribbean, and 63 East and Central European attendees participated in discussion groups and a dementia knowledge quiz. Thematic and framework analysis were conducted on the discussion group data. Three main themes are presented: perceptions of dementia, awareness of dementia in the wider family and community, and awareness and use of services. The findings suggest that although groups attributed a biological basis for memory loss, a number of misconceptions prevailed regarding the cause of dementia. Groups also made use of religion, as opposed to medical healthcare services, as a form of personal and treatment control. Seeking help from healthcare services was hindered by lack of awareness of services, and culturally specific barriers such as language. The findings have a number of implications for policy and practice, including the development of public health interventions and the need to focus further on reducing barriers to accessing services. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/18 Reaching out effectively to gypsies and travellers; by Mary Tilki.: Hawker Publications.
Journal of Dementia Care, vol 24, no 5, September-October 2016, pp 12-14.
In the second of two articles on the impact of dementia on gypsies and Traveller communities, the author and colleagues look at how service commissioners and providers can reach out effectively. The article draws attention to the available evidence and suggests other useful information resources. (RH)
ISSN: 13518372
From : www.careinfo.org

236/19 Support networks for Chinese older immigrants accessing English health and social care services: the concept of Bridge People; by Xiayang Liu, Glenda Cook, Mima Cattan.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 667-677.
As Chinese immigrants in the United Kingdom age, they experience an increasing need to access health and care services. However, it has been reported that older Chinese immigrants have difficulties in accessing these services. This study explored the experiences of this population in using health and care services and the strategies that they adopted to address their difficulties. A grounded theory method with a two-staged research design was used. Stage 1 explored the participants' experiences of ageing and use of health and social care services through focus group interviews. Stage 2 investigated the strategies individuals used to support access to and use of services through individual interviews. Forty-four older Chinese people and 15 supporters participated in interviews during August 2011 and May 2013. These older Chinese immigrants were challenged in knowing about and in accessing services. Their difficulties were attributed to language barriers, lack of information and instrumental support, and emotional and cultural issues regarding use of health and care services. Their supporters facilitated access to services and acted as a bridge between the service and the user; therefore, they were given the title 'Bridge People'. Bridge People have different backgrounds: family and friends, public sector workers and staff from community-based Chinese organisations. The defining attributes of these supporters were: bilinguality, bicultural, multifunctionality and accessibility. There is no charge for this support; and the relationship between the Bridge Person and recipient involves trust and influence over decisions regarding use of health and care services. Bridge People should be recognised and identified by health, social care and housing services to promote engagement and use of services by older immigrant Chinese people. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

CARE MANAGEMENT

236/20 What do we know about care home managers?: Findings of a scoping review; by Katherine Orellana, Jill Manthorpe, Jo Moriarty.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 366-377.
This article reports selected findings from a scoping review of the literature about care home managers in England. The review was undertaken between December 2013 and April 2014, with searches conducted in December 2013, and completed in July 2014. Its aim was to identify the characteristics of care home managers, descriptions of their leadership and managerial roles, their experience, skills and support, and the managers' perceptions of their work and status and to identify knowledge gaps. The databases searched included Web of Knowledge, EBSCO, ASSIA, Embase, AgeInfo, NHS Evidence, Social Care Online and the publication platforms IngentaConnect, Wiley Online and JSTOR, together with specialist sites and national information providers. Sixteen relevant studies directly about care home managers, reported in 24 articles, were identified. A further body of literature pertinent to the questions was located (n = 84), including sector reports, professional press, expert opinion, enquiries and reviews, and other material, which also informed the review. A consultation exercise with stakeholders informed the findings of the review. The review found that, despite frequent allusions to their impact on organisational culture, few studies have focused on care home managers, and, such as there are, mainly relate to managers of care homes for older people. This is despite managers' major responsibilities for the care of many frail and disabled people. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

CARERS AND CARING

(See Also 236/104)

236/21 Changes in turnover and vacancy rates of care workers in England from 2008 to 2010: panel analysis of national workforce data; by Shereen Hussein, Mohamed Ismail, Jill Manthorpe.: Wiley.
Health and Social Care in the Community, vol 24, no 5, September 2016, pp 547-556.
The combination of growing demand for long-term care and higher expectations of care staff needs to be set in the context of long-standing concerns about the sustainability of recruitment and retention of front-line staff in the United Kingdom. Organisational and work environment factors are associated with vacancy levels and turnover rates. This analysis aimed to investigate changes in turnover and vacancy rates over time experienced by a sample of social care employers in England. Taking a follow-up approach offers potentially more accurate estimates of changes in turnover and vacancy rates, and enables the identification of any different organisational characteristics which may be linked to reductions in these elements over time. The study constructed a panel of 2964 care providers (employers) using 18 separate data sets from the National Minimum Data Set for Social Care during 2008-2010. The findings indicate slight reductions in vacancy rates, but the presence of enduring, high turnover rates among direct care workers over the study period. However, the experience of individual employers varied, with home-care providers experiencing significantly higher turnover rates than other parts of the sector. These findings raise questions around the quality and motivations of new recruits and methods of reducing specific vacancy levels. At a time of increased emphasis on care at home, it is worthwhile examining why care homes appear to have greater stability of staff and fewer vacancies than home-care agencies. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/22 Company initiatives for workers with care responsibilities for disabled children or adults; by Kevin Cullen, Karsten Gareis, European Foundation for the Improvement of Living and Working Conditions (Eurofound). Dublin: European Foundation for the Improvement of Living and Working Conditions, 2011, 85 pp.
With an increasing number of older people needing care, the interactions between employment and caring are becoming more important in Europe. Sustainability of long-term care systems requires an extensive contribution from informal carers, while labour market requirements and contemporary lifestyles encourage increased participation of women in the labour force. This report presents the findings of a 2-phase programme of research on company initiatives which support the needs of workers who have informal care responsibilities, including carers of adults who need care because of disability, illness or old age. Research over the two phases included identifying and describing 50 case studies from companies in 11 countries that have implemented approaches to support working carers among their workforces. The countries covered were Austria, Belgium, Germany, Finland, France, Ireland, the Netherlands, Poland, Portugal, Slovenia and the United Kingdom. Among the key types of company-level measures to support working

carers are: leave-related provisions; hours-reduction possibilities; work flexibility and work adjustment; awareness-raising and skills development among managers and the workforce; occupational health and well-being measures; and care-related supports, such as information, counselling and practical support with the caring role. Key themes and implications for future policy and practice emerging from the cases are discussed. (RH)
From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.

236/23 Disabled and elderly citizens' perceptions and experiences of voluntarism as an alternative to publically financed care in the Netherlands; by Ellen Grootegoed, Evelien Tonkens.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 1, January 2017, pp 234-242.
Many European welfare states are replacing comprehensive welfare schemes with selective and conditional entitlements. Such changes affect the recognition of vulnerable citizens' needs, which are increasingly framed as private responsibilities to be met by the voluntary sector. Repeated interviews with 30 clients affected by cutbacks to publicly financed (day)care in the Netherlands show that although disabled and elderly citizens are often hesitant to open their doors to volunteers, they do experiment with voluntarism to reduce their social isolation, both by receiving voluntary care and by engaging in volunteer work themselves. However, the turn to voluntarism does not always prompt recognition of the needs of vulnerable citizens. This study signals how disappointing and sometimes demeaning experiences with volunteers can increase feelings of misrecognition. The authors conclude that the virtues of voluntarism may be overstated by policy makers, and that the bases of recognition should be reconsidered as welfare states implement reform. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/spol

236/24 How can web-based training facilitate a more carer friendly practice in community-based health and social care in Norway?: Staff experiences and implementation challenges; by Helene Hanssen, Anne Norheim, Elizabeth Hanson.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 559-568.
It is a central feature of current Norwegian health and social care policy to see informal carers as active partners. However, research has revealed that carers often experience a lack of recognition by professionals. In 2010, the Norwegian Directorate of Health initiated a web-based competence-building programme (CBP) for health and social care practitioners aimed at facilitating collaboration with carers. The programme comprised case presentations, e-lectures, exercises and topics for discussion, and was introduced in 2012. It was flexible and free of charge. This article is based on a study (2012-2013) that followed the piloting of this CBP in four settings. The study aimed to explore factors that influenced the implementation of the programme, and whether or not using it affected health and social care practitioners' attitudes and perceived capacity for collaboration with carers. The study employed a mixed-methods design. A questionnaire was distributed to all staff before and 5 months after the CBP was introduced, followed by focus group interviews with a sample of staff members, and individual interviews with the leadership in the involved settings and those who introduced the programme. The quantitative data were analysed using descriptive statistics, which subsequently formed the basis for the focus group interviews. The qualitative data were analysed by means of content analysis. The programme's introduction was similar across all research settings. Nevertheless, whether or not it was adopted depended to a large extent on leadership commitment and engagement. In settings where the programme's use was monitored, supported by management and formed part of on-the-job training, there seemed to be a positive impact on staff attitudes concerning collaboration with carers. Participant staff reported that their awareness of, motivation for and confidence in collaboration with carers were all strengthened. In contrast, the programme was of minimal benefit in settings with low leadership engagement. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

236/25 Living in care: an exercise to promote empathy; by Ian James.: Hawker Publications.
Journal of Dementia Care, vol 24, no 5, September-October 2016, pp 26-28.
How can care staff be encouraged to take a broader view of behaviours that challenge? This article explains how a specialist behaviours that challenge (BC) team in Newcastle who are part of the Newcastle Challenging Behaviour Service (NCBS), use workshop exercises in their teaching programmes to help staff reflect on their interactions with people with dementia. The author describes an in-session teaching task aimed at getting care home staff to empathise with their residents' experiences of what living in 24 hour care must be like. As well as increasing staff empathy, the exercise helped care staff to understand that some of their residents' reactions may not be due to the difficulties of living in care. (RH)
ISSN: 13518372 From : www.careinfo.org

236/26 Older and sandwich generation carers and the impact of caring; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing - CPA, August 2015, 44 pp (CPA Rapid reviews).
Sandwich generation carers are those people, predominantly women (84% is given), who provide unpaid care for an older person while, at the same time, looking after one or more dependent children. This rapid review of the literature looks at carers, in particular older and sandwich generation carers. It presents evidence (including official statistics) to examine the effects of caring on health, mortality, personal finances and relationships, but particularly the impact of caring on employment. (RH)
From : http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Older-and-sandwich-generation-carers-and-the-impact-of-caring-review-and-references.pdf

236/27 The relationships between coping strategies, social support and depression: an investigation among Turkish care-givers of patients with dementia; by Kahraman Kiral, Unsal Yetim, Aynur Ozge, Arzu Aydin.: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 167-187.
Caring for a patient with dementia is a stressful life event, and care-givers carry a heavy psychological burden. However, the extent to which care-givers are affected by the stressful aspects of care-giving may depend on a variety of factors. This study examined the relationships between cognitive emotion regulation strategies, social support and depression among Turkish dementia care-givers. Research questions explored whether different coping strategies and social support were related to levels of depression, as well as whether social support moderated this relationship. The authors used a hierarchical multiple regression analysis consisting of three blocks as the primary statistical technique to examine their expectations. In total, 141 dementia care-givers (108 women, 33 men) were recruited to the study. The mean age of the sample was 59.74 years old (standard deviation = 12.70). Hierarchical regression analysis indicated a significant negative main effect for positive refocusing strategies and significant positive main effects for catastrophising and blaming others. Social support moderated the relationships between catastrophising, rumination and symptoms of depression. The results show that cognitive emotion regulation strategies and social support can play significant roles in alleviating care-giver depression. In the light of these results, it may be suggested that interventions focusing on the effects of positive refocusing, catastrophising and blaming others, as well as providing social support, may be helpful in alleviating depression in care-givers. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

236/28 The shared experience of caring: a study of care-workers' motivations and identifications at work; by Kirstien Bjerregaard, S Alexander Haslam, Avril Mewse, Thomas Morton.: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 113-138.
This article presents an analysis of long-term care-workers' work motivation that examines the way this is shaped by the social contexts in which they operate. The authors conducted a thematic analysis of 19 in-depth interviews with care-workers in the south of England. Three core themes were identified as underpinning their motivation: those of 'fulfilment', 'belonging' and 'valuing', and together these contributed to a central theme of 'pride'. The authors also found an overarching theme of 'shared experience' to be integral to the way in which care-workers made sense of their motivation and work experience. They draw on the social identity approach to provide a conceptual framework through which to understand how this shared experience shapes care-workers' motivation and the quality of care they deliver. In particular, the authors note the importance that care-workers' attach to their relationships with clients and/or patients, and highlight the way in which this relational identification shapes their collective identification with their occupation and organisation and, through this, their motivation. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

CONSUMER PERSPECTIVES

236/29 Consumption junkies or sustainable consumers: considering the grocery shopping practices of those transitioning to retirement; by S Venn, K Burningham, I Christie, T Jackson.: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 14-38.
The current generation of older people who are approaching or have recently experienced retirement form part of a unique generational habitus who have witnessed a cultural shift into consumerism. These baby boomers are often portrayed as engaging in excessive levels of consumption, which are counter to notions of sustainable living and to intergenerational harmony. This paper focuses on an exploration of the mechanisms underpinning the consumption patterns of baby boomers as they retire. The authors achieve this through an understanding of the everyday practices of grocery shopping, which have the potential to give greater clarity to patterns of consumption than the more unusual or 'extraordinary' forms of consumption such as global travel.

In-depth interviews with 40 older men and women in four locations across England and Scotland were conducted at three points in time across the period of retirement. The authors suggest that the grocery shopping practices of these older men and women have been influenced by two factors. The first relates to parental values and upbringing, leading to the reification of thrift and frugality as virtues, alongside aspirations for self-actualisation, such as undertaking global travel. The second factor is the influence of household context and caring roles on consumption choices. The authors conclude with some tentative observations concerning the implications of the ways in which baby boomers consume, in terms of increasing calls for people to live in more sustainable ways. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

DEMENTIA

(See Also 236/17, 236/18, 236/85)

236/30 Changed priorities for a new dementia strategy; by Jill Manthorpe, Steve Iliffe.
Journal of Dementia Care, vol 25, no 2, March/April 2017, pp 12-14.
The authors argue that a single cure for dementia may never be found, and it is wrong for government policy to declare a "war on dementia". This is the authors' third article in their series on what a new dementia strategy could look like. (RH)
ISSN: 13518372
From : www.careinfo.org

236/31 Delivering the dementia declaration: Dementia Action Alliance annual report 2011/12; by Dementia Action Alliance.: Dementia Action Alliance, [2012], 91 pp.
In October 2010, 41 organisations working in the field of dementia launched the National Dementia Declaration for England, which set out a radical new view of how society should respond to the challenge. The Dementia Action Alliance was formed by the initial signatories. This annual report restates the need for the Declaration, and summarises 62 member organisations' activities in relation to dementia in 2011/12. (RH)
From : http://www.dementiaaction.org.uk/resources

236/32 Framing outcomes of post-diagnostic psychosocial interventions in dementia: the Adaptation-Coping Model and adjusting to change; by Dawn Brooker, Rose-Marie Droes, Shirley Evans.: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 13-21.
The authors describe the Adaptation-Coping Model developed by Rose-Marie Dröes in the Netherlands, to frame the process of optimal adjustment for people diagnosed with dementia. This model is not well-known in English-speaking countries, but appears to have much to offer practitioners and researchers. As part of a large EU research project (MeetingDem), the authors translated and utilised this model in piloting the Dutch Meeting Centre Support Programme in the UK. They give their initial observations on this local community place-based approach, which is aimed at people diagnosed with dementia alongside their families and has proven benefits, and which the Adaptation-Coping Model underpins. Focus groups were undertaken with 9 people living with dementia and 6 family carers at the UK Meeting Centre pilot. Examples from these focus groups are provided, to illustrate different aspects of the model. The translated Adaptation-Coping (adjusting to change) Model provides a way for service users (people with dementia and families) to conceptualise their journey with dementia post-diagnosis, and potentially provides service providers and researchers with aims for treatment and support. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

236/33 Healthy lifestyles to prevent dementia and reduce dementia symptoms; by Eef Hogervorst.: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 31-39.
Due to an ageing population, dementia is a growing problem worldwide. It has significant human and economic costs, and there is no effective medical treatment. The author uses earlier reviews to discuss the difference between dementia and cognitive ageing, and the different types of dementia in terms of manifestation and pathology. The author reviews non-modifiable risk factors for dementia, such as age, gender, genetics and education. Education can possibly have lifelong protective effects, as it may promote cognitive reserve. This paper focuses on lifestyle interventions to further increase brain reserve capacity. Findings from earlier reviews are summarised to provide guidelines for policymakers and practioners. The reviews suggest that most nutritional approaches may have limited effectiveness, and should be implemented in midlife, before dementia symptoms are present, and probably only in people who are actually nutritionally deficient. The author found a reasonable positive evidence base of engagement in cognitive and

physical activities to prevent dementia, which may also help reduce symptoms of dementia. From the studies reviewed, it is suggested that keeping physically and mentally active may help in all stages of life, to prevent but also reduce dementia symptoms. A focus on nutrition and treating heart disease risk factors is possibly limited to midlife, or before dementia symptoms are present. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

DEMENTIA CARE

(See Also 236/32, 236/70, 236/71, 236/85, 236/111)

236/34 Creating community across generations; by Rhiannon Lane.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 22-23.
After her grandfather had lived with dementia for about three years, the author noticed how difficult it had become to engage him in activity. However, watching her grandfather's face light up in the presence of her young niece gave the author the idea of an inter-generational project that would bring together adults with dementia and pre-school children in creative and fun activities. She describes Bright Shadow, the charity she founded, and which uses creativity and performance in its work. (RH)
ISSN: 13518372
From : www.careinfo.org

236/35 How do people with dementia utilise primary care physicians and specialists within dementia networks?: Results of the Dementia Networks in Germany (DEMNet-D) study; by Markus Wubbeler, Jochen Rene Thyrian, Bernhard Michalowsky (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 1, January 2017, pp 285-294.
Outpatient dementia healthcare is predominantly fragmented in Germany, and dementia networks (DNs) represent an integrated care concept to overcome this problem. Little is known about the patients of these networks with regard to utilisation of physicians and associated factors. The authors interviewed 560 caregivers of people with dementia in 13 different DNs in Germany in 2013 and assessed socio-demographics, clinical data and physician utilisation. Networks were categorised into predominantly medical DNs and community-oriented DNs. Descriptive and multivariate statistical models were used to identify associated factors between DNs and users' data. Overall, the users of networks received high rates of physician care; 93% of the sample stated at least one contact with a primary care physician within the last 6 months, and 74% had been treated by a specialist (neurology/psychiatry physician). Only 5% of the sample had no contact with a physician in the 6 months preceding the interview. Females showed a lower odds for physician specialist consultations (OR = 0.641). Users of medical DNs receive greater specialist consultations overall (OR = 8.370). Compared to the German general population and people with dementia in other settings, users of DNs receive physician care more regularly, especially with regard to the consultations of neurologists and/or psychiatrists. Therefore, DNs seem to perform a supportive role within the integration of physician healthcare. More research is needed on the appropriate relationship between the needs of the people with dementia and their health care utilisation behaviour. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/spol

236/36 Life story work in dementia care: a new road map; by Ruth Eley, Polly Kaiser.
Journal of Dementia Care, vol 25, no 2, March/April 2017, pp 22-23.
Life story work should promote personhood, well-being and connections with family and friends. The authors describe their particular approach in understanding life story work in practice for carers and staff, which is based on the "Five Ps" - Person, Principles, Purpose, Product and Process. (RH)
ISSN: 13518372 From : www.careinfo.org

236/37 Shame: a risky emotion in dementia care; by Miryam Clough.: Hawker Publications.
Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 32-34.
Shame is a significant but under-acknowledged emotion in care work. Having written a PhD on shame in the church, the author is working on a project at the University of West of England (UWE) examining the impact of shame in care workers on the quality of dementia care. In this article, she outlines some recent sources relating to shame and stigma, also the the aims of her study. Shame warrants investigation and understanding if we are to improve the quality of care for people with dementia. (RH)
ISSN: 13518372 From : www.careinfo.org

236/38 Talking mats: a model of communication training; by Joan Murphy, Jean Alexander, Ann McLinton.: Hawker Publications.
Journal of Dementia Care, vol 24, no 5, September-October 2016, pp 22-25.
Talking Mats provides a model of communication training for teams working with people with dementia in interim care and long-stay hospital settings. The authors explain how it works and why it is a valuable tool. The article also includes comments from staff feedback both before and after the training, which proved equally enjoyable for staff and the person with dementia alike. (RH)
ISSN: 13518372 From : www.careinfo.org

236/39 Uniforms: the first and final frontier in dementia care; by Sally Knocker.: Hawker Publications.
Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 16-17.
Are staff uniforms really important in care homes? The author advocates that getting rid of them is an essential part of culture change. She also comments on the pros and cons: being able to recognise someone as a member of staff, versus individuality and not looking the same. (RH)
ISSN: 13518372 From : www.careinfo.org

236/40 What is truth?: Dilemmas when two realities meet; by Graham Stokes, Antonis Kosoulis.
Journal of Dementia Care, vol 25, no 2, March/April 2017, pp 24-26.
Should we always tell people the truth? The authors report on the findings of an inquiry commissioned by the Joseph Rowntree Foundation (JRF). The Mental Health Foundation looked into our understanding of dilemmas arising when people with dementia experience reality or beliefs that are different to those around them. From the evidence gathered, the Foundation identified five fundamental principles that apply, regardless of which response a carer uses to support the well-being of a person with dementia experiencing a different reality of belief. The five principles are: take a flexible, tailored approach: person first, strategy second; explore each experience with the person; make sense of the world together with kindness; document and share what does and doesn't work; and question one's own intent. The report is 'What is truth? - an inquiry about truth and lying in dementia care' (Mental Health Foundation, 2016). (RH)
ISSN: 13518372 From : www.careinfo.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

236/41 Live long and prosper?: Demographic trends and their implications for living standards; by David Finch, Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, 16 January 2017, 48 pp.
2017 marks the start of an important demographic transition. For decades, the ratio of workers to non-workers ('dependants') was improving due to the relative size of the baby boomer generation (born between 1946 and 1965); and both women and older people have increased their participation in the labour market. However, as the baby boomers enter retirement, this is reversing, and the ratio of workers to dependants has started to fall. This report for the Intergenerational Commission explores how the UK population changed in the 20th century and is set to change in this one. It provides an initial take on the implications of longevity for living standards across the lifetime, for individuals in different generations, and for the state. It discusses how life expectancy has increased by one fifth in just four generations, and that more than a third of the generation born in the next 20 years are expected to reach age 100. As well as getting longer, the shape of our lives is changing: people are remaining in education for longer, having children later, and working to older ages, all of which represent potential strategies to boost income over a longer lifetime. It uses graphs and charts to indicate numbers of years for each life stage across different generations in the UK since 1926. (RH)
From : http://www.resolutionfoundation.org/app/uploads/2017/01/Live-long-and -prosper.pdf

236/42 Most common age at death, by socio-economic position in England and Wales: a 30 years comparison; by Office for National Statistics - ONS.: Office for National Statistics, 21 February 2017, 9 pp.
This article use the ONS Longitudinal Study (LS) to report variations in age at death between 1982 to 1986 and 2007 to 2011 by sex and socio-economic position in England and Wales. It provides alternative measures of mortality for socio-economic classes, by examining trends in survival, the ages at which deaths peak, and the age at which half the cohort have died. It finds that for the period 2007 to 2011, the most common age at death was 85.6 years for men and 88.3 years for women, an increase of 8.2 years and 3.8 years respectively since 1982 to 1986. Since the early to mid 1980s, the change in the most common age at death for men was much larger in routine occupations compared with higher managerial and professional occupations, ranging from 9.2 years (75.2 to 84.4 years) in the former, and 7.4 years (79.4 to 86.8 years) in the latter. The age at which half of the population is expected to be still alive had reached 81.8 years for males and 85.3 years for females; it stood at 74.7 years and 80.7 years respectively in 1982 to 1986. This analysis is an extension of a project which reported trends in life expectancy at birth and at age 65 by socio-economic position in England and Wales between 1982 to 1986 and 2007 to 2011,

based on the National Statistics Socio-economic Classification (NS-SEC). The article also provides detailed information about, and links to, data sources. (RH)
From : https://www.ons.gov.uk/releases/survivalbysocioeconomicposition between1982to1986and2007to2011acomparisonusingthreemeasuresofcentral tendency

DEPRESSION

(See Also 236/27)

236/43 'Depression is not an illness. It's up to you to make yourself happy': perceptions of Chinese health professionals and community workers about older Chinese immigrants' experiences of depression and anxiety; by Betty Haralambous ... (et al).: Wiley.
Australasian Journal on Ageing, vol 35, no 4, December 2016, pp 249-254.
The aim of this study was to improve understanding of depression and anxiety among older immigrant Chinese Australians. The study was based on the National Ageing Research Institute's Cultural Exchange Model, an iterative process of exchange between researchers and stakeholders. The project involved a range of components including consultations with health professionals and community workers about perceptions of depression and anxiety within the Chinese community. This paper reports on these consultation findings. Thematic analysis generated five main categories to explain participants' perceptions of depression and anxiety within the Chinese community. Themes included: lack of knowledge; personal weakness rather than illness; stigma; somatisation; and experience of migration in later life. Responses to questions about education and information dissemination were collated separately and reported. Views of depression and anxiety among older Chinese people suggest that educating the community may be an important way to improve mental health literacy and help-seeking behaviour. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

DIET AND NUTRITION

236/44 Engaging mealtimes: a chef's perspective; by Peter Morgan-Jones.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 18-19.
The author has cooked for the Royal Family, and is executive chef for one of Australia's leading care providers. In this article, he asks how do you awaken appetite in someone who is losing interest in food? He offers tips on presentation, but as important as sight are smell, taste, sound and touch in helping to appreciate flavours. Most basic and essential are that hot foods must be served hot (and on hot plates) and cold foods cold (and on cold plates). (RH)
ISSN: 13518372
From : www.careinfo.org

236/45 Food security for community-living elderly people in Beijing, China; by Yang Cheng, Mark Rosenberg, Jie Yu, Hua Zhang.: Wiley.
Health and Social Care in the Community, vol 24, no 6, November 2016, pp 747-757.
Food security has been identified as an important issue for older people's quality of life and ageing in place. A food security index composed of three indicators (food intake, food quality and food affordability) was developed to measure the food security status of community-living older people. Food security was then examined among community-living older people in the central urban districts of Beijing, China. Data were collected by a questionnaire survey in the summer of 2013; the response rate was 78.5%. Descriptive statistics and binary logistic regression were applied to analyse food security and the associations between food security and demographic and socioeconomic factors. The results showed that 54.2% of the surveyed older people experienced food security. Participants with better education (OR = 1.68) and better health (OR = 1.47) were more likely to experience food security. The young-old were less likely to experience food security than the older old (OR = 0.94). Older people who lived with their children were less likely to experience food security than those who lived alone (OR = 0.43). The results of impact factors on food security highlight both similarities with studies from more developed countries and the unique challenges faced in a rapidly changing China with its unique social, cultural and political systems. The food security index that was developed in this study is a simple and effective measure of food security status, which can be used in surveys for evaluating the food security status of older people in the future.
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

EDUCATION

(See 236/8)

EMPLOYMENT

(See Also 236/22)

236/46 By the sweat of their brow?: The effects of starting work again after pension age on life satisfaction in Germany and the United Kingdom; by Thomas Lux, Simone Scherger.: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 295-324.
In recent years, the employment rates of people of pension age have increased considerably. However, longitudinal evidence on the effects of this employment on well-being which might contribute to an evaluation of this late-life work is scarce. Based on empirical findings so far and on theoretical approaches to well-being, work and retirement, both negative and positive effects of post-retirement work on life satisfaction are plausible. In this paper, the authors investigate the effects of taking up work again between the ages of 65 and 75 on life satisfaction in different occupational classes in Germany and the United Kingdom. They expect that not only the heterogeneous conditions and experiences of working are crucial for the consequences that post-retirement work has for life satisfaction, but also the institutional arrangements surrounding this form of work. They use data from the German Socio-Economic Panel and the British Household Panel Survey (BHPS), covering the 1990s and 2000s. Based on fixed-effects regression modelling, they find positive effects of working in both countries, although not all effects are significant. Differentiating by the class of the job in which the older person works, they find mainly positive effects and no significant differences between those who work in a lower-class job and all others. In addition, they find that the positive effect of working on life satisfaction is partly explained by increased satisfaction with household income for those working in a lower-class job in the United Kingdom. They conclude that many of the pessimistic assumptions about people working after pension age cannot be confirmed for their time of observation. However, there are several reasons for believing that the results will be different in the future, or for differently defined populations of people working past pension age. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

236/47 Competitiveness and employment for the future: good examples of age management in the Baltic Sea region: a compilation of findings of the project "Best Agers Lighthouses"; by Best Agers Lighthouses. [Kiel]: Best Agers Lighthouses, 2014, 66 pp.
The working age population in Europe and the Baltic Sea region will decline significantly in the next few decades. A European Union (EU) INTERREG Project, the Best Agers Lighthouses is a partnership of six countries (Sweden, Finland, Latvia, Lithuania, Poland and Germany), with the aim of creating and promoting advantages of age management in small and medium-sized enterprises and public organisations. The project ran from 2012 to 2014, and worked with Wirtschaftsakademie Schleswig-Holstein to find ways of meeting the demographic challenges with effective business strategies. Older people (those aged 55+) will play an even more important part in the work process. This report considers demographic change in small and medium enterprises (SMEs) in the region, and presents 8 case studies. It describes and evaluates the age management interventions, which include changes of employees' and managers' opinions, and use of intervention diaries and cost-benefit analysis. It makes recommendations for employers, social partners and policy-makers. The importance of employers valuing older employees is stressed. (RH)
From : Wirtschaftsakademie Schleswig-Holstein, Hans-Detlev-Prien-Str. 10, 24106 Kiel, Germany. Website for Best Agers Lighthouses: http://www.best-agers-lighthouses.eu/index.php

236/48 Employment trends and policies for older workers in the recession; by European Foundation for the Improvement of Living and Working Conditions (Eurofound). Dublin: European Foundation for the Improvement of Living and Working Conditions, 2012, 12 pp.
This report summarises available data on recent employment trends for older workers in the 27 Member States of the European Union (EU27). It also summarises the results of organisation case studies and overviews on developments in workplace age management undertaken by Eurofound in 2011. The first section uses Eurostat data to provide a statistical portrait of the main trends regarding older workers' participation in the labour market. The second section provides pointers on how age management policy has developed at company and national level before the economic and financial crisis of 2008/09, and during and since the recession that followed. The Eurofound project, 'Restructuring during recession: what happened to age management policies?' was a major source for this study
(See: https://www.eurofound.europa.eu/areas/populationandsociety/age management). (RH)
From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.
https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1235en.pdf

236/49 Fuller working lives: a partnership approach; by Department for Work and Pensions - DWP. London: Department for Work and Pensions, February 2017, 49 pp.
This publication makes the case for businesses to retain, retrain and recruit older workers. Using case studies, it presents the benefits of a fuller working life, whereby individuals should be encouraged to "rethink, refresh and reinvest". It explains how working longer can improve people's health and well-being, and bring to businesses the benefits of having a multi-generational workforce. It sets out some new recommendations from businesses to support older workers to remain in the workforce, and to help employers retain, retrain and recruit older workers so they have fuller working lives. The Government is taking action to support older workers as follows: legislation such as removal of the Default Retirement Age and extending rights to request flexible working (though the State Pension Age, SPA, will be reviewed at a later date); empowering change through others and developing the evidence based case for action; supporting those who need more help (such as carers); reforming the adult skills system; and improving the Jobcentre Plus offer for older workers. (RH)
From: https://www.gov.uk/government/publications/fuller-working-lives-a- partnership-approach

END-OF-LIFE CARE

(See Also 236/94)

236/50 Ambitions for palliative and end of life care: a national framework for local action 2015-2020; by National Palliative and End of Life Care Partnership. London: National Palliative and End of Life Care Partnership, 2015, 29 pp.
The 27 national organisations in the Partnership have identified six ambitions on how care for those nearing death should be delivered at local level. These are that: each person is seen as an individual; each person gets fair access to care; maximising comfort and wellbeing; care is coordinated; all staff are prepared to care; and each community is prepared to help. For each ambition, the report summarises what is already known, and the "building blocks" necessary to realise this ambition. (RH)
From : Website: http://endoflifecareambitions.org.uk/

FAMILY AND INFORMAL CARE

(See Also 236/3, 236/82)

236/51 Approaches to capturing the financial cost of family care-giving within a palliative care context: a systematic review; by Clare Gardiner, Louise Brereton, Rosemary Frey, Laura Wilkinson-Meyers, Merryn Gott.: Wiley.
Health and Social Care in the Community, vol 24, no 5, September 2016, pp 519-531.
The economic burden faced by family caregivers of people at the end of life is well recognised. Financial burden has a significant impact on the provision of family care-giving in the community setting, but has seen limited research attention. A systematic review with realist review synthesis and thematic analysis was undertaken to identify literature relating to the financial costs and impact of family care-giving at the end of life. This paper reports findings relating to previously developed approaches which capture the financial costs and implications of caring for family members receiving palliative/end-of-life care. Seven electronic databases were searched from inception to April 2012, for original research studies relating to the financial impact of care-giving at the end of life. Studies were independently screened to identify those which met the study inclusion criteria, and the methodological quality of included studies was appraised using realist review criteria of relevance and rigour. A descriptive thematic approach was used to synthesise data. Twelve articles met the inclusion criteria for the review. Various approaches to capturing data on the financial costs of care-giving at the end of life were noted; however, no single tool was identified with the sole purpose of exploring these costs. The majority of approaches used structured questionnaires and were administered by personal interview, with most studies using longitudinal designs. Calculation of costs was most often based on recall by patients and family caregivers, in some studies combined with objective measures of resource use. While the studies in this review provide useful data on approaches to capturing costs of care-giving, more work is needed to develop methods which accurately and sensitively capture the financial costs of caring at the end of life. Methodological considerations include study design and method of administration, contextual and cultural relevance, and accuracy of cost estimates. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

236/52 Family care-giving and living arrangements of functionally impaired elders in rural China; by Rob J Gruijters.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 633-655.
China has seen a rapid decline of the traditional multi-generational household and an increase in

rural-to-urban migration, raising concerns about a possible breakdown of the informal support system. Against this background, the paper looks at family care-giving (or absence thereof) to parents in three different living arrangements: with any child or child-in-law (co-resident); independent with at least one child living in the same community (networked); and without any children in either the household or the community (isolated). It also compares the care-giving arrangements of single older people to those living with a spouse. The sample is derived from the comprehensive China Health and Retirement Longitudinal Study (CHARLS), and contains data on 887 functionally impaired individuals aged 60 and over. The findings suggest that married parents are mostly cared for by their spouse, even if they co-reside with adult children. Proximity to children is particularly important for older people living on their own, who are more likely to lack a care-giver when living independently. There appears to be a hierarchy in family care responsibilities, where children step in as care-givers only when the spouse is no longer able to fulfil this role. While these findings imply a significant deviation from traditional practices and norms of 'filial piety', they can be interpreted as a rational adaptation to the changed economic circumstances in rural China. (RH)
ISSN: 0144686X From : cambridge.org/aso

236/53 Spouse carers: the importance of motivation; by William Tai.
Journal of Dementia Care, vol 25, no 2, March/April 2017, pp 32-34.
Family carers are a crucial resource in the care and support of people with dementia, but their motivations for caring can make the difference between success and failure. The author, a junior doctor at a London hospital, discusses his study of support workers' views on the way motivations can change and undermine carers' health. His research looked at spouse carers through the eyes of eight support workers from different occupations and with varying lengths of experience in care work. (RH)
ISSN: 13518372 From : www.careinfo.org

FRAILTY

236/54 It 'makes you feel more like a person than a patient': patients' experiences receiving home-based primary care (HBPC) in Ontario, Canada; by Tracy Smith-Carrier, samir K Sinha, Mark Nowaczynski (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 723-733.
The lack of effective systems to appropriately manage the health and social care of frail older adults, especially among those who become homebound, is becoming more apparent. Home-based primary care (HBPC) is increasingly being promoted as a promising model that takes into account the accessibility needs of frail older adults, ensuring that they receive more appropriate primary and community care. There remains a paucity of literature exploring patients' experiences with HBPC programmes. This study explored the experiences of patients accessing HBPC delivered by interprofessional teams, and their perspectives on the facilitators and barriers to this model of care in Ontario, Canada. Using certain grounded theory principles, the authors conducted an inductive qualitative content analysis of in-depth patient interviews (n = 26) undertaken in the winter of 2013 across seven programme sites exploring the lived experiences and perspectives of participants receiving HBPC. Themes emerged in relation to patients' perceptions regarding the preference for and necessity of HBPC, the promotion of better patient care afforded by the model in comparison to office-based care, and the benefits of and barriers to HBPC service provision. Underlying patterns also surfaced relating to patients' feelings and emotions about their quality of life and satisfaction with HBPC services. The authors argue that HBPC is well positioned to serve frail housebound older adults, ensuring that patients receive appropriate primary and community care - which the office-based alternative provides little guarantee - and that they will be cared for. This points to a model that may not only lead to greater patient satisfaction, but also likely contributes to improving the quality of life of a highly vulnerable population. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/55 Prevalence of the geriatric syndromes and frailty in older men living in the community: the Concord Health and Ageing in Men Project; by Naomi Noguchi ... (et al).: Wiley.
Australasian Journal on Ageing, vol 35, no 4, December 2016, pp 255-261.
The purpose of this study was to describe the age at which geriatric syndromes and frailty become common in community-dwelling older men. The Concord Health and Ageing in Men Project involved a population-based sample of 1705 community-dwelling men aged 70 and over from a defined geographic region in Sydney, Australia. Data were obtained by physical performance tests, clinical examinations and questionnaire to determine the prevalence of certain conditions by five-year age groups. Results showed that poor mobility, recurrent falls, urinary incontinence, dementia and frailty phenotype were all uncommon (less than 10%) in men in their 70s, but the prevalence of each of these conditions exceeded 10% in men aged 85-89. The prevalence of Frailty Index-defined frailty, multimorbidity, polypharmacy and instrumental activities of daily

living dependence was constantly high in all age groups. The different health-care needs of the 'old old' aged 85 years and older should be accounted for in health service planning. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

236/56 Self-management abilities and quality of life among frail community-dwelling individuals: the role of community nurses in the Netherlands; by Jane Murray Cramm, Anna Petra Nieboer.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 394-401.
The objective of the study was to determine whether community nurses in the Netherlands improve self-management abilities and quality of life of frail community-dwelling people. This longitudinal study was performed in the context of a larger evaluation study of the 'Zichtbare Schakels' (Visible Link) programme, conducted to determine the quality of care provided by community nurses to community-dwelling frail people in Rotterdam, the Netherlands. For the current study, clients seen by community workers in Rotterdam between July 2013 and November 2014 participated. Data were gathered via personal interviews by the community nurses as part of care delivery at the start (T0; n = 220) and end of care delivery (T1; n = 111 - the remaining 109 clients were still receiving care) to evaluate and improve quality of care. The study measured client's quality of life (using the European Quality of Life Instrument, EQ-5D), self-management abilities (using the Self-Management Ability Scale) and background characteristics. Results showed that clients seen by the community nurses especially experience problems when it comes to usual activities and pain/discomfort. Furthermore, quality of life was much worse among clients of the community nurses than among frail older (aged 70 years and over) people in Rotterdam, Dutch patients with chronic illnesses or diabetes and older (aged 65 years and over) people who had recently been hospitalised. Significant improvements were seen in client's self-management and quality of life over time. Self-management abilities at T0 and changes in self-management abilities (T1 - T0) clearly predicted quality of life at T1. Investing in community health nurses may be beneficial for the improvement of self-management abilities and quality of life among very frail people in the community. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

GOVERNMENT AND POLICY

(See 236/14)

GRANDPARENTS

236/57 Grandparent army report; by International Longevity Centre UK - ILC-UK; Ageas. London: ILC-UK, 2017, 29 pp.
This report examines the the types of support and childcare given by some 9 million grandparents in the UK, and how they feel about providing it. The report examines financial support; caregiving support; and grandparents' help with their grandchildren's skills and hobbies. The report finds that, on average, grandparents spend more than 8 hours a week looking after their grandchildren; and two-thirds (68%) offer financial contributions to their grandchildren's upbringing, across payments towards clothes, toys and hobbies, leisure activities and pocket money.The report also makes recommendations for Government, employers and education providers to ensure that the 'Grandparent Army' receives sufficient support to allow it to continue to provide such vital support. A weblink (at https://thegrandparentarmy.ageas.co.uk/) presents the results as charts and maps. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Webink: http://www.ilcuk.org.uk/index.php/publications/publication_details/the_grandparents_army

HEALTH AND WELLBEING

(See Also 236/5, 236/46)

236/58 Family size and old-age wellbeing: effects of the fertility transition in Mexico; by Carlos Diaz-Venegas, Joseph L Saenz, Rebeca Wong.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 495-516.
The present study aims to determine how family size affects psycho-social, economic and health well-being in old age differently across two cohorts with declining fertility. The data are from the ì2012 Mexican Health and Ageing Study (MHAS) including 13,102 respondents aged 50+. Poisson (standard and zero-inflated) and logistic regressions are used to model determinants of well-being in old age: psycho-social (depressive symptoms), economic (consumer durables and insurance) and health (chronic conditions). In the younger cohort, having fewer children is associated with fewer depressive symptoms and chronic conditions, and better economic well-being. For the older cohort, having fewer children is associated with lower economic

well-being and higher odds of being uninsured. Lower fertility benefited the younger cohort (born after 1937), whereas the older cohort (born in ì1937 or earlier) benefited from lower fertility only in chronic conditions. Further research is needed to continue exploring the old-age effects of the fertility transition. (RH)
ISSN: 0144686X From : cambridge.org/aso

236/59 Health, healthy lifestyles and health examinations among the older people in Taiwan; by Hui-Chuan Hsu ... (et al).: Wiley.
Australasian Journal on Ageing, vol 35, no 3, September 2016, pp 161-166.
This aim of this study was to examine the relationship between the utilisation of general health examinations and health and a healthy lifestyle. The data were from a five-wave panel of older Taiwanese people. Health was defined as the absence of chronic diseases and physical function difficulties. A healthy lifestyle included no smoking, no alcohol consumption and engaging in regular exercise. Generalised linear modelling was applied. The individuals with more chronic diseases were more likely to undergo health examinations but the rate of change declined over time. Having more physical function disabilities may reduce the likelihood of undergoing health examinations. Individuals who engaged in regular exercise were more likely to undergo health examinations. Overall study findings showed that utilisation of health examination services is related to health and healthy lifestyle among older people. (JL)
ISSN: 14406381 From : wileyonlinelibrary.com/journal/ajag

236/60 Individual social capital and health-related quality of life among older rural Chinese; by Xiaojie Sun, Kun Liu, Martin Webber, Lizhelg Shi.: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 221-242.
Resource generators measure people's access to social resources within their social networks.
Hitherto, no study based on the Resource Generator has explored the association between individual social capital and health-related quality of life among older adults. This study aims to evaluate the validity and reliability of the adapted Resource Generator-China, and to examine the association between individual social capital measured by the Resource Generator-China and health-related quality of life (HRQoL) of older rural-dwelling Chinese people. A field survey including 975 rural-dwelling people aged between 60 and 75 years was conducted in three counties of the Shandong Province of China in 2013. Quality of life was measured by the Chinese version of the 36-Item Short Form Health Survey (SF-36): scores of Physical Component Summary and Mental Component Summary. Cumulative scale analyses were performed to analyse the homogeneity and reliability of the Resource Generator-China. The authors constructed generalised linear models by gender to examine the associations of social capital with health-related quality of life. The findings suggest that the adapted instrument for older rural-dwelling Chinese people can be a reliable and valid measure of access to individual social capital. There were positive associations between individual social capital (total scores and sub-scale scores) and health-related quality of life. Individual social capital had a stronger association with mental health among women than men. Future studies should be improved through a longitudinal design with a larger and randomised sample covering large geographical rural areas in China. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

236/61 Living well in later life in Scotland; by Anne Hendry.: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 22-30.
The development, implementation and early impact of a national action plan for active and healthy ageing in Scotland is described. The Joint Improvement Team, NHS Health Scotland, the Scottish Government and the Health and Social Care Alliance Scotland (ALLIANCE) co-produced the action plan with older people from the Scottish Older People's Assembly. Together they supported partnerships to embed the action plan as an important element of the Reshaping Care for Older People (RCOP) transformation programme in Scotland. A cross-sector improvement network supported health, housing and care partnerships to use a £300 million Change Fund to implement evidence based preventative approaches to enable older people to live well. Older people in Scotland spent more than two million days at home than would have been expected, based on previous balance of care and impact of ageing. Improving older people's health and well-being is not just the responsibility of health and social care services. Enabling older people to live independent, active and fulfilling lives requires coordinated effort that spans national and local government policy areas, mobilises all sectors of society, and involves all health and care disciplines. Success starts with listening to what matters to older people, and working together, and with older people and local communities, to make that a reality. This case study from Scotland offers transferable learning for other areas, regions or countries who have an ageing population and ambitions to enable them to live well in later life. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

236/62 Personal well-being in the UK: Oct 2015 to Sept 2016; by Office for National Statistics - ONS.: Office for National Statistics, 13 January 2017, 10 pp (Statistical bulletin).
Since 2011, the Office for National Statistics (ONS) has asked adults in the UK questions about their personal well-being, to better understand how they feel about their lives and to estimate life satisfaction, happiness and anxiety in the UK and constituent countries. The 4 questions are: Overall, how satisfied are you with your life nowadays? Overall, to what extent do you feel the things you do in your life are worthwhile? Overall, how happy did you feel yesterday? Overall, how anxious did you feel yesterday? Responses are on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. This Statistical bulletin presents headline results for the year ending September 2016, and how things have changed in the last 5 years. For the first time, estimates of personal well-being are being presented on a rolling quarterly basis, which will provide a more timely picture of how the UK population feels, and will allow monitoring of how well-being is changing in the UK more frequently. The main finding is that Northern Ireland continues to have the highest personal well-being ratings compared with the other constituent countries of the UK. Ratings of life satisfaction, worthwhile and happiness in Northern Ireland are higher than those in England, Wales, Scotland and the UK average. Wales has higher anxiety than the UK average, while Northern Ireland has lower anxiety than the UK average. This bulletin includes links to related statistics for the period, including economic well-being, social capital, and health state expectancies. (RH)
From : https://www.ons.gov.uk/releases/personalwellbeingintheukoct2015tosept 2016

HEALTH CARE

(See 236/4, 236/19, 236/80)

HEALTH SERVICES

(See 236/54)

HOME CARE

(See Also 236/87)

236/63 Analysing the importance of older people's resources for the use of home care in a cash-for-care scheme: evidence from Vienna; by Andrea E Schmidt.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 514-526.
Older people of lower socioeconomic status (SES) are disproportionately affected by chronic conditions, yet less able to compensate health limitations through use of formal long-term care (LTC) at home, a preferred type of care for most. Some, like older women and single people, are particularly vulnerable. Under the Austrian public cash-for-care scheme, which aims to incentivise care at home and empowerment of LTC users, this study analyses: (i) interdependencies between SES, gender and 'informal' or family care; and (ii) how these factors associate with the use of old age formal home care in Vienna. An adaptation of Arber and Ginn's theory is used to identify material resources (income), health resources (care needs) and informal caring resources (co-residence and/or availability of family care). Gender aspects are also considered as a persistent source of inequalities. Administrative and survey data, collected by public authorities between 2010 and 2012 in Vienna, serve to compare home care use in old age (60+) to other support forms (residential and informal care), using logistic regression analysis. Results show a pro-rich bias in home care use among single-living people, with high-income single people being less likely to move to a care home, while there are no significant income differences present for non-singles. Second, traditional gender roles are salient: female care recipients co-residing with a partner are more likely to use formal care than men, reflecting that men's traditional gender roles involve less unpaid care work than women's. In conclusion, in an urban setting, the Austrian cash-for-care scheme is likely to reinforce stratifications by gender and class, thus implementing the general policy objective of care at home, but more likely for those with higher income. A support mechanism promoting empowerment for all older people might contribute to unequal degrees of choice, especially for those with fewer resources to manage their way through a fragmented system of LTC delivery. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/64 Costs and economic consequences of a help-at-home scheme for older people in England; by Annette Bauer, Martin Knapp, Gerald Wistow (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 780-789.
Solutions to support older people to live independently and reduce the cost of an ageing population are high on the political agenda of most developed countries. Help-at-home schemes offer a mix of community support, with the aim to address a range of well-being needs. However, not much is currently known about the costs, outcomes and economic consequences of such schemes. Understanding their impact on individuals' well-being and the economic consequences for local and central government can contribute to decisions about sustainable long-term care financing. This article presents results from a mixed-methods study of a voluntary sector-provided help-at-home scheme in England for people of 55 years and older. The study followed a participatory approach, which involved staff and volunteers. Data were collected during 2012 and 2013. Social care-related quality of life was measured with the Adult Social Care Outcomes Toolkit for 24 service users (59% response rate) when they started using the scheme and 4-6 months later. A customised questionnaire that captured resource use and well-being information was sent to 1064 service users (63% response rate). The same tool was used in assessment with service users who started using the scheme between November 2012 and April 2013 (100% response rate). Costs of the scheme were established from local budget and activity data. The scheme was likely to achieve a mean net benefit of £1568 per person from a local government and National Health Service (NHS) perspective and £3766 from the perspective of the individual. An expenditure of £2851 per person accrued to central government for the additional redistribution of benefit payments to older people. This article highlights the potential contribution of voluntary sector-run help-at-home schemes to an affordable welfare system for ageing societies. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/65 Understanding eldercare users' views on quality of care and strategies for dealing with problems in Swedish home help services; by Kristina Westerberg, Jan Hjelte, Sara Josefsson.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 621-629.
The aim of this study was to gain a deeper understanding of eldercare users' strategies for dealing with problems in the quality of care and care satisfaction in relation to home help services. Based on earlier research and evaluations, it was assumed that users would express satisfaction and gratitude, and also be unwilling to complain. Three questions were asked. First, what, if any, quality of care problems do the users mention? Second, how do the users explain the reasons for these problems? Third, what strategies do the users employ to deal with these problems? Following interviews conducted in November 2013 with 15 men and 20 women (aged 66-92 years), the data were analysed using thematic and qualitative content analysis. The results showed that almost all users expressed overall satisfaction with their care. However, all but one also mentioned problems. The users stated very clearly and explicitly the reasons for these problems, and in most cases, they referred to the work conditions, work organisation and lack of other resources in the eldercare organisation. Two strategies were commonly used to deal with these problems: trivialisation and adaptation. A third strategy was expressed as dissatisfaction, where the problem led to actions or plans to take action. One interpretation of the findings is that what is actually measured in official quality assessments and follow-ups may be care users' understanding of the work conditions and work organisation of eldercare. The understanding attitude may prevent care users from complaining, because it lowers their expectations. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/66 Users of home-care services in a Nordic welfare state under marketisation: the rich, the poor and the sick; by Jiby Mathew Puthenparambil, Teppo Kroger, Line Van Aerschot.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 1, January 2017, pp 54-64.
Stricter access to public services, outsourcing of municipal services and increasing allocation of public funding for the purchase of private services have resulted in a marketisation wave in Finland. In this context of a Nordic welfare state undergoing marketisation, this paper aims to examine the use of Finnish care services among older people and to find out who are using these new kinds of private services. How wide is their use and do the users of private care services differ from those who are using public services? How usual is it to mix both public and private care services? The questionnaire survey data set used here was gathered in 2010 from 1436 of the population aged 75 and over in the cities of Jyväskylä and Tampere. The methods of analysis used include cross-tabulation, chi-square tests and multinomial logistic regression. The findings showed that among the 681 respondents who used care services, 50% used only public services, 24% utilised solely private services, and the remaining 26% used both kinds of services. Users of solely private services had significantly higher income and education as well as better health than those using public services only. The users of public services had the lowest education and income levels and usually lived in rented housing. The third group, those mixing both public and private

services, reported poorer health than others. The results increase concerns about the development towards a two-tier service system, jeopardising universalistic Nordic principles, and also suggest that older people with the highest needs do not receive adequate services without complementing their public provisions with private services. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/spol

HOMELESSNESS

236/67 Public-sector service provision for older people affected by homelessness in England; by Sarah Alden.: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 410-434.
This paper assesses provision for older people affected by homelessness in England, giving regard to research findings, such as those developed through a pathways model, which show that the experiences of this group are qualitatively distinct when compared to younger households. Current conceptualisations of older age held by Local Authority Housing Option Service professionals are considered, alongside factors relating to government policy and resource issues. It was found that some practitioners adopted an age-blind approach when assessing older groups, despite this being contrary to policy guidance on assessing vulnerability in England. Further, services and housing options aimed at older groups were viewed as inadequate due to a mixture of lack of awareness, targeting and resources. It is concluded that assessment of vulnerability based on older age is complex, as whilst gerontological discourse may discourage viewing age as a number, homelessness scholars stress that rooflessness causes poor health conditions consistent with premature ageing. It is therefore asserted that policy makers must focus greater attention to developing suitable provision for older service users, and look to incorporate a richer conceptualisation of how older age may impact upon the homelessness experience. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

HOSPITAL CARE

236/68 Room for one more?: A review of the literature on inappropriate admissions to hospital for older people in the English NHS; by Rachel Thwaites, Jon Glasby, Nick le Mesurier, Rosemary Littlechild.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 1, January 2017, pp 1-10.
The authors report findings of a review of the literature on emergency admissions to hospital for older people in the UK, undertaken between May and June 2014 at the Health Services Management Centre, University of Birmingham. The review sought to explore: the rate of inappropriate emergency admissions of older people in the UK; the way this is defined in the literature; solutions proposed to reduce the rate of inappropriate admissions; and the methodological issues which particular definitions of 'inappropriateness' raise. The extent to which a patient perspective is included in these definitions of inappropriateness was also noted, given that patient involvement is such a key policy priority in other areas of health policy. Despite long-standing policy debates, relatively little research has been published on formal rates of 'inappropriate' emergency hospital admissions for older people in the UK NHS in recent years. What has been produced indicates varying rates of inappropriateness, inconsistent ways of defining appropriateness, and a lack of focus on the possible solutions to address the problem. Significantly, patient perspectives are lacking; and the authors would suggest that this is a key factor in fully understanding how to prevent avoidable admissions. For each article found, the authors note rates on inappropriateness and location considered, the method for defining inappropriateness, and proposed solutions for inappropriate admissions. With an ageing population, significant financial challenges and a potentially fragmented health and social care system, the issue of the appropriateness of emergency admission is a pressing one which requires further research, greater focus on the experiences of older people and their families, and more nuanced contextual and evidence-based responses. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/spol

HOUSING

(See Also 236/83)

236/69 Older people's housing: we need a solution; by Dan Gaul, Housing Learning and Improvement Network - Housing LIN. London: Housing Learning and Improvement Network, January 2017, 6 pp (Viewpoint, 83).
This Viewpoint discusses challenges the older people's housing market is facing. The future remains very uncertain and, in difficult financial times and with increased development risk, it

argues that a new business model is required. It explains that the traditional extra care business case focuses on predominantly a care solution. It draws on lessons from HAPPI (Housing our Ageing Population: Panel for Innovation) and the growing evidence of the benefits of a more aspirational housing 'offer'. It questions whether we now need to look wider and offer a housing solution that provides quality homes for people of all ages. (RH)
From : http://www.housinglin.org.uk/Topics/browse/Design_building/HAPPI/?&msg=0&parent=8649&child=10418

INFORMATION AND COMMUNICATION TECHNOLOGY

236/70 Dementia: there are so many apps for that...; by Phil Joddrell, Arlene Astell.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 32-34.
Digital technology is changing the world, but the authors ask whether it is doing the same for people with dementia. They argue that it can, so long as tablet computer "apps" are adapted so that everyone can enjoy using them. They outline the work and aims of their project, AcTo Dementia and its website (www.actodementia.com), which includes links to the apps they have reviewed. (RH)
ISSN: 13518372
From : www.careinfo.org

236/71 Digital technology and dementia: changing lives; by Tom French.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 29-32.
Learning how to use digital technology can help people with dementia live more positive lives with memory loss. The author discusses key findings from a study carried out by the Good Things Foundation (formerly the Tinder Foundation) showing how new "tech" can maintain mental activity and communication with families and friends. A full version of the research report 'Dementia and digital: using technology to improve health and wellbeing for people with dementia and their carers' is on the Foundation's website (link at :
https://www.goodthingsfoundation.org/research-publications/dementia-and-digital). (RH)
ISSN: 13518372
From : www.careinfo.org

INTEGRATED CARE

236/72 Health and social care integration: Department of Health, Department for Communities and Local Government and NHS England: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, 8 February 2017, 56 pp (HC 1011 Session 2016/17).
This report examines the case for integrating health and social care systems, and the progress the Department of Health (DH), the Department for Communities and Local Government (DCLG) and NHS England have made towards integrating health and social care services. The National Audit Office (NAO) finds that nearly 20 years of initiatives to join up health and social care by successive governments has not led to system-wide integrated services; and that the DH, DCLG and NHS England have not yet established a robust evidence base to show that integration leads to better outcomes for patients., sustainable financial savings or reduced hospital activity. Although initiatives such as the Better Care Fund have improved joint working and achieved improvements in some areas, the savings or service targets predicted for 2015-16 have not been achieved. The report recommends establishing the evidence base for what works in integrating health and social care as a priority; and reviewing whether current approaches to integrated health and social care services being developed, trialled and implemented are the most appropriate and likely to achieve the desired outcomes. It identifies three main barriers to integration, especially in local areas: misaligned financial incentives, workforce challenges, and reticence over information sharing. Planning for integration needs to be on a whole-system basis, with the NHS and local government as equal partners; and appropriate national structures need to be put in place to align and oversee all integration initiatives as a single, coordinated programme. Their development of measures that capture the progress of implementing more patient-centred integrated care needs to be completed. (RH)
From: https://www.nao.org.uk/wp-content/uploads/2017/02/Health-and-social-care-integration.pdf

236/73 Health benefits for health and social care clients attending an integrated Health and Social Care day unit (HSCDU): a before-and-after pilot study with a comparator group; by Fiona Murphy, Laura Hugman, Judith Bowen (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 492-504.
It is thought that integrating health and social care provision can improve services, yet few evaluations of integrated health and social care initiatives have focused on changes in clinical

outcomes and used comparator groups. This pilot study in South Wales aimed to identify whether attendance at an integrated health and social care day unit (IHSCDU) affected selected outcomes of functional mobility, number of prescribed medications, and physical and psychological well-being. A secondary aim was to examine the utility of the tools to measure these outcomes in this context; the feasibility of the recruitment and retention strategy, and the utility of the comparator group. A before-and-after comparison design was used with non-randomised intervention and comparator arms. The intervention group comprised 30 service users attending the IHSCDU; the comparator group comprised 33 service users on a community nursing caseload. Measures of functional mobility (Barthel's Index) and physical and psychological well-being (Short Form Health Survey, SF-12r) were taken from all participants in both groups at three data collection points: baseline, 4 and 9 months later, between November 2010 and September 2012. No significant changes were noted in functional mobility and psychological well-being; and the number of medications prescribed increased in both groups. There was a trend towards a significant difference between study groups in the change in the SF-12r physical health outcome measure. This outcome measure could be usefully explored in future studies. The recruitment and retention strategy was feasible, although the comparator group had some limitations in not being closely matched in terms of age, functional mobility and mental well-being. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

INTERGENERATIONAL ISSUES

(See Also 236/34)

236/74 As time goes by: shifting incomes and inequality between and within generations; by Adam Corlett, Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, February 2017, 46 pp.
This is the Resolution Foundation's fourth report for the Intergenerational Commission, and builds on previous work on the earnings of different generations. It examines household income, specifically changes in income and changes in inequalities between and within different generations. It looks at income differences between and within the generations, to consider intergenerational fairness in a wider context. It explores the reasons for and implications of one of the biggest living standards shifts of recent years: a significant relative rise in the increase of retired households relative to working age households. While average incomes of each generation have consistently been higher than those of previous generations when they were the same age, so far, this has not held true for millennials (those born between 1982 and 2000): their incomes after housing costs are no higher than generation X before them. (RH)
From : http://www.intergencommission.org/publications/as-time-goes-by-shifting-incomes-and-inequality-between-and-within-generations/

236/75 Intergenerational inequity arguments and the implications for state-funded financial support of older people; by Karen Hurley, Mary Breheny, Keith Tuffin.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 561-580.
As population demographics shift towards an older population structure in the Western world, concerns about the future costs of pensions are apparent in politics, media and everyday conversations. In New Zealand, the universal state-funded pension paid to all citizens over the age of 65 years is often considered to be unsustainable in the context of population ageing. To examine the arguments surrounding universal superannuation, rhetorical analysis was undertaken on two New Zealand newspaper articles that discussed the future cost of pensions, and the 233 public responses these articles generated. The cost of superannuation was used to emphasise the different characteristics of each generational cohort and the ways that this produced inequity across generations. Claims of intergenerational inequity generated antagonism and widened divisions between generational groups. Foregrounding generational inequity in the discussion of superannuation has profound implications for state-funded income support for older people, which relies upon widespread public support. Intergenerational inequity ignores the significant inequity in health and social circumstances in retirement among older New Zealanders, and overlooks the significant impact of universal superannuation on protecting older New Zealanders from poverty in later life. (RH)
ISSN: 0144686X From : cambridge.org/aso

INTERNATIONAL AND COMPARATIVE

(See 236/7, 236/27, 236/45, 236/47, 236/52, 236/59, 236/60, 236/66, 236/78, 236/88, 236/94, 236/97, 236/103, 236/108)

LEISURE

236/76 Gender differences in leisure patterns at age 50 and above: micro and macro aspects; by Dana Avital.: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 139-166.
The current paper seeks to explore whether there are differences in leisure patterns among men and women aged 50 and above, and whether the characteristics of one's country of residence influence these patterns. Data were obtained from the first wave of the Survey of Health, Ageing and Retirement in Europe (SHARE 2004/05), as well as from the database of the Organisation for Economic Co-operation and Development (OECD). The research population comprised 7,769 men and 9,337 women aged 50 and above from 11 European countries. Three clustered-robust logistic regression models examined the likelihood of participating in one or more of three leisure activities: going to sport or social clubs, participating in a course or educational class, and volunteering. Three Blinder-Oaxaca decompositions were used to examine gender gaps in participation in each activity. At the micro level, the results showed that men were more active than women, and that men were also less influenced by the observed characteristics. In addition, retirement only increased the likelihood of participating in sports club activities for men. At the macro level, the country's expenditure on culture and recreation was found to contribute significantly to women's participation in leisure activities, especially those in which most of the participants are men. In addition, macro variables as a whole were found to reduce the contribution of the observed micro characteristics. The main conclusion of the study is that the macro factors, especially the country's expenditure on culture and recreation as a percentage of the Gross Domestic Product (GDP), contribute substantially to reducing the gender gap in participation in leisure activities in older age. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

LGBT

(See 236/99)

LONELINESS AND SOCIAL ISOLATION

236/77 An investigation into the patterns of loneliness and loss in the oldest old: Newcastle 85+ study; by Katie Brittain, Andrew Kingston, Karen Davies (et al).: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 39-62.
Old age is often characterised as being associated with neglect, isolation and loneliness, not least since established risks factors for loneliness include widowhood, living alone, depression and being female. Cross-sectional data have challenged the notion that loneliness is especially an old-age phenomenon, but longitudinal data on loneliness is scarce. Moreover, an under-represented group in previous studies are the oldest old, those aged 85 years and more. This paper addresses these knowledge gaps using data from the Newcastle 85+ Study, a large population-based cohort aged 85 years at first interview, with follow-up interviews at 18 months and three years. At baseline over half (55%) reported being always or often alone, and 41% reported feeling more lonely than ten years previously, although only 2% reported always feeling lonely. Women spent more time alone than men, and reported more loneliness both currently and compared to the past. Length of widowhood was a key factor, with those recently widowed having twice the risk of feeling lonely and those widowed for five or more years having a lower risk of reporting increased loneliness. Overall, the findings show that loneliness is a minority experience in the oldest old, but is strongly driven by length of widowhood, challenging the notion that loneliness in later life is a static experience. (RH)
ISSN: 0144696X From : journals.cambridge.org/aso

236/78 Promoting social capital to alleviate loneliness and improve health among older people in Spain; by Laura Coll-Planas, Gabriela del Valle Gomez, Petra Bonilla (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 1, January 2017, pp 145-157.
Loneliness is especially frequent among older people in Southern Europe. Furthermore, promoting social capital to tackle loneliness and its health effects is an understudied intervention strategy. A complex intervention piloted in Spain in a pre-post study with 2-year follow-up aimed to explore the feasibility of the intervention and its short- and long-term effects. It was conducted in one mixed rural-urban and two urban areas of diverse socioeconomic levels from 2011 to 2012. The intervention framework was based on social capital theory applying a behaviour change model and care co-ordination. The intervention comprised: a co-ordinated action aimed at building a network between primary healthcare centres and community assets in the neighbourhood; and a group-based programme, which promoted social capital among lonely older people, especially social support and participation. Older people active in senior centres volunteered as gatekeepers. The main outcome domain was loneliness. Secondary outcome domains were participation, social support, self-perceived health, quality of life, depressive symptoms and use of health resources.

Pre-post changes were assessed with t-test, Wilcoxon signed-rank test and McNemar's test. Differences between the three time points were assessed with a one-way ANOVA with repeated measures. Social workers and nurses were successfully involved as group leaders: 10 volunteers took part and 38 participants were included. After the intervention, loneliness decreased, while social participation and support significantly increased. Furthermore, the number of visits to nurses increased. 65.8% of the participants built social contacts within the group, and 47.4% became engaged in new activities. Two years later, social effects were maintained and depressive symptoms had decreased. 44.7% of the participants continued to be in contact with at least one person from the group, and 39.5% continued to participate. The intervention contributes a novel and feasible social capital-based approach for alleviating loneliness among older adults, while prompting meaningful changes in their lives. (RH)
ISSN: 09660410   From : wileyonlinelibrary.com/journal/spol

LONG TERM CARE

236/79 Flexible and affordable methods of paying for long term care insurance; by Les Mayhew, Ben Rickayzen, David Smith, Faculty or Actuarial Science and Insurance, Cass Business School, City University London; International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, January 2017, 30 pp.
With the dramatic increase expected in the number of older people requiring care and the tightening of public funding, individuals will be increasingly expected to contribute to and plan for their own care in later life. However, history shows us that people are very reluctant to save for their care, to the extent that there are no longer any providers of pre-funded long-term care insurance products in the UK to help address this problem. The authors consider a product which is a disability-linked annuity that provides benefit payments towards the cost of both domiciliary and residential nursing care. They also explore different methods of funding long term care insurance, by investigating four methods of payment: a one-off, up-front lump sum premium; a regular monthly or annual premium which ceases if and when benefits are triggered; a payment after death or entering long-term residential care using the value of the home upon sale, based on either a percentage of the housing equity, or at an agreed monetary amount. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Flexible_and_Affordable_Care_Insurance.pdf

MENTAL CAPACITY

236/80 What do we know about the application of the Mental Capacity Act (2005) in healthcare practice regarding decision-making for frail and older people?: A systematic literature review; by Kathryn Hinsliff-Smith, Ruth Feakes, Gillian Whitworth (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 295-308.
In England and Wales, decision-making in cases of uncertain mental capacity is regulated by the Mental Capacity Act 2005. The Act provides a legal framework for decision-making for adults (16 and over) who are shown to lack capacity and where best interest decisions need to be made on their behalf. Frail older people with cognitive impairments represent a growing demographic sector across England and Wales for whom the protective principles of the Act have great relevance, as they become increasingly dependent on the care of others. However, while the Act articulates core principles, applying the Act in everyday healthcare contexts raises challenges for care providers in terms of interpretation and application. This paper presents a review of the published evidence documenting the use of the Act in healthcare practice, with particular reference to frail older people. The aim was to identify, review and critically evaluate published empirical studies concerned with the implementation and application of the Act in healthcare settings. A systematic approach was undertaken with pre-determined exclusion and inclusion criteria applied across five electronic bibliographic databases, combined with a manual search of specific journals. This review reports on 38 empirical sources which met the inclusion criteria published between 2005 and 2013. From the 38 sources, three descriptive themes were identified: knowledge and understanding, implementation and tensions in applying the Act, and alternative perspectives of the Act. There is a need for improved knowledge and conceptualisation to enable successful incorporation of the Act into everyday care provision. Inconsistencies in the application of the Act are apparent across a variety of care settings. This review suggests that staff need more opportunities to engage, learn and implement the Act, in order for it to have greater resonance to their individual practice and ultimately benefit patient care. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

MENTAL HEALTH

(See Also 236/46)

236/81 A comparison of cognitive functioning in long-term care and short-stay nursing home residents; by William E Mansbach, Ryan A Mace, Kristen M Clark, Isabella M Firth.: Cambridge University Press.

Ageing and Society, vol 37, no 1, January 2017, pp 1-13.

It can be challenging to provide person-centred care for individuals with cognitive impairment if they are unable to communicate their needs to facility providers clearly. The high base rates of dementia and mild cognitive impairment (MCI) in US nursing homes is well documented. However, our understanding of the unique prevalence of cognitive levels in long-term care and short-stay residents is limited. The authors aim is to determine whether there are significant differences in specific cognitive levels between these two groups. Long-term care and short-stay residents (N = 579) were randomly selected from 18 Maryland, US skilled nursing facilities; 345 met inclusion criteria for participation (mean age 79.41) and completed a cognitive test (Brief Cognitive Assessment Tool (BCAT)). Based on BCAT scores, 78.9 per cent of the long-term care residents had dementia compared to 61.4 per cent for short-stay residents. The proportions of MCI, mild, and moderate to severe dementia were significantly different between the two groups (p = 0.00). The odds of residents having moderate to severe dementia were 2.76 times greater for long-term care compared to short-stay residents. BCAT total and factor scores were significantly different between long-term care and short-stay nursing home residents (p 0.001). The authors discuss the implications of these empirical findings in terms of facilitating person-centred care in nursing homes. (RH)

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From : journals.cambridge.org/aso

MIGRATION

236/82 Does it matter where the children are?: The wellbeing of elderly people 'left behind' by migrant children in Moldova; by Jennifer Waidler, Michaella Vanore, Franziska Cassmann, Melissa Siegal.: Cambridge University Press.

Ageing and Society, vol 37, no 3, March 2017, pp 607-632.

The well-being of Moldovan ageing parents 'left behind' by adult migrant children in Moldova is empirically evaluated. Using data from a nationally representative household survey conducted in 2011-12 in Moldova, the well-being outcomes of older individuals aged 60 and older with and without adult children living abroad are compared (N = 1,322). A multi-dimensional well-being index was constructed on the basis of seven indicators within four dimensions of well-being: physical health, housing, social well-being and emotional well-being. Probit regressions were used to predict the probability of an older individual being considered well in each indicator and then on total index level. The results reveal that older people with an adult migrant child have a higher probability of being well in one physical health indicator. However, following correction for the selectivity of migration using an instrumental variable approach, the migration of an adult child is no longer found to predict significantly the older parents' well-being in any dimension, suggesting that migration bears limited consequences for well-being. (RH)

ISSN: 0144686X

From : cambridge.org/aso

236/83 Refining the push and pull framework: identifying inequalities in residential relocation among older adults; by An-Sofie Smetcoren, Liesbeth De Donder, Sarah Dury (et al).: Cambridge University Press.

Ageing and Society, vol 37, no 1, January 2017, pp 90-112.

Older people consider moving home when there is a discrepancy between actual and desired living conditions. This study builds on the classic push and pull framework described in the early work of Lee and Wiseman, by identifying whether or not individual differences among older people can be predictive for certain push and pull reasons (such as housing, health, neighbourhood and social contact). On the basis of data from the Belgian Ageing Studies (N = 35,402), it was found that 13.9% of older respondents had moved in the last ten years (N = 4,823). An analysis of the movers revealed inequalities in the reasons for moving in later life and raises the question of whether a relocation is voluntary (being able to move) or involuntary (being forced to move). Respondents with lower household incomes and poor mental health were significantly more likely to have moved, because of stressors pushing them out of their previous dwelling, whereas older people with higher household incomes or home-owners were mainly pulled towards a more attractive environment. (RH)

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From : journals.cambridge.org/aso

NEIGHBOURHOODS AND COMMUNITIES

236/84 Ageing well in the right place: partnership working with older people; by Judith Sixsmith, Mei Lan Fang, Ryan Woolrych (et al).: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 40-48.
The provision of home and community supports can enable people to successfully age-in-place by improving physical and mental health, supporting social participation, and enhancing independence, autonomy and choice. One challenge concerns the integration of place-based supports available as older people make the transition to affordable housing. Sustainable solutions need to be developed and implemented with the full involvement of communities, service organisations and older people themselves. Partnership building is an important component of this process. This paper details the intricacies of developing partnerships with low-income older people, local service providers and nonprofit housing associations in the context of a Canadian housing development. A community-based participatory approach was used to inform the data collection and partnership building process. The partnership building process progressed through a series of democratised committee meetings based on the principles of appreciative inquiry, four collaboration cafes with nonprofit housing providers, and four community mapping workshops with low-income older people. Data collection also involved 25 interviews and 15 photovoice sessions with the housing tenants. The common aims of partnership and data collection were to understand the challenges and opportunities experienced by older people, service providers and nonprofit housing providers; identify the perspectives of service providers and nonprofit housing providers for the provision and delivery of senior-friendly services and resources; and determine actions that can be undertaken to better meet the needs of service providers and nonprofit housing providers in order to help them serve older people better. The partnership prioritised the generation of a shared vision together with shared values, interests and the goal of co-creating meaningful housing solutions for older people moving into affordable housing. Input from interviews and photovoice sessions with older people provided material to inform decision making in support of ageing well in the right place. Attention to issues of power dynamics and knowledge generation and feedback mechanisms enable all fields of expertise to be taken into account, including the experiential expertise of older residents. This resulted in functional, physical, psychological and social aspects of ageing in place to inform the new build housing complex. The findings confirm that the drive toward community partnerships is a necessary process in supporting older people to age well in the right place. This requires sound mechanisms to include the voice of older people themselves alongside other relevant stakeholders. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop

236/85 Developing a dementia-friendly Christchurch: perspectives of people with dementia; by Karen Smith ... (et al).: Wiley.
Australasian Journal on Ageing, vol 35, no 3, September 2016, pp 188-192.
Christchurch, New Zealand has a unique potential to rebuild as a dementia-friendly city in the wake of the 2010 and 2011 earthquakes. The present study gathered insights from people with dementia about what would make it possible for them to live better in that city. 26 older people living with dementia were interviewed using a semi-structured questionnaire. Interviews were transcribed for thematic analysis. Participants talked about the importance of being connected and engaged; of accommodation from service providers and others in the community and raising awareness of dementia, and attributes of the physical environment requiring consideration in the rebuild. The themes that emerged about what people with dementia themselves seek from dementia-friendly communities reinforce previous research, but with an overlay of the difficulties of living in an earthquake-damaged city. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

236/86 Developing a strategy for age-friendly Greater Manchester; by Chris Phillipson, Manchester Institute for Collaborative Research on Ageing - MICRA. Manchester: University of Manchester, February 2017, 24 pp.
Greater Manchester (GM) aims to become the UK's first 'age-friendly region'. This report outlines a strategy to help achieve this, by identifying a range of policy options, which build on evidence about demographic, social and economic changes that are likely to affect the region over the next two decades. Eight themes are discussed: Theme 1: Developing a regional policy on age-friendly issues; Theme 2: Promoting age-friendly programmes is a framework for social inclusion; Theme 3: Demographic change and age-friendly environments; Theme 4: Developing age-friendly neighbourhoods; Theme 5: Developing Greater Manchester as an age-friendly region for black and minority ethnic (BME) groups; Theme 6: Promoting good-quality housing as the key to age-friendly communities; Theme 7: Developing an age-friendly employment policy; and Theme 8: Promoting an age-friendly environment in Greater Manchester. The report should be viewed as a contribution to the work of the GM Ageing Hub, established in 2016 to bring together

knowledge, resources and expertise, with the ambition to develop the city region as an international centre of excellence for ageing. (RH)
From : http://hummedia.manchester.ac.uk/institutes/micra/news/report.pdf

OLDER WOMEN

(See 236/15)

OLDEST OLD

(See 236/77)

ORAL HEALTH

236/87 Improving oral health for older people in the home care setting: an exploratory implementation study; by Adrienne Lewis, Alison Kitson, Gill Harvey.: Wiley.
Australasian Journal on Ageing, vol 35, no 4, December 2016, pp 273-280.
The aim of this study was to explore how home care providers can support older people to maintain good oral health through implementing a model called Better Oral Health in Home Care (BOHHC). A mixed method, pre- to post-implementation design was used. The Promoting Action on Research Implementation in Health Services framework informed the model's implementation process. High levels of dental need were identified at pre-implementation. Older people self-reported significant oral health improvements following the introduction of tailored home care strategies by care workers, who in turn reported a better understanding and knowledge of the importance of oral care for older people. The BOHHC Model provided an evidence-based approach for community-based prevention and early detection of oral health problems. Improving oral health for older people in the home care setting has significant practice and policy implications which require ongoing intersectoral facilitation involving aged care, vocational health education and dental sectors. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag

PALLIATIVE CARE

(See 236/50, 236/51)

PARTICIPATION

236/88 Barriers to the retention of older participants in political organisations: evidence from Spain; by Rodrigo Serrat. Andrea Petriwskyj, Feliciano Villar, Jeni Warburton.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 581-606.
It has been argued that older people's civic engagement has benefits for both individuals themselves and the community more broadly. Therefore, removing barriers to participation is essential. However, the multi-dimensional nature of civic participation, as well as the different issues raised by recruitment and retention, complicate this. This study explores the barriers to retention of Spanish older people in political organisations as one important type of participation that has received little attention in the literature to date. A total of 192 people aged 65 and over and actively engaged in three kinds of political organisation participated in this study. Participants answered an open-ended question regarding perceived barriers to continued involvement. Results show a range of reasons for potential future disengagement from political organisations. These barriers fit into three overarching categories related to changes in means, motives or the opportunity context for participation. Means-related barriers were by far the most frequently identified type of barrier. Both the type of organisation and some socio-demographic and participatory characteristics have an impact on the reasons respondents indicated they may potentially stop participating in future. Results suggest the necessity of a more nuanced and multi-faceted approach to understanding barriers to participation. In particular, political organisations should take into account the specific characteristics of the individuals and organisations they are targeting when developing retention strategies. (RH)
ISSN: 0144686X From : cambridge.org/aso

PENSIONS AND BENEFITS

(See 236/75)

PHYSICAL ACTIVITY

236/89 The evaluation of an exercise program for older rural adults; by Luis Paschoa, Candace Ashton.: Taylor and Francis.
Activities, Adaptation and Aging, vol 40, nos 1-4, 2016, pp 67-77.
Rural older people have unique characteristics related to physical activity behaviour (Solomon, Rees, Ukoumunne, Metcalf, & Hillsdon, 2014): they face obstacles to participating in organised fitness activities, and thus often find healthy active living a challenge. This study aimed to evaluate a walking and chair exercise programme for older adults in a rural community that focused on reducing sedentary behaviours and the problems caused by such behaviours. Seventeen older adults (aged 55-89) completed a 9-week, 18-session exercise programme at a municipal recreation centre. All the intended outcomes of the programme were met. This article presents the findings of the evaluation and provides directions for developing, implementing, and evaluating an exercise programme for rural older adults. (RH)
ISSN: 01924788
From : http://www.tandfonline.com

QUALITY OF LIFE

(See 236/56)

REMINISCENCE

236/90 Life story work that brought wide benefits; by Steve Wood, Mary Kennedy, Peter Martin.: Hawker Publications.
Journal of Dementia Care, vol 25, no 1, January-February 2017, pp 26-28.
A life story work (LSW) project in an Essex NHS Trust both facilitated reminiscence and had much wider benefits in supporting people to live well. The authors report on the positive feedback they received from project participants, and the benefits of LSW to person-centred care for people with dementia. (RH)
ISSN: 13518372 From : www.careinfo.org

RESEARCH

236/91 Psychologies of ageing: research, policy and practice: special issue; by Michael Murray, Carol Holland, Elizabeth Peel (eds).: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 1-58.
A frequent concern of older people and of those who work with older people is that research is often divorced from reality and does not inform everyday practice. This special issue of Working with Older People aims to provide a forum for researchers, policy makers and practitioners, to discuss particular initiatives and topics relevant to people as they age. Pairs of articles examine three overarching themes. The first, is on ageing identities: advance decisions and issues of autonomy; and how an adaptation coping model developed in the Netherlands can be applied to a UK context, to help people and their carers living with dementia to adjust to change. The second concerns ageing lifestyles: the development of policies designed to enhance quality of life; and the prevention of cognitive decline and dementia. The third relates to ageing in place: the character of home and community support, based on an empirical study from Canada; and discretionary mobility and how older people feel about restrictions on their mobility. (RH)
ISSN: 13663666 From : www.emeraldinsight.com/loi/wwop

RESIDENTIAL AND NURSING HOME CARE

(See Also 236/20, 236/21, 236/25, 236/39, 236/81, 236/99)

236/92 The impact of improved environment in a care home; by Stephen Abbott, Mary Birken, Julienne Meyer.: Hawker Publications.
Journal of Dementia Care, vol 24, no 6, November-December 2016, pp 23-25.
The authors describe the findings of an evaluation of environmental improvements carried out in a care home for people with dementia, looking in detail at the views of care staff. Semi-structured interviews were carried out with 25 staff about the care home's post-refurbishment environment as a place to live, work or visit. Three themes emerged from the data: impacts on residents and staff; differing views on 'homeliness'; and that environmental design alone is not enough. The article concludes that a high quality physical environment is a necessary, but not sufficient condition for good care for people with dementia. Other factors identified as important were a flexible approach to the social environment, fully accessible social spaces, and an emphasis on homeliness in all its aspects. (RH)
ISSN: 13518372 From : www.careinfo.org

236/93 Rapid decrease in length of stay in institutional care for older people in Sweden between 2006 and 2012: results from a population-based study; by Par Schon, Marten Lagergren, Ingemar Kareholt.: Wiley.
Health and Social Care in the Community, vol 24, no 5, September 2016, pp 631-638.
There is limited knowledge about older people's length of stay (time until death) in institutional care and how it has changed over time. ThIs study aimed to analyse changes in the length of stay for older people in institutional care between 2006 and 2012. All people aged 65+ living in Kungsholmen (an urban area of Stockholm), who moved to an institution between 2006 and 2012, were included (N = 1103). The data source was the care system part of a longitudinal database, the Swedish National Study on Ageing and Care (SNAC). The average length of stay was analysed using Laplace regression for the 10th to the 50th percentile for the years 2006-2012. The regressions showed that in 2006, it took an average of 764 days before 50% of those who had moved into institutional care had died. The corresponding figure for 2012 was 595 days, which amounts to a 22.1% decrease over the period studied. For the lower percentiles, the decrease was even more rapid, for example for the 30th percentile, the length of stay reduced from 335 days in 2006 to 119 days in 2012, a decrease of 64.3 per cent. The most rapid increase was found in the proportion that moved to an institution and died within a short time period. In 2006, the first 10% had on average died after 85 days, in 2012 after only 8 days, a decrease in the length of stay of 90.5 per cent. In general, there was a significant decrease in the length of stay in institutional care between 2006 and 2012. The most dramatic change over the period studied was an increase in the proportion of people who moved into an institution and died shortly afterwards. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/94 Trajectories of care home residents during the last month of life: the case of France; by Sophie Pennec, Joelle Gaymu, Elisabeth Morand (et al).: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 325-351.
This paper examines some demographic and medical factors associated with the likelihood of residing in a care home during the last month of life for people aged 70 and over in France and, if so, of remaining in the care home throughout or being transferred to hospital. The data are from the Fin de vie en France (End of Life in France) survey undertaken in 2010. During the last month of life, very old people are more likely to be living in a care home but are not less likely to be transferred to hospital. Medical conditions and residential trajectories are closely related. People with dementia or mental disorders are more likely to live in a care home and, if so, to stay there until they die. Compared to care homes, a more technical and medication-based approach is taken in hospitals; and care home residents who are transferred to hospital more often receive medication, while those remaining in care homes more often receive support from a psychologist. In hospitals as in care homes, few older people had recourse to advance directives, and hospice programmes were not widespread. Promoting these two factors may help to increase the quality of end of life and facilitate an ethical approach to end-of-life care. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

RESILIENCE

(See Also 236/108)

236/95 Older people as assets in disaster preparedness, response and recovery: lessons from regional Australia; by Amanda Howard, Tamara Blakemore, Miriam Bevis.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 517-536.
This article reports on findings from a qualitative research study on natural disaster preparedness in 'at risk' population groups in regional Australia. In particular, it reports on findings highlighting the key and often unrecognised role played by many older people in developing and maintaining local informal networks, activated repeatedly before, during and after natural disasters. The article outlines major themes in recent literature on community resilience and social capital in disaster preparedness, response and recovery; and the design and implementation of the current study in which, 17 focus groups were held with 'at risk' groups across three communities and findings in relation to the role of older people. The implications from these findings are discussed in the context of community-based disaster preparedness strategies. Findings point to older people as critical, community assets in local neighbourhoods, contributing both their experience and relationship-building capacity to prepare themselves for natural disasters. In addition, there was clear evidence of older people sharing resources and experience in support of others of all ages in responding to and recovering from natural disasters. Older people in the research were found both to generate and mobilise social capital at a local level in disaster preparedness, response and recovery. (RH)
ISSN: 0144686X From : cambridge.org/aso

RETIREMENT

(See Also 236/29)

236/96 You can't always get what you want: actual and preferred ages of retirement in Europe; by Nadia Steiber, Martin Kohli.: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 352-385.
Using data from the European Social Survey fielded in 2010/11, this study presents new evidence on retirement preferences in Europe. It investigates retirees' preferred and actual ages of retirement, focusing on the retirement window 1995-2011. Moreover, it reports on the prevalence of mismatch in the form of involuntary retirement (retiring earlier than preferred) and involuntary work (retiring later than preferred). The study identifies substantial shares of retirees who are affected by a mismatch between their preferred and actual ages of retirement. In the majority of the countries analysed, at least 30% of retirees would have preferred to continue working past the age at which they retired, while in a number of countries, sizeable shares of retirees report involuntary work. The risk factors for involuntary retirement include the experience of late-career job loss, unemployment, job exits for health reasons, and, in the case of women, working in higher-status occupations. The risk factors for involuntary work include fatherhood and, in the case of women, part-time work. As a result of rising actual ages of retirement, the risk of involuntary retirement has decreased for more recent retirement cohorts, while due to pension reforms that have tightened eligibility rules for early retirement, men's risk of involuntary work has increased. However, involuntary retirement is still more prevalent than involuntary work. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

RURAL ISSUES

(See Also 236/60)

236/97 No one to fill my shoes: narrative practices of three ageing Australian male farmers; by Zoe O'Callaghan, Jeni Warburton.: Cambridge University Press.
Ageing and Society, vol 37, no 3, March 2017, pp 441-461.
Ageing Australian farmers face many uncertainties associated with wider social, economic and climate change. Significantly for many farmers, ageing means the end, not only of a life-long occupation, but the end of the farm that has often been in the family for many generations. In turn, the prospect of this discontinuity breaches long-held cultural images of Australian farming and farmers. For individual male farmers approaching retirement age, the lack of succession and discontinuation of the family's ownership of, and attachment to the land, poses threats for social and personal identity. This paper examines the narratives of three male, baby-boom Australian farmers to tease out the impact of ageing and the possible loss of the family farm on the ways that they construct their situations and their self-identity. It illustrates the narrative practices that these men employ as they work to validate their self-identities within particular narrative environments, and through a range of outmoded and contemporary material conditions that mediate their selves and lives. The approach exemplified in this paper focuses on the processes and phases of analysis to show how the farmers craft their narrative as well as the individuality, complexity and coherence of their accounts. (RH)
ISSN: 0144686X
From : cambridge.org/aso

SEXUALITY

236/98 "How long will I love you?": sex and intimacy in later life; by David Lee, Josie Tetley, Manchester Institute for Collaborative Research on Ageing - MICRA; Manchester Metropolitan University - MMU; International Longevity Centre - UK - ILC-UK. London: ILC-UK, February 2017, 18 PP.
Using data from wave 6 of the English Longitudinal Study of Ageing (ELSA), 2012-2013, this report summarises findings from the Sexual Relations and Activities Questionnaire (SRA-Q) that was used as part of the ELSA study. The report makes recommendations for practice and policy that can make a difference to the ways in which we can 'do our best' to support the sexual and intimate lives of older adults. More than 7,000 men and women aged 50 to 90+ living in England completed the questionnaire, of whom 1,084 oprovided additional qualitative data. The report covers three key themes around sexuality and ageing: commonly reported age-related sexual problems; ageing-related adaptations to sexual activities and intimacy within the context of a partnered relationship; and how sexual health and satisfaction are closely linked to broader measures of happiness and well-being. A concluding section considers how our changing appreciation of the importance of positive sexuality and intimacy in later life may have

implications for both policy and practice. Thus, the report calls for health care professionals to recognise the importance of older people's sexual health. (RH)
From : http://www.ilcuk.org.uk/images/uploads/publication-pdfs/ILC-UK_-_How_Long_Will_I_Love_You.pdf

236/99 Old(er) care home residents and sexual/intimate citizenship; by Paul Simpson, Maria Horner, Laura J E Brown (et al).: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 243-265.
Sexuality and intimacy in care homes for older people are overshadowed by concern with prolonging physical and/or psychological autonomy. When sexuality and intimacy have been addressed in scholarship, this can reflect a sexological focus concerned with how to continue sexual activity with reduced capacity. The authors review the (Anglophone) academic and practitioner literatures bearing on sexuality and intimacy in relation to older care home residents (though much of this applies to older people generally). They highlight how ageism (or ageist erotophobia), which defines older people as post-sexual, restricts opportunities for the expression of sexuality and intimacy. In doing so, they draw attention to more critical writing that recognises constraints on sexuality and intimacy; and they indicate solutions to some of the problems identified. They also highlight problems faced by lesbian, gay, bisexual and trans (LGBT) residents who are doubly excluded from sexual and/or intimate citizenship, because of ageism combined with the heterosexual assumption. Older LGBT residents and individuals can feel obliged to deny or disguise their identity. The authors conclude by outlining an agenda for research based on more sociologically informed practitioner-led work. (RH)
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From : journals.cambridge.org/aso

SLEEP

236/100 Sleep, health and aging: an interdisciplinary workshop; by International Longevity Center, USA (ILC-USA). New York: International Longevity Center, USA, [2003], 26 pp (Workshop report).
A report of a consensus workshop of leading researchers on sleep and ageing who reviewed and evaluated current information and data on: good sleep as part of a healthy lifestyle throughout life; sleep problems in mid-life and in older people; and treatment and interventions for improving sleep throughout life. The workshop was sponsored by International Longevity Center, USA (ILC-USA), MetLife Foundation, Institute for the Study of Aging; National Institute on Aging, and Canyon Ranch Health Resort. (RH)
From : International Longevity Center, USA, 60 East Side Street, New York, NY 10028.

SOCIAL CARE

(See Also 236/19, 236/21)

236/101 Consumer directed care in Australia: early perceptions and experiences of staff, clients and carers; by Liz Gill, Nikki McCaffrey, Ian D Cameron (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 478-491.
The study aimed to identify the shared issues and challenges being experienced by staff, their clients and informal carers, with the introduction of Consumer Directed Care (CDC). Secondary analysis was undertaken of data that had been initially collected, via semi-structured in-depth interviews, to inform the development of a discrete choice experiment. The raw staff and client/carer data were re-examined using an iterative inductive process. The analysis focused on locating the shared themes and differences between the participant groups based on their CDC experience. The data were also assessed for difficulties or barriers that impacted on the service. Four broad shared themes were derived: culture, role change, operational systems and resourcing, but with a range of diverse and sometimes conflicting sub-themes between the different participant groups. Differences can be linked to participant role in the service chain, with discordance emerging between what has been traditionally offered and what might be possible. This investigation occurred during the period in which services were transitioning from a traditional aged care service model to a new model of service provision requiring considerable industry change. The authors conclude that existing industry regulation, culture and practice supports an established service model in Australia that arguably makes translation of the objectives of CDC difficult. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/102 Exploring aged care business models: a typological study; by Erez Nusem, Cara Wrigley, Judy Matthews.: Cambridge University Press.
Ageing and Society, vol 37, no 2, February 2017, pp 386-409.
Australian providers of aged care are facing a rapidly ageing population and growth in demand

for services. Beyond a sheer increase in consumers and major regulatory changes from Federal Government, many customers are becoming progressively discontented with a medically dominated model of care provision. This period of turbulence presents an opportunity for new entrants and forward-thinking organisations to disrupt the market, by designing a more compelling value offering. Under this line of inquiry, the researchers conducted a qualitative content analysis study of over 37 Australian aged care organisations, clustering providers into six business model typologies: traditional services, private health, alternative retirement, family operated, Health & Home, and wellness provider. The study revealed that providers of aged care are becoming increasingly aware of emerging customer needs, and, in addressing these needs, are seeking to establish innovative models of care provision. This paper therefore presents a future model of care, along with implications for practice and policy. (RH)
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236/103 Factors determining the use of social support services among elderly people living in a city environment in Poland; by Monika Burzynska, Marek Bryla, Pawel Bryla, Irena Manlecka-Bryla.: Wiley.
Health and Social Care in the Community, vol 24, no 6, November 2016, pp 758-768.
Ageing populations entail important social issues. The population of Lodz is characterised by the highest ageing ratio in Poland (17.2% people are aged 65 or over). This study presents factors determining the use of social support services in the subpopulation of older people in a city environment. The study was conducted between 2011 and 2012, and used a survey questionnaire; the 466 respondents were aged 65 or older, who were looked after by the Municipal Social Welfare Centre, Lodz-Polesie. The response rate was 93.2%. Most beneficiaries were women (77.9%). The respondents were mostly widows (73.9% of women) or widowers (43.7% of men). Most respondents applied for nursing services (79.7%), while 28.3% asked for financial help. In Lodz as a whole, these percentages were 81.0% and 19.0%. A chronic disease was the most common cause of the application for help (73.4%). In 4.1% of applicants, the cause was a low income per capita. Multivariate logistic regression analysis indicated that the variables which contributed to receiving financial support included being a man, aged 65-69 years, being single and receiving a monthly salary per capita below 500.0 PLN (Polish New Zlotys). The variables which contributed to receiving social care services in the form of nursing services included being a woman, being aged 85 years or older, receiving a monthly salary per capita between 1001.0 and 1500.0 PLN, suffering from a chronic disease, which was a reason for applying for social support service, a result on the Activities of Daily Living (ADL) scale confirming disability, and a very negative self-evaluation of health. The results of the study have shown that the poor health condition of older people is the most frequent reason for applying for social services. Identifying reasons for older people applying for social care might facilitate the introduction of workable solutions in the social and healthcare policy.
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

236/104 Leading good care: the task, heart and art of managing social care; by John Burton. London: Jessica Kingsley, 2015, 207 pp.
To lead good care, social care managers must have professional and personal authority: a clear understanding of the core task and the emotional challenges of care, and the imagination to create an organisation or team dedicated to meeting people's needs. This guide gives managers the understanding of systems of care and aims to inspire them to take the lead. Using the stories of four managers leading four different care services, the author explains the key issues and shows how, by focusing on the core task and taking the authority to lead, managers can transform social care. (RH)
From : Jessica Kingsley, 73 Collier Street, London N1 9BE.
www.jkp.com

236/105 Perceptions of unmet needs for community social care services in England: a comparison of working carers and the people they care for; by Nicola Brimblecombe, Derek King, Martin Knapp.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 435-446.
Previous UK research has found expressed unmet need for services by unpaid working carers and among disabled and older people. However, there are suggestions from research that views on unmet needs for services differ between carers and care-recipients. Working carers in the UK say that the care-recipient is sometimes reluctant to accept services, and the few international comparative dyad studies that have been carried out find that carers perceive higher unmet need than care-recipients. Recent policy discussions in England have also recognised that there may be differences of opinion. This study collected data in 2013 from working carer/care-recipient dyads in England about perceived need for services for the care-recipient, disability, unpaid care hour provision and individual and socio-demographic characteristics. It found that care-recipients as well as their carers perceive high unmet need for services, although carers perceive higher unmet need. For carers, unmet need is associated with the disability of the carer-recipient and being the

daughter or son of the care-recipient; for care-recipients it is associated with unpaid care hours, carers' employment status and carers' health. The majority of dyads agree on need for services, and agreement is higher when the working carer provides care for 10 hours or more hours a week. Services for care-recipients may enable working carers to remain in employment so agreement on needs for services supports the implementation of legislation, policy and practice that has a duty to, or aims to, support carer's employment. (RH)
ISSN: 09660410 From : wileyonlinelibrary.com/journal/hsc

236/106 Problems with measuring satisfaction with social care; by Rosalind Willis, Maria Evandrou, Pathik Pathak, Priya Khambhaita.: Wiley.
Health and Social Care in the Community, vol 24, no 5, September 2016, pp 587-595.
The measurement of customer satisfaction has become widespread in both healthcare and social care services, and is informative for performance monitoring and service development. Satisfaction with social care services is routinely measured with a single question on overall satisfaction with care, comprising part of the Adult Social Care Survey. The measurement of satisfaction has been problematised, and existing satisfaction measures are known to be under-theorised. In this article, the process of making an evaluation of satisfaction with social care services is first informed by a literature review of the theoretical background, and second examined through qualitative interviews conducted in 2012-2013 with 82 service users and family carers in Hampshire, Portsmouth and Southampton. Participants in this study were from white British and South Asian backgrounds, and the influence of ethnicity in the process of satisfaction evaluation is discussed. The findings show that the majority of participants selected a positive satisfaction rating, even though both positive and negative experiences with services were described in their narratives. It is recommended that surveys provide opportunity for service users and family carers to elaborate on their satisfaction ratings. This addition will provide more scope for services to review their strengths and weaknesses. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

236/107 Structure and process quality as predictors of satisfaction with elderly care; by Petri J Kajonius, Ali Kazemi.: Wiley.
Health and Social Care in the Community, vol 24, no 6, November 2016, pp 699-707.
The structure versus process approach to quality of care presented by Avedis Donabedian (Journal of the American Medical Association, 1988) is one of the most often cited. However, there has been a paucity of research into the empirical validity of this framework, specifically concerning the relative effects of structure and process on satisfaction with older people's care, as perceived by the older people themselves. This article presents findings from a national survey conducted in 2012 at the request of the Swedish National Board of Health and Welfare, in which responses from 95,000 older people living in 324 municipalities and districts were obtained. The survey included a wide range of quality indicators for older people's care services. However, the results revealed that the only structural variable which significantly predicted quality of care was staffing, measured in terms of the number of caregivers per older resident. More interestingly, process variables (e.g. respect and access to information) explained 40% and 48% of the variance in satisfaction with care, over and above the structural variables, in home care and nursing homes respectively. The findings from this large nationwide sample examining Donabedian's model suggest that quality in older people's care is primarily determined by factors pertaining to process, that is, how caregivers behave towards older people. This encourages a continued quality improvement in older people's care, with a particular focus on process variables. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

SOCIAL NETWORKS

236/108 Understanding the vulnerability of older adults: extent and breaches in support systems in Uganda; by Valerie Golaz, Stephen Ojiambo Wandera, Gideon Rutaremwa.: Cambridge University Press.
Ageing and Society, vol 37, no 1, January 2017, pp 63-89.
Older adults' vulnerability and resilience are a result of processes constructed throughout the lifecycle. In Uganda, older people almost always rely exclusively on their social networks for care and economic support when in need. These support systems are mainly family based, and play a role of safety net for their older members. However, localised in-depth studies have pointed out the limitations of family-based support systems, especially in the context of the HIV/AIDS epidemic. This paper uses 83 in-depth interviews conducted in various settings across Uganda with older people and their family members on the subject of their support systems. Over and above the lack of immediate or personal resources characterising most older people, the results highlight the importance of the extent of support systems and resource diversity. Most of the people in the case studies had lost descendants due to the civil war, the HIV/AIDS epidemic, or simply family break-ups, events which often create large breaches and gaps in support systems.

Few older people can be resilient in this situation, primarily because there are often not enough resources available in their support networks to cover the needs of all, especially education for the young and health-care access for the old. (RH)
ISSN: 0144696X
From : journals.cambridge.org/aso

STROKE

236/109 Life after stroke: coping mechanisms among African Caribbean women; by Calvin R Moorley, Sharon Cahill, Nova T Corcoran.: Wiley.
Health and Social Care in the Community, vol 24, no 6, November 2016, pp 769-778.
In the UK, stroke is the third most common cause of death for women, and the incidence in African Caribbean women is higher than that in the general population. Stroke burden has major consequences for the physical, mental and social health of African Caribbean women. In order to adjust to life after stroke, individuals affected employ a range of strategies which may include personal, religious (church) or spiritual support (i.e. prayer), individual motivation or resignation to life with a disability. This study explored these areas through the coping mechanisms that African Caribbean women utilised post stroke, in the context of stroke recovery and lifestyle modification efforts needed to promote healthy living post-stroke. A qualitative approach using interpretative phenomenological analysis was adopted. Seven women were recruited to the study. Semi-structured, in-depth interviews were audio recorded and were transcribed verbatim. Data were analysed using a four-stage framework: familiarisation, sense making, developing themes, and data refinement and analysis. Three main themes on coping emerged: the need to follow medical rules to manage stroke; strength and determination; and the use of religion and faith to cope with life after stroke. These findings illustrate both a tension between religious beliefs and the medical approach to stroke, and highlight the potential benefits that religion and the church can play in stroke recovery. Implications for practice include acknowledgement and inclusion of religion- and church-based health promotion in post-stroke recovery. (RH)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

TRANSPORT

236/110 Exploring the importance of discretionary mobility in later life; by Charles Musselwhite.: Emerald.
Working with Older People, vol 21, no 1, 2017, pp 49-58.
Travel and mobility for older people has typically focused on the practical benefits to the individual, for example, in meeting utilitarian needs of shopping, appointments and staying connected to family and friends. However, previous research has hinted that travel for its own sake, to get out and about and feel and experience mobility, may be just as important for older people and is especially missed when individuals give-up driving. This paper examines travel for its own sake, usually referred to as discretionary travel. 20 older people were interviewed in each of three different contexts: drivers, community transport users, and non-drivers who receive lifts from family and friends. Older people not only enjoy discretionary travel, but also feel it is beneficial to their health and well-being. The car and especially driving, is seen as the best way to fulfil discretionary travel. Community transport users do fulfil discretionary travel needs, but these are over-formalised and lack spontaneity, affecting feelings of control and identity. Receiving lifts from family and friends can often result in older people feeling a burden to the providers of the lifts, especially when travel is viewed as discretionary. More needs to be done to ensure discretionary travel needs are met for those without cars, highlighting the importance of such travel to community transport providers and helping reduce the feeling of being a burden to family and friends. Policy, practice and research has tended to focus on transport as a means to an end. However, older people themselves value mobility just as much for its own sake, for example to view nature. Such discretionary reasons for mobility are actually very important for older people's health and well-being, and need more attention. (RH)
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VOLUNTEERING AND THE VOLUNTARY SECTOR

(See Also 236/23)

236/111 The impact of volunteering on the volunteer: findings from a peer support programme for family carers of people with dementia; by Georgina Charlesworth, James B Sinclair, Alice Brooks (et al).: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 2, March 2017, pp 548-558.
With an ageing population, there are increasing numbers of experienced family carers (FCs) who could provide peer support to newer carers in a similar care situation. The aims of this paper are

to: (i) use a cross-sectional study design to compare characteristics of volunteers and recipients of a peer support programme for FCs of people with dementia, in terms of demographic background, social networks and psychological well-being; and (ii) use a longitudinal study design to explore the overall impact of the programme on the volunteers in terms of psychological well-being. Data were collected from programmes run in Norfolk, Northamptonshire, Berkshire and four London boroughs between October 2009 and March 2013. The volunteer role entailed empathic listening and encouragement over a 10-month period. Both carer support volunteers (N = 87) and recipient FCs (N = 109) provided baseline demographic information. Data on social networks, personal growth, self-efficacy, service use and well-being (SF-12; EuroQol Visual Analogue Scale; Hospital Anxiety and Depression Scale; Control, Autonomy, Self-Realisation, Pleasure-19) were collected prior to the start of the intervention (N = 43) and at either 3- to 5 month or 10 month follow-up (N = 21). Volunteers were more likely than recipients of support to be female and to have cared for a parent/grandparent rather than spouse. Volunteers were also more psychologically well than support recipients in terms of personal growth, depression and perceived well-being. The longitudinal analysis identified small but significant declines in personal growth and autonomy and a positive correlation between the volunteers' duration of involvement and perceived well-being. These findings suggest that carers who volunteer for emotional support roles are resilient and are at little psychological risk from volunteering. (RH)
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From : wileyonlinelibrary.com/journal/hsc

236/112 Only available to a selected few?: Is it feasible to rely on a volunteer workforce for complex intervention delivery?; by Gail Mountain, Rebecca Gossage-Worrall, Mima Cattan, Ann Bowling.: Wiley Blackwell.
Health and Social Care in the Community, vol 25, no 1, January 2017, pp 177-184.
This paper recounts the process of undertaking a randomised controlled trial (RCT) which was designed to examine the effectiveness of an intervention for socially isolated older people aged 75 years and over. It describes the reasons for early cessation of the study and raises the implications of this outcome for policy, practice and research. The intervention under investigation was designed to alleviate loneliness and foster companionship. It involves participants being linked with a small group of others through a teleconferencing system, with each group being facilitated by trained volunteers. There was a requirement to recruit and train a minimum of 30 and a maximum of 60 volunteers over 1 year, to facilitate 20 friendship groups to meet the number of older people required to be recruited to the study. Problems with recruiting and retaining the volunteer workforce by the voluntary sector organisation, who were commissioned to do so, led to the study closing, even though older people were recruited in sufficient numbers. The paper draws upon analysis of various data sources from the study to identify the potential reasons. The discussion raises considerations regarding the extent of infrastructure required to deliver community services to vulnerable user groups at scale, identifies some of the issues that need to be addressed if such volunteer-initiated services are to be successful, and informs future research programmes in this area. (RH)
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