

# New Literature on Old Age

EDITOR

**Gillian Crosby**

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

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

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## ABUSE, SAFEGUARDING AND PROTECTION

(See Also 237/87)

- 237/1      2015 Rosalie Wolf memorial award lecture: past, present, and future of elder abuse; by XinQi Dong, Bei Wang.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 345-365.  
This article aims to advance the global issue of elder abuse, by exploring how the current body of elder abuse literature can collectively pave the way for present and future directions for research, practice and policy. (RH)  
ISSN: 08946566      From : <http://www.tandfonline.com>
- 237/2      The conceptualization of mistreatment by older American Indians; by Lori L Jervis, William Sconzert-Hall, Shielding American Indian Elders Project Team.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 29, no 1, January-February 2017, pp 43-58.  
The problem of how to conceptualise elder mistreatment goes back several decades, and is especially important for ethnic minority populations, who may have perspectives that differ from the dominant society. This community-based participatory research study, which examined perceptions of mistreatment by family among 100 urban and rural older American Indians, permits a rare glimpse into how Native elders themselves understand this issue. Here, good treatment was conceptualised in terms of being taken care of, having one's needs met, and being respected. The authors found relatively high standards for how elders should be treated, such as the belief that an elder's needs should be anticipated and met without the elder needing to ask. This finding was despite widespread accounts of the mistreatment of elders within the community, largely through various acts of financial exploitation and neglect. Substance abuse and culture loss were blamed for much of the elder mistreatment that occurred in contemporary Native communities. (RH)  
ISSN: 08946566      From : <http://www.tandfonline.com>
- 237/3      Do personal budgets increase the risk of abuse?: Evidence from English national data; by Mohamed Ismail, Shereen Hussein, Martin Stevens (et al).: Cambridge University Press.  
Journal of Social Policy, vol 46, no 2, April 2017, pp 291-311.  
With the continued implementation of the personalisation policy, Personal Budgets (PBs) have moved to the mainstream in adult social care in England. The relationship between the policy goals of personalisation and safeguarding is contentious. Some have argued that PBs have the potential to empower recipients, while others believe PBs, especially Direct Payments, might increase the risk of abuse. This paper provides empirical evidence about levels of uptake of PBs and safeguarding referrals in England based on in-depth analysis of national data at aggregate, local council level in England, covering 152 Councils. This is complemented by analysis of 2,209 individual referral records obtained from three purposively selected study sites. The aim is to explore whether available data could provide evidence of association between the uptake of PBs and safeguarding referrals. Analysis of the national dataset found no significant relationships between PB uptake and the level and type of alleged abuse. However, analysis of individual-level referral data, from the three selected sites did find some significant associations, particularly with financial abuse. The analysis found the main perpetrators of the alleged abuse to be home-care employees. The findings are discussed within the context of current policy and practice. (RH)  
ISSN: 00472794      From : [cambridge.org/JSP](http://cambridge.org/JSP)
- 237/4      Elder mistreatment in underserved populations: opportunities and challenges to developing a contemporary program of research; by Lori L Jervis, Sherry Hamby, Scott R Beach (et al).: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 301-319.  
This article provides an overview of the status of research on elder mistreatment among underserved populations in the United States, including gaps in our current knowledge base. It considers scientific and structural barriers to growing research on the exploitation, neglect, and

abuse of older people from diverse and disadvantaged ethnic/racial, geographic, sexual identity, and socioeconomic groups. High-priority areas in need of new elder mistreatment research with underserved populations are identified. Suggestions are made about how researchers, university institutional review boards and funding agencies can facilitate this research. (RH)

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

237/5

Elder mistreatment predicts later physical and psychological health: results from a national longitudinal study; by Jaclyn S Wong, Linda J Waite.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 29, no 1, January-February 2017, pp 15-42.

Stress process theory predicts that elder mistreatment leads to declines in health, and that social support buffers its ill effects. The authors test this theory using nationally representative, longitudinal data from 2,261 older adults in the US National Social Life Health and Aging Project. They regress psychological and physical health in 2010/2011 on verbal and financial mistreatment experience in 2005/2006, and find that the mistreated have more anxiety symptoms, greater feelings of loneliness, and worse physical and functional health 5 years later than those who did not report mistreatment. In particular, a novel association between financial mistreatment and functional health is shown. Contrary to the stress buffering hypothesis, the authors find little evidence that social support moderates the relationship between mistreatment and health. Their findings point to the lasting impact of mistreatment on health, but show little evidence of a buffering role of social support in this process. (RH)

ISSN: 08946566

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

237/6

Lethal intimate partner violence in later life: understanding measurements, strengths, and limitations of research; by Sonia Salari, Christopher D Maxwell.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 235-262.

The authors conduct a critical analysis of existing family violence literature related to elder abuse homicide, also known as "eldercide". The focus relates to fatal violence perpetrated by current or former intimates. Men are the most likely victims of homicide, but are rarely murdered by partners. Older women are most often killed in the home by a spouse or other family, consistent with the notion of "femicide". The authors use the Federal Bureau of Investigation Supplemental Homicide Reports and the Bureau of Justice Statistics National Crime Victimization Survey to illustrate trends by sex over time. Intimate partner homicide-suicide is examined via news surveillance. Strengths and limitations of data and methods are addressed. Homicide trends among the members of the baby boom cohort are predicted, based on current and future patterns as they age. To facilitate prevention, researchers are encouraged to move beyond simple prevalence estimates toward greater understanding of complex trends, distinctions, and motivations of these violent deaths. (RH)

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

237/7

Mortality among elder abuse victims in rural Malaysia: a two-year population-based descriptive study; by Raudah Mohn Yunus, Noran Naqiah, Wan Yuen Choo (et al.): Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 29, no 1, January-February 2017, pp 59-71.

Mortality among reported elder abuse experiences in rural Malaysia is examined in this population-based cohort study, using a multistage cluster sampling method. Older adults in Kuala Pilah (n = 1,927) were interviewed between November 2013 and May 2014. Mortality was traced after 2 years using the National Registration Department database. Overall, 139 (7.2%) respondents had died, of whom 15 were abuse victims. Mortality was highest with financial abuse (13%), followed by psychological abuse (10.8%). There was a dose-response relationship between mortality and clustering of abuse: 7%, 7.7%, and 14.0% for no abuse, one type, and two types or more, respectively. Among abuse victims, 40% of deaths had ill-defined causes, 33% were respiratory-related, and 27% had cardiovascular and metabolic origin. (RH)

ISSN: 08946566

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

- 237/8 Munchausen syndrome by proxy: illness fabricated by another in older people; by Marc Moreno-Arino, Antony Bayer.: Oxford University Press.  
Age and Ageing, vol 46, no 2, March 2017, pp 166-167.  
Brief editorial looking at Munchausen syndrome by proxy (MSbP), otherwise known as fabricated or induced illness in vulnerable adults. Most published literature on MSbP relates to children, with less than 1% of case reports involving adults. MSbP is characterised by the abuser, usually the main carer, fabricating or inducing illness in the person in their care and bringing it to the attention of healthcare providers who may unwittingly perpetrate the abuse by arranging unnecessary investigations and treatments that can themselves be potentially harmful. Identification in frail older patients is challenging, given the atypical presentation common in this population. The usual motivation of the abuser is attention seeking rather than material gain. Inconsistent history, no diagnosis despite many investigations and improvement on separation from the carer may suggest the condition. When suspected, local procedures for protection of vulnerable adults should be followed. (JL)  
ISSN: 00020729  
From : <https://academic.oup.com/ageing>
- 237/9 Parliamentary arguments on powers of access: the Care Bill debates; by Jill Manthorpe, Stephen Martineau, Caroline Norrie, Martin Stevens.: Emerald.  
Journal of Adult Protection, vol 18, no 6, 2016, pp 318-328.  
Opinion is divided on whether a new power of entry should be introduced for social workers in cases where individuals seem to be hindering safeguarding enquiries for community-dwelling adults at risk in England who have decision-making capacity. The authors investigated the prevalence and circumstances of situations where access to an adult at risk is denied or difficult and what helps those in practice. Their study consists of a literature review, a survey of adult safeguarding managers, and interviews with social care staff in three case studies of local authorities. As part of the contextual literature review, they located and analysed transcripts of Parliamentary debates available online on the subject, supplemented by other materials that were referenced in speeches. They describe the content of debates on the risks and benefits of a new right to access for social workers and the role of parliamentary champions who determinedly pursued this policy, putting forward three unsuccessful amendments in efforts to insert such a new power into the Care Act 2014. There are limits to a focus on parliamentary reports, and the limits of Hansard reporting are small but need to be acknowledged. However, adult safeguarding research has surprisingly not undertaken substantial analyses of political rhetoric, despite the public theatre of the debate and the importance of legislative initiatives and monitoring. This paper adds to the history of adult safeguarding in England. It also offers insight into politicians' views on what is known or unknown about the prevalence and circumstances of the problems with gaining access to adults with capacity where there are safeguarding concerns; also politicians' views on the merits or hazards of a power of access. This study is funded by the Department of Health's Policy Research Programme. (RH)  
ISSN: 14668203  
From : [www.emeraldgroupublishing.com/jap.htm](http://www.emeraldgroupublishing.com/jap.htm)
- 237/10 Poly-victimization and resilience portfolios: trends in violence research that can enhance the understanding and prevention of elder abuse; by Sherry Hamby, Alli Smith, Kimberly Mitchell, Heather Turner.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 217-234.  
This literature review assesses the current state of knowledge about elder abuse and mistreatment, focusing on the lack of incorporation of all forms of elder victimisation and the benefits of a poly-victimisation framework. This review also includes existing knowledge on risk factors and calls for a greater focus on protective factors and a greater inclusion on family and community factors. Future research, prevention, and intervention would benefit from considering the true burden of elder victimisation and a greater implementation of strengths-based approaches to programmes. (RH)  
ISSN: 08946566  
From : <http://www.tandfonline.com>

- 237/11 Prevalence estimates and correlates of elder abuse in the United States: the National Intimate Partner and Sexual Violence Survey; by Andre B Rosay, Carrie F Mulford.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 29, no 1, January-February 2017, pp 1-14. This study examines the prevalence and correlates of psychological abuse and physical abuse against women and men aged 70 or older. Self-report data from 2,185 respondents in the 2010 National Intimate Partner and Sexual Violence Survey (NISVS) were used to create weighted estimates for past-year experiences of abuse. Correlates were then examined using survey logistic regression models. More than 1 in 10 adults who are 70 years of age or older (14.0%) experienced some form of abuse in the past year, with 12.1% experiencing psychological abuse and 1.7% experiencing physical abuse. One in five victims (20.8%) were abused by both intimate and non-intimate partners. Health care insecurity was the strongest correlate of past-year abuse. The odds of experiencing abuse were 4.53 times greater for those who experienced health care insecurity than for those who did not. This presents a significant challenge for identifying and helping victims of abuse. (RH)  
ISSN: 08946566  
From : <http://www.tandfonline.com>
- 237/12 Screening and detection of elder abuse: research opportunities and lessons learned from emergency geriatric care, intimate partner violence, and child abuse; by Scott R Beach, Christopher P Carpenter, Tony Rosen (et al).: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 185-216. This article provides an overview of elder abuse screening and detection methods for community-dwelling and institutionalised older adults, including general issues and challenges for the field. Next, discussions of applications in emergency geriatric care, intimate partner violence (IPV), and child abuse are presented to inform research opportunities in elder abuse screening. The article provides descriptions of emerging screening and detection methods and technologies from the emergency geriatric care and IPV fields. The authors also discuss the variety of potential barriers to effective screening and detection from the viewpoint of the older adult, caregivers, providers, and the health care system. They highlight the potential harms and unintended negative consequences of increased screening and mandatory reporting. They argue that research should continue on the development of valid screening methods and tools, but that studies of perceived barriers and potential harms of elder abuse screening among key stakeholders should also be conducted. (RH)  
ISSN: 08946566  
From : <http://www.tandfonline.com>
- 237/13 See no evil, hear no evil, speak no evil?: underreporting of abuse in care homes; by Steve Moore.: Emerald. Journal of Adult Protection, vol 18, no 6, 2016, pp 303-317. The author presents some of the findings from an empirical, mixed methods research project that reveal underreporting and active concealment of abuse in private sector care homes. Semi-structured interviews were undertaken with 36 care home personnel. An anonymously completed questionnaire was also used concurrently among newly appointed staff in newly opened care homes, to elicit additional quantitative and qualitative data. A significant number of respondents reported awareness of acts of abuse that had not been reported within the care home or externally to the authorities. Some respondents were aware that where occurrences of abuse had been reported, no subsequent action was taken, and external authorities were not always involved in responses to abuse. A significant number of respondents were aware of deliberate strategies used to deter reports of abuse to external agencies. Although the research draws on the experiences of only 36 care home personnel through interviews, and 94 questionnaire respondents who had witnessed occurrences of abuse, data suggest that a significant proportion of abuse in care homes remains unreported. The research has revealed staff experiences of underreporting of abuse in private sector care homes. The findings indicate that changes are required to current methods of scrutiny of occurrences of abuse in care homes, and the strengthening of incentives to report it. (RH)  
ISSN: 14668203  
From : [www.emeraldgroupublishing.com/jap.htm](http://www.emeraldgroupublishing.com/jap.htm)

- 237/14 Special issue on multiple approaches to understanding and preventing elder abuse: proceedings of the Cross-disciplinary National Institutes of Health Workshop; by Katherine Witte Saylor (ed), National Institutes of Health (United States): Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 179-365.  
On October 30, 2015, the US National Institutes of Health (NIH) convened a workshop, Multiple Approaches to Understanding and Preventing Elder Abuse, in Bethesda, MD. The workshop brought together experts from across disciplines to discuss research challenges, opportunities and lessons learned from other fields. Participants included experts in elder abuse (including financial abuse), neglect, child abuse, intimate partner violence (IPV), emergency medicine, and neuroscience. Articles in this special issue of the Journal of Elder Abuse and Neglect examine topics explored before, during and after the workshop. (RH)  
ISSN: 08946566  
From : <http://www.tandfonline.com>
- 237/15 State of the science on prevention of elder abuse and lessons learned from child abuse and domestic violence prevention: toward a conceptual framework for research; by Jeanne A Teresi, David Burnes, Elizabeth A Skowron (et al): Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 263-300.  
This review discusses findings from evidence-based programmes to reduce elder abuse, drawing on lessons learned and insights from evidence-based programmes for child maltreatment and domestic/intimate partner violence. A conceptual measurement model for the study of elder abuse is presented and linked to possible measures of risk factors and outcomes. Advances in neuroscience in child maltreatment and novel measurement strategies for outcome assessment are presented. (RH)  
ISSN: 08946566  
From : <http://www.tandfonline.com>
- 237/16 A synthesis of the evidence on peer research with potentially vulnerable adults: how this relates to dementia; by Claudio Di Lorito, Linda Birt, Fiona Poland (et al): Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 32, no 1, January 2017, pp 58-67.  
The aim of this study was to identify the benefits, risks and practical challenges and to develop a model of good practice in peer research with people with dementia. The review conducted searches on PsycInfo, PubMed and Google Scholar for empirical investigations or discussion papers on peer research. Given the limited literature in the field of dementia, studies with groups who share similar demographics (older people), experience of stigma (mental health service users) and exclusion from research (people with learning disabilities) were included. No restrictions on language and publication date were applied. Three themes were identified: the potential benefits, the potential risks and the practical challenges of peer research. The authors then developed a model of good practice. The European Working Group of People with Dementia reviewed the authors' paper and added to the findings. Seven papers were included in the evidence synthesis. Potential benefits of peer research included enriched data and empowering people with dementia. Potential risks included power differentials between researchers and issues of representativeness. The practical issues for good practice included the training of peer researchers, defining involvement and roles, working with cognitive impairment and considering resource implications. The European Working Group of People with Dementia emphasised the importance of equality issues. Involving people with dementia in peer research can generate several benefits, including empowerment and opportunities for inclusion for the peer researchers and the research participants living with dementia, challenging academics' traditional views on research processes and gathering enhanced research data. There remains a need for further research on the impact of peer research in dementia studies. (JL)  
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From : [www.orangejournal.org](http://www.orangejournal.org)

237/17

Who is vulnerable?: Adult social care and modern slavery; by Gary Craig, Stephen Clay.: Emerald.

Journal of Adult Protection, vol 19, no 1, 2017, pp 21-32.

The Modern Slavery Act 2015 focuses attention forms of modern slavery (human trafficking and forced labour), within the UK. The contemporaneous Care Act 2014 identifies modern slavery as a new form of risk within adult social care, listing forms of abuse and vulnerability. However, it does not consider whether those providing care may themselves be vulnerable to forms of modern slavery. In this paper, the authors describe the history of the development of modern slavery legislation in the UK, and outline key provisions of the Care Act, illustrated with real-life cases. The analysis suggests that adult social care - characterised by informality, fragmentation and vulnerability - is one where instances of modern slavery may be more common than has been considered to date. Though relatively modest, the data collected suggest that a thorough investigation should be undertaken into the possibility of modern slavery taking place within the realm of adult social care. Data were collected through a snowball process, by a survey to relevant groups of individual and organisations. A more rigorous investigation is required to examine the extent of modern slavery within adult social care. To conclude, the training of those responsible for the regulation and/or management of adult social care needs to ensure that they are fully equipped to understand the nature of modern slavery, and how to identify its symptoms and victims. There is also a need for heightened awareness of those close to people being cared for, that they may also identify the symptoms of modern slavery. (RH)

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From : [www.emeraldinsight.com/loi/jap](http://www.emeraldinsight.com/loi/jap)

## **AGEING (GENERAL)**

237/18

Is there a paradox of aging: when the negative aging stereotype meets the positivity effect in older adults; by Liqing Zhou, Jia Lu, Guopeng Chen (et al.): Taylor and Francis.

Experimental Aging Research, vol 43, no 1, January-February 2017, pp 80-93.

Socioemotional selectivity theory (SST) states that the positivity effect is a result of older adults' emotion regulation, and that older adults derive more emotional satisfaction from prioritising positive information processing. The authors explored whether the positivity effect appeared when the negative ageing stereotype was activated in older adults, and also whether the effect differed between mixed and unmixed conditions. Sixty younger (age 18-23) and 60 older (age 60-87) Chinese adults were randomly assigned to a control group and a priming group, in which the negative ageing stereotype was activated. All the participants were asked to select 15 words that best described older people from a mixed-word list (positive and negative words mixed together) and from an unmixed-word list (positive and negative words separated). Older adults in the control group selected more positive words, whereas among younger adults, selection did not differ between mixed- or unmixed-word list conditions. There were no differences between the positive and negative word choices of the younger and older adults in the priming group. The authors calculated the differences between the numbers of positive and negative words. They found that the differences in the older adults' word choices were larger than those among the younger adults. The differences were also larger in the control group than in the priming group. The positivity effect worked by choosing positive stimuli rather than avoiding negative stimuli. The role of emotion regulation in older adults was limited; and when the positivity effect faced the effect of the negative ageing stereotype, the negative stereotype effect was dominant. Future research should explore the changes in the positivity effect in the face of a positive ageing stereotype and what roles other factors (e.g., activation level of the stereotype, arousal level of affective words) might play.

ISSN: 0361073X

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

## **AGEISM AND AGE DISCRIMINATION**

237/19

Intergenerational intervention to mitigate children's bias against the elderly; by Renee L Babcock, Eileen E MaloneBeach, Beini Woodworth-Hou.: Taylor and Francis.

Journal of Intergenerational Relationships, vol 14, no 4, October-December 2016, pp 274-287.

An age-segregated society fosters ageism and has negative consequences for both young and old. The persistence of ageism may be due to a cultural fear of growing older, or gerontophobia

(Bunzel, 1972), and is actively cultivated through various forms of communication and misinformation. Unfortunately young children are exposed to the damaging effects of ageism through their interactions with an ageist society. Partially in response to this prejudice, intergenerational programmes that involve some form of common activity shared in a multigenerational setting have become popular. The current study utilised the Child-Age Implicit Association Test and two measures of explicit bias to determine whether an intergenerational intervention could mitigate negative age biases in elementary schoolchildren. Though the programme did not seem to reduce bias, it was clear that implicit biases exist and that they seem to be distinct from explicit bias. It is suggested that a different programme or different age groups may be more effective in reducing ageism in children. (JL)

ISSN: 15350770

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

## **AIDS AND ADAPTATIONS**

237/20 Negotiating control: from recognizing a need to making a decision to apply for a housing adaptation; by Lisa Ekstam, Agneta Malmgren Fange, Gunilla Carlsson.: Taylor and Francis. *Journal of Housing for the Elderly*, vol 30, no 4, October-December 2016, pp 345-359.

A housing adaptation (HA) can enable independent living in one's own home, but deciding to change the home environment can be a thought-provoking matter. This Swedish study explored the applicant's perspective and decision-making process when applying for an HA grant. Seventeen people were interviewed about their application for such a grant, and the data were analysed using a constant comparative approach. The findings illustrated how the participants negotiated control in their everyday lives as they went from recognising a need, to then deciding to apply for an HA grant. Before coming to a decision, alternative solutions were considered, and their expectations on the effect of having an HA were explored. This knowledge is useful for professionals and caregivers in helping to support people during the HA decision-making process. (RH)

ISSN: 02763893

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

## **ALTERNATIVE THERAPIES**

(See 237/36)

## **ANXIETY**

237/21 The correlates of anxiety among older adults in nursing homes and other residential aged care facilities: a systematic review; by Alexandra S Creighton, Tanya E Davison, David W Kissane.: Wiley Blackwell.

*International Journal of Geriatric Psychiatry*, vol 32, no 2, February 2017, pp 141-154.

The present study aimed to synthesise and summarise studies examining the correlates and predictors of anxiety in older adults living in residential aged care. Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, five electronic databases were searched using key terms and subject headings, as well as reference lists of relevant papers. The search was limited to peer-reviewed literature published in English. Eligible studies examined the association between at least one correlate/factor and anxiety disorders or symptoms in aged care residents aged 50+ years. A total of 3741 articles were identified, of which 34 studies (with a total of 1,543,554 participants) were included in this review. Correlates associated with anxiety included pain, use of anti-depressants/lithium, depression and lower perceived quality of life. Less consistent and/or less studied variables included younger age, female gender, higher educational level, functional dependence, subjective health status, more prescribed medications, impaired vision, insomnia, external locus of control, fear of falling, attachment, hope, meaning in life, and the influence of social, environmental, and staff/policy correlates. While several variables were found to have strong associations with anxiety in aged care residents, a number of factors have been examined by only one or two studies. Further research (preferably prospective studies) is therefore needed to reliably confirm findings and to help plan and develop preventative and intervention strategies. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

## ARTS AND MUSIC

- 237/22      A systematic review and meta-analysis of music therapy for the older adults with depression; by K Zhao, Z G Bai, A Bo, I Chi.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 31, no 11, November 2016, pp 1188-1198.  
The objective of this study was to determine the efficacy of music therapy in the management of depression in older adults. The authors conducted a systematic review and meta-analysis of randomised controlled trials. Change in depressive symptoms was measured with various scales. Standardised mean differences were calculated for each therapy-control contrast. A comprehensive search yielded 2,692 citations. Of these, 19 articles met inclusion criteria. Meta-analysis suggests that music therapy plus standard treatment has statistical significance in reducing depressive symptoms among older adults. This systematic review and meta-analysis suggests that music therapy has an effect on reducing depressive symptoms to some extent. However high quality trials evaluating the effects of music therapy on depression are still needed. (JL)  
ISSN: 08856230      From : [www.orangejournal.org](http://www.orangejournal.org)

## ASSISTIVE TECHNOLOGY

- 237/23      Aging well with health technology; by Kimberly O'Loughlin.: AARP International.  
AARP International: The Journal, 2017, pp 52-55.  
This article looks at three key areas in which connected technologies can transform health care for the older adult population: medication management, predictive analytics and connected home care. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)
- 237/24      Can smart homes extend people with Alzheimer's disease stay at home?; by Alberto Brunete Gonzalez, Micheline Selmes, Jacques Selmes.: Emerald.  
Journal of Enabling Technologies, vol 11, no 1, 2017, pp 6-12.  
The needs of people with Alzheimer's disease and their caregivers are analysed in terms of information and communications technology (ICT) and home automation, how to foster the use of smart devices in their homes. This article also aims to determine whether the use of ICT can extend the ability of people with Alzheimer's disease to stay at home in the first stages of the illness, while facilitating their caregivers' tasks. Groups of Spanish caregivers, ICT researchers and Alzheimer's disease experts gathered to discuss the utility of several solutions. Sessions were grouped into four topics: safety, leisure, activities of daily living (ADLs), and friendly atmosphere. In total, 23 ICT-based solutions to improve life at home of people with Alzheimer's disease were analysed and grouped under "no interest", "some interest" and "very interesting". Caregivers rated these solutions and suggested improvements to them. In total, 18 out of 23 proposals were considered "very interesting", meaning that caregivers considered that they could truly improve the lives of people with Alzheimer's disease. Caregivers also suggested how to progressively introduce these technical solutions into their homes. ICT and home automation advances could be very useful if they could be used conveniently. Caregivers consider that smart homes can help people with Alzheimer's disease in the security, leisure and daily tasks fields, increasing the time they can live alone in their own homes. (RH)  
ISSN: 23986263  
From : [www.emeraldinsight.com/loi/jet](http://www.emeraldinsight.com/loi/jet)
- 237/25      Global innovations.: AARP International.  
AARP International: The Journal, 2017, pp 96-101.  
Six short articles present a selection of the latest apps, robots and other assistive technologies from around the world as follows: Melody, an app that can provide medical diagnoses (China); a robotic dog (United States); Dinsow, an elder care robot (Thailand); EMIEW3, a robot to help seniors live independently (Japan); MiRo, a biomimetic companion robot (UK); and Ryan, a robot that can respond to facial expressions (United States). (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

- 237/26 The promise of technology; by Katie Smith Sloan.: AARP International.  
AARP International: The Journal, 2017, pp 60-62.  
This article looks at the work of the International Association of Homes and Services for the Aging (IAHSA) which, together with partner organisation the Leading Age Center for Aging Services Technologies (CAST), have a vision for technology-enabled integrated and coordinated care and support systems in communities. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

## **ATTITUDES TO AGEING**

- 237/27 Then and now; by Elspeth De Montes.: AARP International.  
AARP International: The Journal, 2017, pp 102-105.  
Elspeth de Montes designs and builds her own LEGO creations which have been displayed at various shows and exhibitions in the UK. In this article she introduces Doris, a unique LEGO character she has created. In 1966 Doris is a young, vibrant lady in touch with the latest technology, fashion and trends. 50 years later, in 2016, an older Doris has to struggle to cope with new technology, innovation and changes in society. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

## **BLACK AND MINORITY ETHNIC GROUPS**

(See 237/2, 237/37, 237/63, 237/73, 237/75, 237/76, 237/88, 237/90)

## **CARE MANAGEMENT**

- 237/28 Facilitators and barriers to implementing transitional care managers within a public health care system; by Melanie Couture, Martin Sasseville, Valerie Gascon.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 364-377.  
Transitional care is crucial to ensuring quality of care and safety for older patients. In the context of health care reforms promoting a shift from a hospital-centred approach to a home care approach, transitional care becomes a vital component and social workers can play an important role in easing transitions. Most recent studies have focused on the development or improvement of transitional care intervention models or tools, but few have addressed implementation issues. In this study, the implementation process of an innovative intervention aiming to integrate transitional care managers (TCMs) from Health and Social Services Centres (HSSC) within two Canadian hospitals was evaluated. Data collection comprised 8 focus groups, direct observations, minutes of meetings, activity grids and logbooks. To facilitate the implementation of TCMs, decisions were made to clearly indicate their involvement in patients' files, and concentrated their efforts on a restricted number of units. Barriers included confusion about target clientele, inequitable information exchange between partners, limited powers regarding coordination of care, and organisational constraints limiting additional measures to improve transitional care. Evaluating implementation processes is crucial to efficiently identify obstacles, and to apply additional implementation strategies to promote the integration of new practices within the health care system. (RH)  
ISSN: 01634372 From : <http://www.tandfonline.com>

## **CARERS AND CARING**

(See Also 237/31, 237/52, 237/78, 237/80, 237/81, 237/83, 237/93)

- 237/29 Perceived needs for support among care home staff providing end of life care for people with dementia: a qualitative study; by T Vandrevale, K Samsi, C Rose, C Adenrale, C Barnes, J Manthorpe.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 155-163.  
The aim of the current exploratory study was to investigate the impact on care home staff when working with people with dementia at the end of life and to explore how they cope with this

aspect of their work. With UK policy encouraging death in the place of residence rather than hospital, more people with dementia are dying in care homes. A qualitative approach was employed: 20 care home staff working in five English care homes were interviewed. Thematic Analysis was used to analyse the data. Care home staff found the external demands on them and difficulties associated with interacting with people with dementia sometimes challenging, stressful and anxiety-provoking, particularly as residents approached end of life. Emotional aspects of caring for dying residents were sometimes heightened by close attachments with residents and their families. Staff were able to recognise these unmet needs and identified a need for further training and emotional support to manage these stressors. This study revealed rich and complex understandings of the practice dimensions of caring for people with dementia at the end of life and the impact these have on staff. There is a need to develop effective psychosocial interventions that focus on emotional support for care home staff. There will be challenges in providing this in employment settings that are generally low paid, low status, have high turnover and are reliant on temporary or migrant staff, where training is not rewarded, mandatory or culturally valued. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

237/30

Quantifying the unmet needs of caregivers of people with dementia: a critical review of the quality of measures; by Elise Mansfield, Alison W Boyes, Jamie Bryant, Rob Sanson-Fisher.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 32, no 3, March 2017, pp 274-287.

The array of demanding tasks carried out by caregivers of people with dementia have significant negative impacts on their physical, mental and social well-being. Needs assessment allows individuals to indicate the extent to which their needs across different areas have or have not been met, allowing for estimations of the prevalence of needs and the extent to which help is required. This approach is extremely valuable in a clinical context, as it enables identification of the areas with which caregivers report a particular desire for help and allows targeting of support and resources to those who identify high levels of unmet needs. This systematic review aimed to critically examine the psychometric properties of measures that assess unmet needs of caregivers of people with dementia. Medline, Embase, PsycINFO and Cochrane electronic databases were searched between 1990 and 2015 for English-language publications describing the development or validation of measures assessing the unmet needs of adult caregivers of people with dementia. The psychometric properties of included measures were assessed against standard criteria for psychometric quality. Four measures met the inclusion criteria. Only half of the indices of psychometric quality were tested across measures. Three measures had adequate internal consistency reliability, of which one also showed adequate test-retest reliability. Two measures reported adequate construct validity, while criterion validity was not assessed for any measure. There is a clear need to develop a psychometrically rigorous instrument to identify the unmet needs of caregivers of people with dementia. (JL)

ISSN: 08856230

From : [www.orangejournal.org](http://www.orangejournal.org)

## COMMUNITY CARE

237/31

Negotiating meaning: the experience of community aged care; by Susanna Doyle.: Emerald.

Journal of Adult Protection, vol 19, no 1, 2017, pp 10-20.

A framework for achieving what Heidegger referred to as a "fusion of horizons" of understanding was developed during a study into the experience of a group of older adults receiving care. This paper aims to discuss this issue, by exploring the lived experiences of a small group of older people living in south-east Queensland in receipt of a Community Aged Care Package (CACP). The interpretive hermeneutic phenomenological methodology provided strategies for enabling a researcher to shift his or her understanding to be closer to that of the older adult receiving care, to better understand the experience of receiving care from the perspective of a recipient. Older adults participated in research exploring their everyday lived experiences, and contributed to the researcher's understanding of the personal impact of care. The older people in this study perceived care in essentially relational terms, and raised the

importance of maintaining personal autonomy and relationships as central to maintaining meaning in daily life. This framework for successfully achieving a "fusion of horizons" during research is discussed and proposed as a potential strategy for also supporting active participation by adults in their own care provision. This strategy might be used as a way of enhancing the engagement, safety and satisfaction of older adults, thereby also assisting in protecting them from potentially negative influences of power differentials that affect their care experience. (RH)  
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From : [www.emeraldinsight.com/loi/jap](http://www.emeraldinsight.com/loi/jap)

## DEMENTIA

(See Also 237/16, 237/91)

- 237/32 Dementia-friendly environments; by Kirsty A Bennett, Richard Fleming.: AARP International. AARP International: The Journal, 2017, pp 71-74.  
Good design of indoor and outdoor environments can have a direct impact on the wellbeing of people living with dementia. The environment has a key role to play in helping a person with dementia to live well and use his or her abilities. This article summarises a number of evidence-based design principles as follows: unobtrusive removal of potential risks, allowing people to see and be seen, providing a human scale, managing levels of visual and auditory stimulation, supporting movement and engagement, providing a variety of places to be alone or with others, creating a familiar place and design in response to a vision for way of life. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)
- 237/33 How well are the diagnosis and symptoms of dementia recorded in older patients admitted to hospital?; by George J E Crowther, Michael I Bennett, John D Holmes.: Oxford University Press.  
Age and Ageing, vol 46, no 1, January 2017, pp 112-118.  
In the UK dementia is generally diagnosed by mental health services. General hospitals are managed by separate healthcare trusts and the handover of clinical information between organisations is potentially unreliable. Around 40% of older people admitted to hospital have dementia. This group have a high prevalence of psychological symptoms and delirium. If the dementia diagnosis or symptoms are not recognised, patients may suffer unnecessarily with resulting negative outcomes. In order to understand areas of unmet need this study described the prevalence of dementia in over 75-year-olds admitted to a general hospital, the accuracy of diagnostic recording and the prevalence of recorded psychological symptoms and delirium. To achieve this the authors conducted a retrospective review of 116 patients admitted to hospital with known dementia. Psychiatric and medical notes were reviewed, identifying the accuracy of dementia diagnosis recording by the hospital and all episodes of documented psychological symptoms and delirium. The prevalence of documented dementia in the population was estimated at 15%; 74% of dementia diagnoses were recorded in the medical notes; 10% had documented psychological symptoms (depression 4%, anxiety 3%, hallucinations 3%, delusions 4%); and 11% had documented delirium. There were no associations between the speciality providing care and the recognition of dementia or the reporting of symptoms. This work suggests an under-reporting of dementia and symptoms associated with it in the general hospital. Improving this requires closer collaboration between mental health and hospital healthcare services and training for staff on how to access diagnostic information and recognise common psychological symptoms. (JL)  
ISSN: 00020729  
From : <https://academic.oup.com/ageing>
- 237/34 The legal system and Alzheimer's disease: social workers and lawyers' perceptions and experiences; by Perla Werner, Israel (Issi) Doron.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, no 6, August-September 2016, pp 478-491.  
The expected increase in the number of people living with Alzheimer's disease (AD) worldwide will be accompanied by an increase in the number of cases involving people with AD brought up to the courts. This Israeli study examined the perceptions and experiences of social workers and

lawyers regarding these cases. Three focus groups including social workers and lawyers (n = 26) were conducted. Two main themes were raised by the participants: the role of social workers and lawyers in court cases regarding AD; and the need for improving legal encounters involving people with AD. Similarities and differences were found in both professionals' interpretations of these shared themes. Results of this study emphasise the need for increasing the knowledge and interprofessional training provided to social workers and lawyers involved in legal cases dealing with issues involving people with Alzheimer's disease. (RH)

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

237/35

The management of behavioural and psychological symptoms of dementia in the acute general medical hospital: a longitudinal cohort study; by Nicola White, Baptiste Leurent, Kathryn Lord (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 32, no 3, March 2017, pp 297-305.

The acute hospital is a challenging place for a person with dementia. Behavioural and psychological symptoms of dementia (BPSD) are common and may be exacerbated by the hospital environment. Concerns have been raised about how BPSD are managed in this setting and about over reliance on neuroleptic medication. This study aimed to investigate how BPSD are managed in UK acute hospitals. Study participants were a longitudinal cohort of 230 patients with dementia admitted to two acute NHS hospitals. BPSD were measured every four days (Behave-AD scale), as well as documentation of pharmacological prescriptions and non-pharmacological management. The overall prevalence of BPSD was 75%, with aggression and activity disturbance being the most common. Antipsychotics were prescribed for 28 (12%) patients; 70% of these prescriptions were new on admission. Benzodiazepines were prescribed for 27 (12%) patients, antidepressants were prescribed for 37 (16%) patients, and sedatives were prescribed for 14 (3%) patients. Patients who were prescribed antipsychotics, after adjusting for end of life medication, age and dementia severity, were significantly more likely to die. Non-pharmacological management was used in 55% of participants, most commonly psychosocial interventions (36%) with little evidence of monitoring their effectiveness. A form of restraint was used during 50 (22%) patients' admissions. Antipsychotic medications and psychosocial interventions were the main methods used to manage BPSD; however, these were not implemented or monitored in a systematic fashion. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

237/36

The role of traditional and faith healers in the treatment of dementia in Tanzania and the potential for collaboration with allopathic healthcare services; by Guy Hindley, John Kissima, Lloyd L Oates (et al).: Oxford University Press.

Age and Ageing, vol 46, no 1, January 2017, pp 130-137.

Low diagnostic rates are a barrier to improving care for the growing number of people with dementia in sub-Saharan Africa. Many people with dementia are thought to visit traditional healers (THs) and Christian faith healers (FHs) and these groups may have a role in identifying people with dementia. This study aimed to explore the practice and attitudes of these healers regarding dementia in rural Tanzania and to investigate attitudes of their patients and their patients' carers. This was a qualitative study conducted in Hai district, Tanzania. Semi-structured interviews were conducted with a convenience sample of THs and FHs and a purposive-stratified sample of people with dementia and their carers. Interview guides were devised which included case vignettes. Transcripts of interviews were subject to thematic analysis. 11 THs, 10 FHs, 18 people with dementia and 17 carers were recruited. Three themes emerged: (i) conceptualisation of dementia by healers as a normal part of the ageing process and no recognition of dementia as a specific condition; (ii) people with dementia and carer reasons for seeking help and experiences of treatment and the role of prayers, plants and witchcraft in diagnosis and treatment; and (iii) willingness to collaborate with allopathic healthcare services. FHs and people with dementia expressed concerns about any collaboration with THs. Although THs and FHs do not appear to view dementia as a specific disease, they may provide a means of identifying people with dementia in this setting. (JL)

ISSN: 00020729 From : <https://academic.oup.com/ageing>

## DEMENTIA CARE

(See Also 237/24, 237/29, 237/30, 237/34, 237/35, 237/105, 237/112, 237/122)

- 237/37      The development of Attitudes of People from Ethnic Minorities to Help-seeking for Dementia (APEND): a questionnaire to measure attitudes to help-seeking for dementia in people from South Asian backgrounds in the UK; by Julia Hailstone, Nasheed Mukadam, Tamsin Owen, Claudia Cooper, Gill Livingston.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 32, no 3, March 2017, pp 288-296.  
People from South Asian backgrounds present to dementia services relatively late, often responding to crises. The authors aimed to devise and validate a theory of planned behaviour questionnaire to measure attitudes that predict medical help-seeking for UK-based South Asian people, to assess the effectiveness of future interventions promoting earlier help-seeking. Focus groups were used to establish the content validity of culturally relevant questionnaire items, then participants were asked to complete the questionnaire. The authors analysed reliability and validity and established the concurrent validity of questionnaire attitudes through correlation with willingness to seek help from a doctor for memory problems. They also correlated the scale with knowledge of dementia. The strongest predictor of willingness to seek help was perceived social pressure from significant others around help-seeking; these attitudes were associated with beliefs about the views of family members and embarrassment around help-seeking. Willingness to seek help was also strongly associated with attitudes about the benefits of seeing a doctor for memory problems, attitudes that were related to specific beliefs about what doctors can do to help. Attitudes in the questionnaire predicted 77% of variance in willingness to seek help, but no relationship was found with dementia knowledge. The authors present the Attitudes of People from Ethnic Minorities to Help-Seeking for Dementia (APEND) questionnaire, a valid and reliable measure of attitudes that influence help-seeking for dementia in people from South Asian backgrounds, which could assess the impact of intervention studies. It is suggested that interventions target attitudes specified here, rather than dementia knowledge. (JL)  
ISSN: 08856230      From : [www.orangejournal.org](http://www.orangejournal.org)
- 237/38      The impact of staff training on staff outcomes in dementia care: a systematic review; by Aimee Spector, Catherine Revolta, Martin Orrell.: Wiley Blackwell.  
International Journal of Geriatric Psychiatry, vol 31, no 11, November 2016, pp 1172-1187.  
Caring for people with dementia can be emotionally challenging and is often linked to low job satisfaction and burnout in care staff. Staff training within care settings is potentially valuable in improving wellbeing and quality of care. This review aimed to (i) establish the impact of training on staff outcomes; (ii) compare the impact of different training approaches; (iii) explore the influence of training intensity; and (iv) explore potential barriers to success. A database search of staff training interventions revealed 207 papers, 188 of which were excluded based on pre-specified criteria. 19 studies were included and appraised using a quality rating tool. Overall the studies were found to be of variable quality, however, 16 studies found a significant change following training in at least one staff domain, with knowledge improving most frequently. Approaches focusing on managing challenging behaviours appeared to be the most effective. Training staff can be an effective method of improving wellbeing, and programmes helping staff to manage challenging behaviour appear to be the most beneficial. There is no clear relationship between training intensity and outcome. Most studies point to the importance of addressing organisational factors as a barrier to change. (JL)  
ISSN: 08856230      From : [www.orangejournal.org](http://www.orangejournal.org)
- 237/39      A video-based intervention on and evaluation of nursing aides' therapeutic communication and residents' agitation during mealtime in a dementia care unit; by Lene Levy-Storms, Lesley M Harris, Xiao Chen.: Taylor and Francis.  
Journal of Nutrition in Nutrition in Gerontology and Geriatrics, vol 35, no 4, October-December 2016, pp 267-281.  
In this study the researchers conducted a communication training intervention for certified nursing assistants (CNAs). The intervention aimed at improving CNAs' therapeutic techniques

for relating to agitated residents during care. This study focused on an in-depth evaluation of mealtime interactions using videos. 16 CNAs and 16 residents living with dementia from one long-term care facility were videotaped during mealtime interactions before and after a therapeutic communication training programme. Mixed-effect Poisson regression revealed no effect of the intervention as a whole on residents' refusals, but the intervention did improve CNAs' communication. Additional analyses using specific CNAs' therapeutic communication behaviours indicated a significant negative association with refusals at post-test but not pre-test. The findings suggest some communication mechanisms for how the intervention positively influenced residents' refusals. (JL)

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## **DEPRESSION**

(See 237/22, 237/112)

## **DESIGN**

237/40

New horizons in design for autonomous ageing; by Tischa J M van der Cammen, Armagan Albayrak, Ena Voute, Johan F M Molenbroek.: Oxford University Press.

Age and Ageing, vol 46, no 1, January 2017, pp 11-17.

The world is ageing rapidly. Between 2000 and 2050 the number of people aged 65 years and above will double as a proportion of the global population, from 7% to 16%, respectively. By 2050, for the first time in human history, there will be more older people than children (aged 0-14 years) in the population. More distinctive is the tremendous increase in the oldest old aged 85 years or more. This challenges society to adapt, in order to maximise the health and functional capacity of older people as well as their social participation and security. Ageing is a multidimensional process of change in the physical, mental and social domain, leading to functional decline. Design thinking has embraced ageing as a topic where it can add to public health interventions. Applications of design and technology can contribute to 'autonomous ageing', for example, independent living and lifestyle support, and can compensate for functional deficits associated with ageing. The focus is on supporting and reinforcing the reduced physical, mental, social and functional capacities of older people by applying groundbreaking, innovative design inclusive engineering methods, always starting with a human-centred integrated approach. Examples of design for geriatric giants include design for falls prevention, dementia care and integrated care. The establishment of collaborative networks between clinicians and designers, academia and industry is required to advance design for autonomous ageing. (JL)

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From : <https://academic.oup.com/ageing>

## **DIET AND NUTRITION**

(See Also 237/113)

237/4

Influences on diet quality in older age: the importance of social factors; by Ilse Bloom, Mark Edwards, Karen A Jamieson (et al).: Oxford University Press.

Age and Ageing, vol 46, no 2, March 2017, pp 277-283.

Poor diet quality is common among older people but little is known about influences on food choice, including the role of psychosocial factors at this age. The objective of this study was to identify psychosocial correlates of diet quality in a community-dwelling population of men and women aged 59-73 years, and to describe relationships with change in diet quality over 10 years. This was part of a longitudinal study, the Hertfordshire Cohort Study (HCS). Participants were assessed at baseline (1998-2003: 1,048 men, 862 women); 183 men and 189 women were re-assessed in 2011. Diet was assessed by administered food frequency questionnaire; diet scores were calculated to describe diet quality at baseline and follow-up. A range of psychosocial factors (social support, social network, participation in leisure activities, depression and anxiety, sense of control) were assessed by questionnaire. At baseline, better diet quality was related to a

range of social factors, including increased confiding/emotional social support (men and women), practical support (men) and a larger social network (women). For both men and women, greater participation in social and cognitive leisure activities was related to better diet quality. There were few associations between measured psychosocial factors at baseline and change in diet score over 10 years in the follow-up sub-group. However greater participation in leisure activities, especially cognitive activities at baseline, was associated with smaller declines in diet quality over the 10-year follow-up period for both men and women. In community-dwelling older adults, a range of social factors, including greater participation in leisure activities, were associated with diets of better quality. (JL)

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From : <https://academic.oup.com/ageing>

## EMPLOYMENT

237/42 The affective economy of the business case for mature aged workers; by Kathleen Riach, Gavin Jack.: Cambridge University Press.

Social Policy and Society, vol 15, no 4, October 2016, pp 611-623.

The authors draw on Ahmed's (2004) concept of affective economies as a means of critically exploring the nature and consequences of the 'business case for mature aged workers', a framework that underpins recent Australian government and corporate policy focusing on extending working lives. Contrary to the claims of the business case as wholly rationalistic 'common sense' and logical, the authors argue that the business case operates discursively, by drawing on latent but potent circuits of emotionality. The authors draw on a range of government 'best practice' resources for employers, to show how the 'rippling effects' of emotionality result in particular systems of valuation pertaining to mature aged workers and later life working. In situating these dynamics as important to a broader affective political economy, the authors argue that this may inadvertently undermine current initiatives which seek to promote the retention and recruitment of mature aged workers. (RH)

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From : [journals.cambridge.org/sps](http://journals.cambridge.org/sps)

237/43 The business case for older workers; by Shunichi Miyanaga.: AARP International.

AARP International: The Journal, 2017, pp 18-22.

Shunichi Miyanaga, CEO of Mitsubishi Heavy Industries Ltd (MHI), one of the world's leading industrial firms, argues the case for viewing Japan's ageing population as a great opportunity for the world of business and work. He points out that as increasing numbers of workers reach retirement age, many companies will face a loss of skills and experience. In an effort to plug this skills shortage, MHI has established MHI Executive Experts, a new company for workers who are at or above retirement age. The company recruits various veteran MHI employees including engineers, managers and others who are despatched to provide support on the company's current projects and businesses. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

237/44 Late career job loss and retirement behavior of couples; by Ajin Lee.: Sage.

Research on Aging, vol 39, no 1, January 2017, pp 7-28.

This article argues that wealth uncertainty influences when couples choose to retire. The author uses data from the US Health and Retirement Study (HRS) to show that wives delay retirement when their husbands retire following a job loss. This effect is stronger when husbands are the primary earners, and couples are relatively poorer. This provides evidence of intra-household insurance that mitigates the impact of an unexpected earnings shock. The author finds that wives tend to delay retirement only until they become eligible for social security. This suggests that social security benefits can relax households' budget constraints and allow wives to join their husbands in retirement. This article was first presented at the conference, Social Insurance and Lifecycle Events among Older Americans (held on 7 December 2014), which was sponsored by the American Association of Retired Persons (AARP). (RH)

ISSN: 01640275

From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)

- 237/45 The netherworld between work and retirement; by Michael McGann, Helen Kimberley, Dina Bowman, Simon Biggs.: Cambridge University Press.  
Social Policy and Society, vol 15, no 4, October 2016, pp 625-636.  
A major theme within social gerontology is how retirement 'is being reorganised, if not undone'. Institutional supports for retirement are weakening, with pension ages rising in many countries. Increasing numbers of older workers are working past traditional retirement age on a part-time or self-employment basis; and a growing minority are joining the ranks of the long-term unemployed. Drawing on narrative interviews with older Australians who are involuntarily non-employed or underemployed, this article explores how the 'unravelling' of retirement is experienced by a group of older workers on the periphery of the labour market. While policy makers hope that higher pension ages will lead to a longer period of working life, the risk that older workers - especially those experiencing chronic insecurity in the labour market - will be caught in a netherworld between work and retirement. (RH)  
ISSN: 14747464  
From : [journals.cambridge.org/sps](http://journals.cambridge.org/sps)
- 237/46 The older worker: identifying a critical research agenda; by Philip Taylor, Wendy Loretto, Victor Marshall (et al):. Cambridge University Press.  
Social Policy and Society, vol 15, no 4, October 2016, pp 675-689.  
The roles that older workers play in labour markets has received a great deal of policy and academic scrutiny in response to economic crises and demographic change. As a starting point, this focus has paradoxically resulted in insufficient attention to older workers themselves. This article is thus concerned with refocusing the agenda for research onto the older worker. Building on an extensive literature review, four gaps in knowledge are identified: who might be researched; what the focus of the research might be; the role of theory informing the research; and how the research might be conducted. The article identifies a particular need for research on 'work' as opposed to 'retirement', and how the changing nature of work may influence future patterns of later life labour market engagement and retirement. It is argued that better public policy will result from more critical and socially embedded research that recognises the heterogeneity of older workers and their motivation. (RH)  
ISSN: 14747464  
From : [journals.cambridge.org/sps](http://journals.cambridge.org/sps)
- 237/47 Reassessing the 'social investment perspective' for 'inclusive growth': where do older workers fit?; by Christopher Deeming, Paul Smyth.: Cambridge University Press.  
Social Policy and Society, vol 15, no 4, October 2016, pp 659-674.  
The notion of building welfare around work poses fresh challenges from a life-course perspective, where the situation of older workers has largely been neglected by policymakers committed to the 'social investment perspective' - typically constructed as a policy paradigm for 'human capital' development in children and young adults (Esping-Andersen, 2002). This article seeks to refocus attention on the policy challenges relating to older workers' needs within the new 'inclusive growth' agenda that seek to advance equitable opportunities for all. Social investment policies pose a range of issues and challenges for all ageing populations, that are discussed and examined in detail in this article. If social investment policy is to succeed in ageing OECD countries, it will mean broadening the investment perspective to include the (neglected) education and training needs of older workers, to ensure that everyone can contribute to and share in economic prosperity. (RH)  
ISSN: 14747464  
From : [journals.cambridge.org/sps](http://journals.cambridge.org/sps)
- 237/48 Rethinking risk and ageing: extending working lives; by Jason L Powell, Paul Taylor.: Cambridge University Press.  
Social Policy and Society, vol 15, no 4, October 2016, pp 637-645.  
This paper critically examines the development of recent policy and theoretical issues concerning the extension of working lives for older people in the UK. It grounds the analysis in ideas from the 'risk society' thesis (Beck, 1992), to explore how the matrix of population ageing, job and

pension changes impinge on the shifting emphasis on increasing the retirement age, coupled with individualising pensions from state provision to a focus on self-responsibility, via private provision. The neo-liberal repositioning of extending work and pension policy has implications for the management of risk for older people in the UK. This paper explores the impact of population ageing on government ideas associated with social policy relating to extending working lives. It concludes with an assessment on the lessons policy makers and social policy analysts can learn from such shifts, and the impact on the social construction of age. (RH)

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## FALLS

237/49 Literature review and meta-analysis of risk factors for delayed post-traumatic stress disorder in older adults after a fall; by Frederic Bloch.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 136-140.

The present study aimed to test the hypothesis that post-traumatic stress disorder (PTSD) can appear after a fall. It then tried to identify predictive factors for its development in older fallers. The study performed a systematic literature review and meta-analyses of studies on PTSD post fall in older subjects. 177 indexed articles were identified, of which three had complete data on PTSD post-fall in older subjects. Only the odds ratio of the association between history of fall and occurrence of PTSD was significant. The trend in the results, even though limited, revealed two groups of subjects: frail subjects that are at risk of developing PTSD and subjects who seem to be resistant to its development. A clear description of these two groups may help identify the population at risk for delayed PTSD who could then benefit from dedicated treatment. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

## FAMILY AND INFORMAL CARE

(See Also 237/103)

237/50 Implications of changes in family structure and composition for the psychological well-being of Filipino women in middle and later years; by Feinian Chen, Luoman Bao, Rachel M Shattuck (et al).: Sage.

Research on Aging, vol 39, no 2, February 2017, pp 275-299.

The health implications of multigenerational co-residence for older adults is a well-researched topic in the ageing literature. Much less is known of its impact for women in midlife. The authors used data from the Cebu Longitudinal Health and Nutrition Study (CLHNS, 2002, 2005, 2007, and 2012) to study the influence of transitions in multigenerational household composition on depressive symptoms for Filipino women in midlife transitioning into old age. The initial analysis showed little effect when the authors used the conventional classification of nuclear versus extended family and transition in and out of the extended family. When they described shifts in the family environment by compositional changes - that is, change in the presence and absence of particular family members - they found significant associations between depressive symptoms and two types of role transitions: the loss of a spouse in the household; and grandchildren's entry to and exit from the household. (RH)

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237/51 Reciprocal effects between health and social support in older adults' relationships with their children and friends; by Jung-Hwa Ha, Sang Kyoung Kahng, Namkee Choi.: Sage.

Research on Aging, vol 39, no 2, February 2017, pp 300-321.

The longitudinal reciprocal effects between health and social support in older adults' relationships with their children and friends were examined. Data are for 3,760 individuals aged 50+ from the 2006 and 2010 waves of the US Health and Retirement Study (HRS). The focus was on three specific aspects of social support: frequency of contact, positive interactions, and negative interactions. The authors used auto-regressive cross-lagged models to examine the

bidirectional effects between social support and health. When the bidirectional effects between health and social support were simultaneously examined, the longitudinal effect of social support on health was not significant. In contrast, older adults' poor health was associated with decreased contact and decreased positive interactions with friends, as well as with increased negative interactions with their adult children and friends. The findings suggest that older adults' poor health has a negative impact on their social relationships, and that such effect surpasses the impact of social relationships on health. (RH)

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237/52

Singaporean caregivers' experiences of placing a relative into long term care; by Rajini Ramanathan, Paul Fisher.: Taylor and Francis.

*Clinical Gerontologist*, vol 39, nos 1-5, 2016, pp 167-189.

Caregivers experience many difficulties and challenges with the process of providing care, particularly at times of transition, such as when the care recipient moves into a nursing home. This qualitative study aims to understand caregiver experiences of this important process. Twelve interviews were conducted with caregivers with an older relative in a nursing home in Singapore. The resulting data were analysed through thematic analysis. Five themes were identified: Filial and cultural expectations shape caregivers' experience of pre-placement decisions and post-placement; View of the placement decision; Continued impact of caring; Engagement with the institution; and Maintaining the relationship. Caregivers were found to place significant emphasis on cultural values, specifically on filial piety. This affected their caregiving role prior to placement, when making the decision to place their relative into a nursing home, and in their continued involvement after placement. Despite the changing role, the placement experience was fraught with persisting difficulties involving maintaining the relationship with the resident, and developing a new relationship with the nursing home. (RH)

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

## GRANDPARENTS

237/53

American grandchildren's use of relational maintenance behaviors with their grandparents; by Daniel Hans Mansson.: Taylor and Francis.

*Journal of Intergenerational Relationships*, vol 14, no 4, October-December 2016, pp 338-352.

The present investigation sought to advance extant relational maintenance research in the context of grandparent-grandchild (GP-GC) relationships from the perspective of grandchildren. Specifically, this study examined the extent to which American grandchildren's use of relational maintenance behaviours with their grandparents is (a) dependent on grandchildren's and grandparents' biological sex, (b) dependent on family lineage (i.e. maternal versus paternal grandparents), and (c) associated with grandchildren's perceived GP-GC relational characteristics (i.e. trust, commitment and control mutuality). In this study a cohort of 220 young adult American grandchildren completed a series of established instruments in reference to their relationships with a specific grandparent. The results of three MANOVAs and a series of Pearson correlations indicated that grandchildren's use of relational maintenance behaviours with their grandparents is not dependent on the grandchildren's or the grandparents' biological sex, nor is it dependent on family lineage. However grandchildren's tendencies to sustain their GP-GC relationships were closely associated with their perceived GP-GC relational characteristics. These findings both corroborate and contradict extant GP-GC and relational maintenance research. (JL)

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## HEALTH AND WELLBEING

(See 237/102, 237/113)

## HEALTH CARE

(See 237/65)

## HEALTH EXPECTANCY

(See 237/54)

## HEALTHY AGEING

- 237/54 Health status, health shocks, and asset adequacy over retirement years; by Geoffrey L Wallace, Robert Haveman, Barbara Wolfe.: Sage.  
Research on Aging, vol 39, no 1, January 2017, pp 222-248.  
This article uses data on a sample of retirees drawn from the US Health and Retirement Study (HRS) to examine changes in health over the retirement years, and to estimate the effects of health changes in retirement on wealth. Using the framework of item response theory, the authors develop a novel measure of health that makes use of multiple indicators of physical health that are available in the HRS. The authors find that large negative shocks to the health of male retirees and their spouses are frequent in retirement, and that when such shocks do occur, recovery to the pre-shock level of health is rare. The authors then use a dynamic panel data model, to estimate short- and long-run effects of changes in health on wealth. While estimated short-run effects are modest, long-run estimates of the impact of health shocks on wealth are large, ranging from a 12% to 20% reduction in wealth by the 10th year, following a permanent one standard deviation decrease in health. This article was first presented at the conference, Social Insurance and Lifecycle Events among Older Americans (held on 7 December 2014), which was sponsored by the American Association of Retired Persons (AARP). (RH)  
ISSN: 01640275  
From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)

## HIV AND AIDS

- 237/55 Uncharted territory: a report into the first generation growing older with HIV; by Terrence Higgins Trust. London: Terrence Higgins Trust, January 2017, 35 pp.  
In 2010, Terrence Higgins Trust, Age UK and the Joseph Rowntree Foundation (JRF) published 'A national study of ageing and HIV (50 Plus)', which explored the needs and experiences of more than 400 people living with HIV aged 50 and over. This report updates the evidence based on the 2010 findings, in which 246 completed surveys from respondents across the UK were analysed (age range 50-82; median age, 55); women, 22%). Age at diagnosis ranged from 18 to 74. The report uses case studies to consider: the impact of the availability of HIV treatment on individuals' needs and experiences; differences in the experiences of those in the age group 50-60 compared to those aged over 65; the impact of poverty; unmet social care needs of people living with HIV; the need for co-ordinated support to manage long-term conditions and self-care; the role of GPs in supporting people living with HIV aged 50 and over; social isolation and loneliness; experience of HIV self-stigma; and the needs of older women affected by HIV. The report concludes that there are many people growing older with HIV who will require additional health and social care services or financial support. (RH)  
From: [https://www.tht.org.uk/~media/Files/Publications/Policy/uncharted\\_territory\\_final\\_low-res.pdf](https://www.tht.org.uk/~media/Files/Publications/Policy/uncharted_territory_final_low-res.pdf) Terrence Higgins Trust, 52-54 Gray's Inn Road, London WC1X 8JU.

## HOME CARE

- 237/56 Paying for it: the human cost of cut-price care; by Ingrid Koehler, Local Government Information Unit - LGIU; Mears Group. London: Local Government Information Unit, 2017, 36 pp.  
Receiving care at home should be the ideal way to enable people to remain in their own homes and maintain independence for as long as possible. This report examines the current state of the home care market in England. It looks at: the human side of a care market on the brink of failure

with stories from across the care system; why care is priced so low; and how people in the system end up paying for cut-price care. It outlines how home care is commissioned and paid for, and why that is driving the current crisis. It details the costs to providers of delivering home care, and how a rate for a contact hour of care is calculated. It also looks at the scale and impact of provider failure, for both service users and staff providing and managing care. The report highlights the lack of money in the system, and the need for a radical reform in the way care is paid for and purchased. It makes recommendations for local authorities and central government on what they need to do to provide a proper level of funding for home care. The basis on which care is funded need to change from a time and task approach to a focus on outcomes and results. (RH)

From : <http://www.lgiu.org.uk/report/paying-for-it-the-human-cost-of-cut-price-care/>

## HOMELESSNESS

237/57 Growing old in shelters and 'on the street': experiences of older homeless people; by Amanda Grenier, Tamara Sussman, Rachel Barker (et al).: Taylor and Francis.

Journal of Gerontological Social Work, vol 59, no 6, August-September 2016, pp 458-477.

Homelessness among older people in Canada is both a growing concern and an emerging field of study. This article reports thematic results of qualitative interviews with 40 people aged 46 to 75, carried out as part of a mixed-methods study of older people who are homeless in Montreal, Quebec, Canada. Participants included people with histories of homelessness (n = 14) and people new to homelessness in later life (n = 26). Interviews focused on experiences at the intersections of ageing and homelessness, including social relationships, the challenges of living on the streets and in shelters in later life, and the future. This article outlines the 5 main themes that capture the experience of homelessness for participants: age exacerbates worries; exclusion and isolation; managing significant challenges; shifting needs and realities; and resilience, strength and hope. Together, these findings underscore the need for specific programmes geared to the unique needs of older people who are homeless. (RH)

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

## HOSPITAL CARE

(See Also 237/33, 237/35)

237/58 Adverse outcomes in older adults attending emergency departments: a systematic review and meta-analysis of the Identification of Seniors At Risk (ISAR) screening tool; by Rose Galvin, Yannon Gilleit, Emma Wallace (et al).: Oxford University Press.

Age and Ageing, vol 46, no 2, March 2017, pp 179-186.

Older adults are frequent users of emergency services and demonstrate high rates of adverse outcomes following emergency care. The objective of this study was to perform a systematic review and meta-analysis of the Identification of Seniors At Risk (ISAR) screening tool, to determine its predictive value in identifying adults aged 65 years or above at risk of functional decline, unplanned emergency department (ED) readmission, emergency hospitalisation or death within 180 days after index ED visit/hospitalisation. A systematic literature search of various relevant databases was conducted in order to identify validation and impact analysis studies of the ISAR tool. A pre-specified ISAR score of 2 or more (maximum score 6 points) was used to identify patients at high risk of adverse outcomes. A bivariate random effects model generated pooled estimates of sensitivity and specificity. Statistical heterogeneity was explored and methodological quality was assessed using validated criteria. 32 validation studies were included. At 2 or less, the pooled sensitivity of the ISAR for predicting ED return, emergency hospitalisation and mortality at 6 months was found to be 0.80 respectively, with a pooled specificity of 0.31 and 0.35. Similar values were demonstrated at 30 and 90 days. Three heterogeneous impact analysis studies examined the clinical implementation of the ISAR and reported mixed findings across patient and process outcomes. The authors conclude that the ISAR has modest predictive accuracy and may serve as a decision-making adjunct when determining which older adults can be safely discharged. (JL)

ISSN: 00020729 From : <https://academic.oup.com/ageing>

237/59

How empowering is hospital care for older people with advanced disease?: barriers and facilitators from a cross-national ethnography in England, Ireland and the USA; by Lucy Ellen Selman, Barbara A Daveson, Melinda Smith (et al).: Oxford University Press.

Age and Ageing, vol 46, no 2, March 2017, pp 300-309.

Patient empowerment, through which patients become self-determining agents with some control over their health and healthcare, is a common theme across health policies globally. Most care for older people is in the acute setting, but there is little evidence to inform the delivery of empowering hospital care. This study aimed to explore challenges to and facilitators of empowerment among older people with advanced disease in hospital, and the impact of palliative care. The authors conducted an ethnography in six hospitals in England, Ireland and the USA. The ethnography involved: interviews with patients aged 65 and above, informal caregivers, specialist palliative care (SPC) staff and other clinicians who cared for older adults with advanced disease, and fieldwork. Data were analysed using directed thematic analysis. Findings from 91 interviews and 340 hours of observational data revealed substantial challenges to empowerment: poor communication and information provision, combined with routinised and fragmented inpatient care, restricted patients' self-efficacy, self-management, choice and decision-making. Information and knowledge were often necessary for empowerment, but not sufficient: empowerment depended on patient-centredness being enacted at an organisational and staff level. SPC facilitated empowerment by prioritising patient-centred care, tailored communication and information provision, and the support of other clinicians. Empowering older people in the acute setting requires changes throughout the health system. Facilitators of empowerment include excellent staff-patient communication, patient-centred, relational care, an organisational focus on patient experience rather than throughput, and appropriate access to SPC. Findings have relevance for many high- and middle-income countries with a growing population of older patients with advanced disease. (JL)

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237/60

New institutionalisation following acute hospital admission: a retrospective cohort study; by Jennifer Kirsty Harrison, Azucena Garcia Garrido, Sarah J Rhynas (et al).: Oxford University Press.

Age and Ageing, vol 46, no 2, March 2017, pp 238-244.

Institutionalisation following acute hospital admission is common and yet poorly described, with policy documents advising against this transition. The objective of this Scotland-based study was to characterise individuals admitted to a care home on discharge from an acute hospital admission and to describe their assessment. Study participants were a cohort of 100 individuals admitted to an acute hospital from home and later discharged to a care home. People discharged to care homes were predominantly female (62%), widowed (52%) older adults (mean 83.6 years) who lived alone (67%). About 95% had a diagnosed cognitive disorder or evidence of cognitive impairment. One-third of cases of delirium were unrecognised. Hospital stays were long, ranging between 14 and 231 days and with an average length of 78.5 days; moreover transfers between settings were common. Family request, dementia, mobility, falls risk and behavioural concerns were the commonest reasons for the decision to admit to a care home. About 55% were in the acute hospital when the decision for a care home was made and 44% of that group were discharged directly from the acute hospital. Care home admission from hospital is common and yet there are no established standards to support best practice. Decisions should involve the whole multidisciplinary team in partnership with patients and families. Documentation of assessment in the case notes is variable. The authors advocate the development of interdisciplinary standards to support the assessment of this vulnerable and complex group of patients. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

## HOUSING

(See Also 237/20)

- 237/61 Home sweet community home; by Cameron Sinclair.: AARP International.  
AARP International: The Journal, 2017, pp 84-87.  
Looks at the role of Yoshino Cedar House ([www.yoshinocedarhouse.com](http://www.yoshinocedarhouse.com)) in providing a home sharing service for older citizens in a Japanese rural area whilst offering hospitality and socialisation to travelling guests. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)
- 237/62 Housing concepts for and by the elderly: from subjects of design to a design resource; by Antti Pirinen.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 30, no 4, October-December 2016, pp 412-429.  
The perception of older residents as a homogeneous group is challenged by the diversification of lifestyles and emphasis on individuality in housing. Recently, there has been a rise in Finland in housing projects initiated by groups of older people, where the seniors themselves are seeking to fill in qualitative gaps in the offering of housing. This article presents a comparative analysis of four senior housing concepts that represent both a producer-driven ("for the elderly") and a resident-driven ("by the elderly") approach. The study shows that older people can be a resource for residential development, and that this necessitates a different "design logic" to that in conventional senior housing. (RH)  
ISSN: 02763893  
From : <http://www.tandfonline.com>

## HOUSING WITH CARE

- 237/63 Quality of life for diverse older adults in assisted living: the centrality of control; by Sharon D Koehn, Atiya N Mahmood, Sarah Stott-Eveneshen.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, nos 7-8, October-December 2016, pp 512-536.  
This pilot project asked, 'How do ethnically diverse older adult residents of assisted living (AL) facilities in British Columbia (BC) experience quality of life? And, what role, if any, do organisational and physical environmental features play in influencing how quality of life is experienced?' The study was conducted at three AL sites in BC: two ethnoculturally targeted and one non-targeted. Environmental audits at each site captured descriptive data on policies, fees, rules, staffing, meals, activities, and the built environment of the AL building and neighbourhood. Using a framework that understands the quality of life of older adults to be contingent on their capability to pursue 5 conceptual attributes \_ attachment, role, enjoyment, security and control \_ the authors conducted 3 focus groups with residents (1 per site) and 6 interviews with staff (2 per site). Attributes were linked to the environmental features captured in the audits. All dimensions of the environment - especially organisational - influence tenants' capability to attain the attributes of quality of life, most importantly control. Although many tenants accept the trade-off between increased safety and diminished control that accompanies a move into AL, more could be done to minimize that loss. Social workers can advocate for the necessary multi-sectoral changes. (RH)  
ISSN: 01634372  
From : <http://www.tandfonline.com>

## INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 237/24)

- 237/64 Virtual reality connects seniors; by Dennis Lally.: AARP International.  
AARP International: The Journal, 2017, pp 91-93.  
Dennis Lally, co-founder and CEO of Rendever ([www.rendever.com](http://www.rendever.com)) explains the role of his virtual reality platform in using new technology to improve the lives of older citizens. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

## INTEGRATED CARE

- 237/65      Developing a joint outcomes contracting model for integrated health and social care for older people; by Jenny Billings, Alison Davis.: Emerald.  
Journal of Integrated Care, vol 24, nos 5-6, 2016, pp 282-299.  
Current debates surrounding the NHS contract in England suggests that it needs to be changed, to support an integrated health and social care transformation agenda that meets the needs of an ageing chronically ill population. This paper describes a three-phase project in England that sought to develop and validate a whole systems contracting model for integrated health and social care, focusing on older people with long-term conditions, and based on joint outcomes. A participative mixed-method approach for the development of the contracting model was used; this consisted of a literature review, a design phase drawing on consensus method through stakeholder discussions, and an international validation phase. The final contracting model consists of four overarching and interrelated core elements: outcomes; partnership, collaboration and leadership; financial: incentives and risk; and legal criteria. Each core element has a series of more detailed contracting criteria, followed by further specifications attached to each criteria. While the policy environment appears to be conducive to change and encourages the adoption of new ways of thinking, there are difficulties with the implementation of new innovative models that challenge the status quo, and this is discussed. The paper concludes with reflections on the way forward for local development and implementation. There is currently much discussion for the need to realign contracting for integrated care that has a better fit for the transformation agenda; but until now, there have been no attempts to develop a whole systems approach that focuses on joint outcomes. This research bridges the gap but recognises the challenges to implementation. (RH)  
ISSN: 14769018  
From : [www.emeraldgroupublishing.com/jica.htm](http://www.emeraldgroupublishing.com/jica.htm)
- 237/66      Integrated working and intergenerational projects: a study of the use of sporting memories; by Michael Clark, Charlie Murphy, Tony Jameson Allen, Chris Wilkins.: Emerald.  
Journal of Integrated Care, vol 24, nos 5-6, 2016, pp 300-312.  
This paper aims to promote discussion about, and the development of the evidence-base underpinning integrated working for intergenerational working. Specifically, it draws on case experiences of the use of intergenerational reminiscence based on sporting memories to highlight issues pertaining to integrated working. The paper presents a general discussion of issues of intergenerational projects and integrated working, with case discussions of the use of sporting memories as an intervention for focusing intergenerational contact. It is concluded that intergenerational work has much to offer, but that it is far from clear how best to organise integrated working for this type of work. There are interesting lessons to be drawn for intergenerational interventions and integrated working from the case study discussions. Although case studies can provide crucial in-depth knowledge, they can be limited in developing evidence we can be sure is more generalisable across contexts. Hence, further research is required into the impact of intergenerational projects, and how best to maximise this through effective integrated working. (RH)  
ISSN: 14769018  
From : [www.emeraldgroupublishing.com/jica.htm](http://www.emeraldgroupublishing.com/jica.htm)
- 237/67      Integrating services for older people in aging communities in The Netherlands: a comparison of urban and rural approaches; by Roos Pijpers, George de Kam, Laura Dorland.: Taylor and Francis.  
Journal of Housing for the Elderly, vol 30, no 4, October-December 2016, pp 430-449.  
The authors discuss approaches to services integration for older people in urban and rural ageing environments in The Netherlands, and the preliminary effects of these approaches on local ageing conditions. In urban areas, services integration revolves around the creation of functional spatial hierarchy. In rural areas, the emphasis is on forging links between service providers. Outcomes for health and use of professional care services are similar. Outcomes for housing, informal care and accessibility of services differ between urban and rural areas in ways that can

be traced back to local ageing conditions and elements of the specific approach to services integration used. In both urban and rural areas, much more could be done to connect formal programmes to the way of life of older people. (RH)

ISSN: 02763893

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

237/68

Is integrated care associated with service costs and admission rates to institutional settings?: an observational study of community mental health teams for older people in England; by Mark Wilberforce, Sue Tucker, Christian Brand (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 31, no 11, November 2016, pp 1208-1216.

The objective of this study was to evaluate the association between the degree of integration in community mental health teams (CMHTs) and: (i) the service costs of community mental health and social care provision; and (ii) rates of mental health inpatient and care home admission. An observational study of service use and admissions to institutional care was undertaken for a prospectively-sampled cohort of patients from eight CMHTs in England. Teams were chosen to represent 'high' or 'low' levels of integrated working practice and patients were followed up for seven months. General linear models were used to estimate service costs and the likelihood of institutional admission. Patients supported by high integration teams received services costing an estimated 44% more than comparable patients in low integration teams. However after controlling for case mix no significant differences were found in the likelihood of admission to mental health inpatient wards or care homes between team types. Integrated mental health and social care teams appeared to facilitate greater access to community care services but no consequent association was found with community tenure. Further research is required to identify the necessary and sufficient components of integrated community mental health care and its effect on a wider range of outcomes using patient-reported measures. (JL)

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## INTERGENERATIONAL ISSUES

(See Also 237/19, 237/51, 237/53, 237/66)

237/69

An intergenerational program connecting children and older adults with emotional, behavioral, cognitive, or physical challenges: gift of mutual understanding; by Carol B Burgman, Elizabeth A Mulvaney.: Taylor and Francis.

Journal of Intergenerational Relationships, vol 14, no 4, October-December 2016, pp 353-359.

Most published literature about programmes connecting older adults to children identifies only one group as challenged, however there is scant knowledge about implementing similar programmes where both groups have an identified impairment. The unique programme described in this study involved children with social, behavioural and emotional disorders enrolled in a special private school. Students interacted with older adults (age ranges 50-102) residing at a nursing home due to their need for assistance with activities of daily living and medical care. This article describes how the programme was initiated, designed and implemented. It was hypothesised that the two groups could help each other \_ i.e. students could bring joy to the nursing home as active, social visitors as well as helping with daily tasks. In reciprocity, nursing home residents could provide the students with affectionate regard and life lessons, bolstering their self-esteem. The experience yielded a number of practical lessons as follows: do not underestimate the capacity and power of people to help one another (reciprocity); early cooperative planning is necessary; the 'intergenerational potential' has not been fully realized; programme ideas should reflect the needs of both groups; formal evaluation of the programme is difficult. Overall the study concluded it was rare that an intergenerational project would involve two populations with such divergent and serious impairments. It may be precisely this feature that made the programme work, as both groups shared much in common, and this led to genuine affection and mutual understanding. (JL)

ISSN: 15350770

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

237/70 Intergenerational relationships and self-related health trajectories among older adults in rural China: does gender matter?; by Nan Lu, Vivian W Q Lou, Dongmel Zuo, Iris Chi.: Sage. *Research on Aging*, vol 39, no 2, February 2017, pp 322-344.  
The present study examined trajectory patterns of self-rated health (SRH) among older rural Chinese adults and gender differences in the relationship between intergenerational relationships and SRH trajectories. Using data from four waves of a longitudinal study on the well-being of older adults in Anhui province, a general growth mixture model was estimated to examine the SRH trajectory patterns and antecedents of SRH trajectory class memberships. A two-class model was selected to interpret the SRH trajectory patterns. The two classes were labelled remaining poor, and good but declining. Intergenerational relationships were a significant antecedent of SRH trajectory class memberships among men but not women. Gender differences in the cumulative effects of intergenerational relationships on the health of older adults were identified in rural China. Policy implications regarding how to help rural families to support their older relatives are discussed. (RH)  
ISSN: 01640275  
From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)

237/71 Planning an intergenerational shared site: nursing-home staff perspectives; by Lori E Weeks, Colleen MacQuarrie, Lorraine Begley (et al): Taylor and Francis.  
*Journal of Intergenerational Relationships*, vol 14, no 4, October-December 2016, pp 288-300.  
Nursing home staff perspectives on the development of intergenerational shared sites involving nursing homes and child care centres are lacking. The current study used a strengths-based and community capacity framework to learn of the perceived benefits and burdens for nursing home staff of implementing a shared site intergenerational programme. 42 nursing home staff completed a survey. Almost three-quarters of the participants either indicated strong positive support or saw more pros than cons in opening the childcare centre. Over 25% of participants indicated that it was very possible they would use this service if it were available. Quantitative and qualitative results indicated existing strengths and areas to build capacity around four themes: nursing home residents; nursing home staff; children attending the childcare centre; and the buildings and grounds. The research emphasised the importance of ensuring that other stakeholders, such as nursing home staff, were also fully informed, consulted and engaged in the process of developing a new colocated intergenerational programme to contribute to their success. (JL)  
ISSN: 15350770  
From : <http://www.tandfonline.com>

## INTERNATIONAL AND COMPARATIVE

(See Also 237/2, 237/7, 237/11, 237/34, 237/61, 237/95, 237/108, 237/114)

237/72 Aging and elder care in Japan: a call for empowerment-oriented community development; by Miyuki Inaba.: Taylor and Francis.  
*Journal of Gerontological Social Work*, vol 59, nos 7-8, October-December 2016, pp 587-603.  
This article provides a brief overview of the situation of older people and their caregivers in Japan, including demographic change in the country, development and changes in long-term care policy that have targeted the poorly integrated community care system, and other challenges that older people and family caregivers face. Policy direction designed to address these issues is increasingly targeting care by the community versus support care by society (which was initially the main strategy). The potential of empowerment-oriented community development intervention strategies to decrease the gap between available institutional and formal community-based services, and the needs of older people and their families in their efforts to meet late-life challenges is described. The need for an increased role of social workers in community development interventions is explored, and strategies are suggested. (RH)  
ISSN: 01634372  
From : <http://www.tandfonline.com>

- 237/73 American Indian/Alaska native elders: a growing demographic that is changing how we view aging; by Jordan P Lewis.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 277-280.  
Today, American Indian and Alaska native (AIAN) Elders are more actively engaged in their families and communities, encouraging the development of intergenerational programmes, language and cultural revitalisation, being stewards in research conducted in their communities, as well passing on their knowledge and experiences on how to live as healthy Native people. Elders have traditionally been quiet and observant of their environment. However, the current and future cohorts of Elders are advocates, leaders, and culture bearers for their families and communities, and they are now in positions of leadership. Western society acknowledges the value of traditional knowledge; and AIAN Elders are viewed as exemplars of healthy ageing, and their lessons and experiences can be attributed to our own lives. This commentary highlights the paradigm shift in how society views older adults, specifically AIAN Elders and their role in health and well-being. It is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)  
ISSN: 01634372  
From : <http://www.tandfonline.com>
- 237/74 Bleu, blanc, rouge - et argenté!; by Pascale Boistard.: AARP International.  
AARP International: The Journal, 2017, pp 10-13.  
Pascale Boistard, France's Minister of State for Elderly People and Adult Care since February 2016, looks at the challenge of the demographic shift in that country characterised by an increase in the longevity of French people and the continuous growth of the oldest age groups. She outlines her vision for responding to what she calls the 'senior revolution', and how society needs to adapt. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)
- 237/75 Haudenosaunee grandmothers caring for their grandchildren: the process of assuming the caregiving role; by Lori Hill.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 281-295.  
This grounded theory study aims to understand the processes, motivations and reasons for Aboriginal grandmothers in Canada assuming the full-time caregiving role for their grandchildren. Fifteen Haudenosaunee grandmothers who were from the Six Nations community (an area some 25km southwest of Hamilton, Ontario) participated in this study. The results indicate that a series of complex factors, circumstances and processes contributed to them caring for their grandchildren. Of particular significance is that, prior to assuming their full-time caregiving roles, they had intermittently cared for their grandchildren as a means of preventing family breakdown. Many of them were accustomed to this type of care arrangement, as over half of the grandmothers had been cared for by their grandmothers or great-grandmothers. Ultimately, they cared for their grandchildren as a means of "keeping the state's hands off" their grandchildren and avoiding child welfare involvement. Furthermore, the women in this study served important, vital roles for healing in Aboriginal families and communities. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)  
ISSN: 01634372  
From : <http://www.tandfonline.com>
- 237/76 Indigenous elder insights about conventional care services in Alaska: culturally charged spaces; by Jean E Balestrery.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 296-315.  
Indigenous peoples around the world endure health and social disparities. In the United States, such disparities are typically ameliorated through conventional care services and organisations. This ethnographic multi-site study was conducted over 12 months of fieldwork across urban, rural and remote village sites in Alaska, to examine points of tension that characterise culturally pluralistic care services in the United States, specifically Alaska, within context of Indigenous colonial histories. This work incorporates relational and participatory action research principles with Alaska Native Elders. Ethnographic evidence was collected through multiple methods,

including field notes, documents and interviews, with ethnographic analysis involving atlas.ti. Alaska Native Elders describe salient points of tension that characterise Alaska's conventional care services through the following insights: generational curses - a pain; prejudice on both sides - wounded; and value-systems clash - fighting. This article concludes with discussion about collective anxieties and implications for care services. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)  
ISSN: 01634372 [From : http://www.tandfonline.com](http://www.tandfonline.com)

237/77

Korean survivors of the Japanese Comfort Women system: understanding the lifelong consequences of early life trauma; by Jee Hoon Park, KyongWeon Lee, Michelle D Hand (et al).: Taylor and Francis.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 332-348.

Prior to and during World War II, thousands of girls and young women were abducted from Korea and forced into sexual slavery by the Japanese government. Termed "comfort women", these girls and young women suffered extreme sexual, physical, and emotional abuse and trauma. Research on this group is not well-developed, and people know little of the impact of this early life trauma on the lives of these women who are now in later life. Using snowball sampling, 16 older adult survivors of the comfort women system participated in semi-structured qualitative interviews. Thematic analysis was conducted to gain an understanding of the trauma that these women suffered and how it impacted their lives. Results revealed the depths of the abuse these women suffered, including repeated rapes, physical beatings, humiliation, forced surgery and sterilisation, and social exclusion. These early traumatic experiences appeared to reverberate throughout their lives in their family relations, their inability to marry and to conceive children, and their emotional and physical well-being throughout the life course and into later life. The experiences of these survivors illustrate the lasting impact of early-life trauma, and can guide interventions with current survivors of sexual abuse or trafficking. (RH)

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## LGBT

237/78

Exploring staff clinical knowledge and practice with LGBT residents in long-term care: a grounded theory of cultural competency and training needs; by Weston V Donaldson, Tammi Vacha-Haase.: Taylor and Francis.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 389-409.

Existing literature shows that lesbian, gay, bisexual and transgender (LGBT) residents are likely to face sub-optimal care in long-term care (LTC) facilities because of prejudice and discriminatory policies. The aim of this project was to assess the LGBT cultural competency of staff working in LTC facilities, to identify their current training needs, and to develop a framework for understanding LGBT cultural competency among LTC staff and providers. This grounded theory study comprised data from focus groups of interdisciplinary staff from three American LTC facilities. Results suggested that LTC staff struggle with how to be sensitive to LGBT residents' needs. Tension appeared to exist between wanting to provide an equal standard of care to all LTC residents, and fearing they would show "favouritism" or "special treatment", which might be viewed as unprofessional. Participants indicated training could help to address the ambivalence they experience about providing sensitive care to subpopulations of residents who face stigma and oppression. LTC staff stand to benefit from cultural competency training focused on LGBT residents. Training should be not only informational in nature, but also facilitate greater self-awareness and self-efficacy with respect to providing care to LGBT people. (RH)

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237/79

Lessons learned from an LGBTQ senior center: a Bronx tale; by Justine McGovern, Dwayne Brown, Vita Gasparro.: Taylor and Francis.

Journal of Gerontological Social Work, vol 59, nos 7-8, October-December 2016, pp 496-511.

Many lesbian, gay, bisexual, transgender, questioning (LGBTQ) adults face the future having experienced stigma and bias, restricted rights, and rejection from their family of origin, and are now growing older without the support of a partner and adult children. As a result, older LGBTQ

adults experience higher rates of depression, loneliness and isolation, and shortened life expectancy as compared to non-LGBTQ peers. This article describes an interdisciplinary pilot study exploring the impact of LGBTQ senior centres on the lives of centre members. Findings from focus group and key informant interviews highlight features of LGBTQ senior centre experiences that can significantly improve members' quality of life. These include providing family, acceptance and a home, which can have an impact on outlook and outcomes. Moreover, findings suggest the need for re-thinking hetero-normative definitions of "community" in the context of LGBTQ ageing. Beyond sharing findings from the study, suggesting a conceptual framework for deepening understanding about LGBTQ ageing, and identifying lines of future inquiry, the article articulates implications for social work research, practice and education. Ultimately, the article argues that social work is well-positioned to improve quality of life for this under-served population when it adopts a cultural humility stance in research, practice and education. (RH)

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237/80 Providing competent and affirming services for transgender and gender nonconforming older adults; by Kristen E Porter, Mark Brennan-Ing, Sand C Chang (et al): Taylor and Francis.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 366-388.

Despite the growing visibility and acceptance of transgender and gender nonconforming (TGNC) individuals, TGNC older adults experience many barriers in accessing competent and affirming health and social services, because of anti-TGNC prejudice, discrimination, and lack of competent healthcare training on the part of healthcare workers. Clinical gerontologists and geriatricians will likely encounter TGNC adults in their practice, given the greater numbers of older TGNC people who are living in their affirmed gender identities. The American Psychological Association recently published its Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (APA, 2015). These Guidelines document TGNC individuals' particular needs, and outline approaches for competent and affirming service provision. The authors interpret these Guidelines, using a gerontological lens to elucidate specific issues faced by the TGNC older adult, along with the practice and policy implications for this population. (RH)

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

237/81 Their time has come: providing culturally competent care to LGBT older adults; by Jennifer Moyer (ed): Taylor and Francis.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 363-365.

Lesbian, gay, bisexual and transgender (LGBT) older adults can experience discriminatory and harmful practices based on their sexual identity or gender identity in healthcare settings as in all settings. LGBT older adults experience healthcare disparities. Two papers in this issue of Clinical Gerontologist will help us in becoming more culturally competent to the needs of LGBT older adults. (RH)

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## **LIFE-LONG LEARNING**

237/82 A new American Chautauqua; by Bill Thomas.: AARP International.

AARP International: The Journal, 2017, pp 27-29.

The Chautauqua movement in the United States, first established in the late 19th and early 20th centuries, was an adult education movement that brought education and culture to the whole community with speakers, teachers and other specialists of the day. This social movement proved to be the perfect model for the annual Age of Disruption Tour, part-sponsored by the AARP. This article discusses the original Chautauqua and presents a summary of successful efforts to build a new American Chautauqua that is designed to disrupt ageing. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

## LONG TERM CARE

(See Also 237/52)

- 237/83      Caregivers create a veteran-centric community in VHA medical foster homes; by Leah M Haverhals, Chelsea E Manheim, Carrie V Gilman (et al).: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, no 6, August-September 2016, pp 441-457.  
The Veteran's Health Administration's Medical Foster Home (VHA MFH) program offers a unique long-term care option for veterans who require nursing home- or assisted-living-level care. Veterans in a medical foster home reside with community-based caregivers who provide 24-hour-a-day care and monitoring. The veterans often remain in the medical foster home until end of life. Support and oversight is provided to the caregiver from the Veteran's Health Administration's community-based medical team. This qualitative descriptive study is based on secondary analysis of interviews with 20 medical foster home caregivers from 7 programs across the United States. The study's research aims are to describe and explain: (a) the type of care backgrounds and skills these caregivers possess, (b) caregivers' primary motivations to open their homes to veterans who often have complex medical and social needs, and (c) how caregivers function in their role as primary caregiver for veterans. Findings indicated that caregivers interviewed had worked in long-term care settings and/or cared for family members. A strong desire to serve veterans was a primary motivation for caregivers, rather than financial gain. The caregivers' long-term care skills aided them in building and sustaining the unique medical foster home family-like community. (RH)  
ISSN: 01634372  
From : <http://www.tandfonline.com>
- 237/84      Raising the social security entitlement age: implications for the productive activities of older adults; by Julie Zissimopoulos, Barbara Blaylock, Dana P Goldman, John W Rowe.: Sage.  
Research on Aging, vol 39, no 1, January 2017, pp 166-189.  
An ageing America presents challenges, but also brings social and economic capital. The authors quantify public revenues from, and public expenditures on, Americans aged 65 and older, the value of their unpaid, productive activities and financial gifts to family. They use microsimulation to project the value of these activities, government revenues and expenditures under different scenarios of change to the Old Age and Survivors Insurance eligibility age until 2050. They find the value of unpaid productive activities and financial gifts are US\$721 billion in 2010, while net (of tax revenues) spending on the 65 years and older is US\$984 billion. A five-year delay in the full retirement age decreases federal spending by 10%, while 2-year delay in the early entitlement age increases it by 1.5%. The effect of 5-year delay on unpaid activities and transfers is small: a US\$4 billion decrease in services and a US\$4.5 billion increase in bequests and monetary gifts. This article was first presented at the conference, Social Insurance and Lifecycle Events among Older Americans (held on 7 December 2014), which was sponsored by the American Association of Retired Persons (AARP). (RH)  
ISSN: 01640275  
From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)
- 237/85      Understanding attitudes to paying for care amongst equity release consumers: citizenship, solidarity and the 'hardworking homeowner'; by Louise Overton, Lorna Fox O'Mahony.: Cambridge University Press.  
Journal of Social Policy, vol 46, no 1, January 2017, pp 49-67.  
The importance of developing a system that is perceived to be "fair" is a central element in debates about long-term care funding in the UK. It is therefore surprising that while previous research has established that older people tend to resent the idea of using housing equity and other personal assets, it has often revealed little about the factors underpinning these attitudes or reflected on how they sit within a wider frame of social and political norms. Drawing on 60 semi-structured in-depth interviews with older home owners who have released equity from their homes, this paper explores why people feel that it is fair, or unfair, to require owners to use their housing equity to fund long-term care needs, once factors like reluctance to trade on the home, and mistrust of equity release products, have been excluded. While a small majority of

participants considered it unfair, a substantial minority thought it fair that they were required to use their accumulated housing equity to meet care needs. This distribution of attitudes enabled the authors to explore the reasons why participants held each view, and so reflect on the impact of pro-social and pro-individual norms in shaping attitudes towards intra-generational fairness and ideas about "responsible citizenship". The analysis posits that the factors that shape attitudes toward using housing assets to pay for care, and their relationship to the wider rhetorical framework of asset accumulation, management and decumulation, have been misunderstood by policy makers. The implications of the findings for policies that seek to promote the development of a housing-asset based care funding system capable of attracting widespread support are discussed. (RH)

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From : [www.cambridge.org/JSP](http://www.cambridge.org/JSP)

## LONGEVITY

237/86 The 100-year life; by Lynda Gratton, Andrew Scott.: AARP International.

AARP International: The Journal, 2017, pp 23-26.

Increased longevity is causing people to drastically rethink retirement, and to redesign their retirement in ways that work best for them. Retirement is becoming a hazy concept. The age at which it occurs is no longer fixed but variable; it is less a hard stop and more a moving point on a spectrum. Flexibility and choice are key if the concept of retirement is to evolve and grow in a way that actively supports our longer lives. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

## MENTAL CAPACITY

237/87 Cognitive, social, and neural determinants of diminished decision-making and financial exploitation risk in aging and dementia: a review and new model; by R Nathan Spreng, Jason Karlawish, Daniel C Marson.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 28, nos 4-5, August-December 2016, pp 320-344.

The authors briefly review how changes in brain and in cognitive and social functioning, across the spectrum from normal to pathological ageing, can lead to decision-making impairments that increase risk of abuse in many life domains (e.g., health care, social engagement, financial management). Their review specifically focuses on emerging research which identifies neural, cognitive and social markers of declining financial decision-making capacity in older adults. The authors highlight how these findings are opening avenues for early detection and new interventions to reduce risk of exploitation. (RH)

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

## MENTAL HEALTH

(See Also 237/49, 237/69, 237/77, 237/125)

237/88 Discrimination and psychiatric disorders among older African Americans; by Dawne M Mouzon, Robert Joseph Taylor, Verna M Keith (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 32, no 2, February 2017, pp 175-182.

This study examined the impact of everyday discrimination (both racial and non-racial) on the mental health of older African Americans. This analysis was based on the older African American subsample of the National Survey of American Life. The authors examined the associations between everyday discrimination and both general distress and psychiatric disorders as measured by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Six dependent variables were examined: lifetime mood disorders, lifetime anxiety disorders, any lifetime disorder, number of lifetime disorders, depressive symptoms as measured by the 12-item Center for Epidemiological Scale of Depression (CES-D), and serious psychological distress as measured by the Kessler 6 (K6). Overall racial and non-racial everyday discrimination were consistently associated with worse mental health for older African Americans. Older African

Americans who experienced higher levels of overall everyday discrimination had higher odds of any psychiatric disorder, any lifetime mood disorder, any lifetime anxiety disorder and more lifetime DSM-IV disorders, in addition to elevated levels of depressive symptoms and serious psychological distress. These findings were similar for both racial discrimination and non-racial discrimination. This study documents the harmful association of not only racial discrimination, but also non-racial (and overall) discrimination with the mental health of older African Americans. Specifically, discrimination is negatively associated with mood and anxiety disorders as well as depressive symptoms and psychological distress. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

237/89

The effects of mindfulness and self-compassion on improving the capacity to adapt to stress situations in elderly people living in the community; by Josefa Perez-Blasco, Alicia Sales, Juan C Melendez, Teresa Mayordomo.: Taylor and Francis.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 90-103.

The authors sought to show the effectiveness of mindfulness and self-compassion therapy in improving older people's coping ability and adaptation to stressful situations. Forty-five older non-institutionalised Spanish adults were randomised to either treatment or a treatment waiting list. A pre- and post-treatment assessment was performed, consisting of the Brief Resilient Coping Scale (BRCS), the Depression Anxiety Stress Scales (DASS), and the Coping Strategies Questionnaire. The therapy was delivered over 10 sessions, each lasting 120 minutes. Analysis of variance for repeated measures showed: significant differences in the time-group interaction for the treatment's effectiveness in improving resilience, positive reappraisal and avoidance strategies; and decreasing anxiety, problem-solving coping, negative self-focus, overt emotional expression and religion. The study concludes that this mindfulness and self-compassion therapy is useful for improving older people's resilience and coping strategies, and in reducing their anxiety and stress level. (RH)

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237/90

Risk and protective factors for depressive symptoms among indigenous older adults: intimate partner violence (IPV) and social support; by Soonhee Roh, Catherine E Burnette, Kyoung Hag Lee (et al): Taylor and Francis.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 316-331.

Research on depression and intimate partner violence (IPV) experienced by Indigenous older adults is virtually non-existent. Given the associations between IPV and depression and their disproportionately high rates among Indigenous peoples in a context of historical oppression, this inquiry examines how IPV and social support are associated with depressive symptoms for Indigenous older adults. The authors expand the knowledge base on IPV in later life, which primarily focuses on female samples, by including older men. It was predicted that: IPV will be positively associated with depressive symptoms; and levels of social support will be negatively associated with depressive symptoms. Hierarchical regression analyses of data from a sample of Indigenous older adults (N = 233) in the Upper Midwest of the US indicated that physical aggression (but not psychological aggression, sexual coercion, injury or negotiation) was positively associated with depressive symptoms, whereas social support was negatively associated with depressive symptoms. This is one of four articles in this issue of Journal of Gerontological Social Work which focus on indigenous Elders. (RH)

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

## **MENTAL HEALTH CARE**

237/91

Individual and group psychotherapy with people diagnosed with dementia: a systematic review of the literature; by Richard Cheston, Ada Ivanecka.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 32, no 1, January 2017, pp 3-31.

This paper reviews the existing evidence base for individual and group psychotherapy with people affected by dementia. The protocol was registered. Searches were conducted on

electronic databases, relevant websites and reference lists for records of psychotherapy with people affected by Alzheimer's Disease, vascular dementia, Lewy-body dementia or a mixed condition between 1997 and 2015. Studies of therapies which met British Association of Counselling and Psychotherapy definitions (e.g. occurs regularly, focuses on talking about life events and facilitates understanding of the illness) were included. Art therapy, cognitive stimulation and rehabilitation, life review, reminiscence therapy and family therapy were excluded. Studies which included people with frontal-temporal dementia and mild cognitive impairment were excluded. Data was extracted using a bespoke form, and risk of bias assessments were carried out independently by both authors. Meta-analysis was not possible because of the heterogeneity of data. A total of 1397 papers were screened with 26 papers using randomised, non-randomised controlled trials or repeated measured designs being included. A broad mix of therapeutic modalities, types, lengths and settings were described, focusing largely on people with mild levels of cognitive impairment living in the community. This study was limited to only those studies published in English. The strongest evidence supported the use of short-term group therapy after diagnosis and an intensive, multi-faceted intervention for nursing home residents. Many areas of psychotherapy need further research. (JL)

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## MENTAL HEALTH SERVICES

237/92 Comparison of service utilisation and costs of working age adults and older adults receiving treatment for psychosis and severe non-psychotic conditions in England: implications for commissioning; by Ramin Nilforooshan, Lee Benson, Heather Gage (et al): Wiley Blackwell. *International Journal of Geriatric Psychiatry*, vol 32, no 1, January 2017, pp 110-115.

Current plans in the English National Health Service are to replace block contracts for mental health providers with a single tariff for each 'cluster' of conditions. A single tariff will not take into account the potential additional complexity and costs inherent in caring for older people. To examine the basis for a uniform tariff, differences in service utilisation and costs between working age adults and older adults in two populous clusters (non-psychotic, psychotic) were investigated across five mental health healthcare providers in and around London. A retrospective review of records over three months was carried out assessing service utilisation and costs using the Client Services Receipt Inventory. Records of 362 patients were reviewed, as were those of 179 older adults (90 non-psychotic, 89 psychotic) and 183 adults of working age (83 non-psychotic, 100 psychotic). Older adults in both clusters had more tests, assessments and home visits. Overall costs of care of older adults were significantly higher in the non-psychotic cluster. The authors argue that an appropriate age-related tariff is required for each cluster. (JL)

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## MIGRATION

237/93 Legitimising the care market: the social recognition of migrant care workers in Italy; by Marta Cordini, Costanzo Ranci.: Cambridge University Press.

*Journal of Social Policy*, vol 46, no 1, January 2017, pp 91-108.

The sizeable presence of migrant care workers in the private care market in many European countries is confirmed by several studies that have explained the phenomenon through functional arguments, stressing the economic convenience of transnational markets and the crucial role played by public regulation. This paper focuses instead on the public and institutional discourses that have contributed to legitimising this private care market, characterised by the worsening of employment conditions and the decrease in care quality. The main argument is that the social recognition of these workers provides the public with the new concepts and rationales that determine the actual shape of the private care market. Compared to other migrant workers, migrant care workers are usually more welcome in the host society and less targeted by xenophobic attitudes, especially where their labour helps to meet a lack of public provision as is happening in Southern European countries. Nevertheless, their rights are not fully granted, either as citizens or as workers. Basic requirements in the migrant care market include for instance

reduced wages, great flexibility, and informal contracts. The authors test their hypothesis by content analysis of public discourse relating to the Migration Law in Italy (usually referred to as Bossi-Fini Law after its main proponents) over a 10-year period (2002-2012). Italy's two main national newspapers were also included in this content analysis. This analysis provides evidence on how market dynamics have been shaped by a deliberate political construction, which has relieved governments of the task of finding a public solution to care needs and has relegated migrant care workers to a subordinate social position, which is functional in making the care market work. (RH)

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## **MORTALITY**

(See 237/7, 237/113)

## **NEIGHBOURHOODS AND COMMUNITIES**

(See Also 237/32)

237/94 Age-friendly walkable urban spaces: a participatory assessment tool; by Mariana F Almeida.: Taylor and Francis.

Journal of Housing for the Elderly, vol 30, no 4, October-December 2016, pp 396-411.

Creating active-living, age-friendly communities requires new methods to assess public spaces and to engage older citizens in healthy urban planning. This article presents the development and piloting of a participatory group tool to evaluate and rate the quality of streets for walking from the viewpoint of older adults, designed as a simple and practical perceived built-environment measure for action and research purposes. The pilot study took place in two cities (Lisbon and Odivelas) in Portugal, and involved 32 older residents and local partners. (RH)

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

237/95 Convenience stores as an aging lifeline; by Ryoto Takemoto.: AARP International.

AARP International: The Journal, 2017, pp 80-83.

Looks at the role of convenience stores (CVS) in Japan (eg 7-Eleven, Lawson and FamilyMart) as a potential lifeline for older people. CVSs could outgrow their role as mere retailers and become 'lifelines' where a number of services could be provided at a single site \_ eg. provision of official certificates, dispensing pharmacies, provision of medical check-ups. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

237/96 Creating an age-friendly Hong Kong; by Grace Chan.: AARP International.

AARP International: The Journal, 2017, pp 67-70.

Grace Chan, Chief Officer of Hong Kong's Council of Social Services (HKCSS), sets forth her vision for creating an age-friendly Hong Kong, with special emphasis on ageing in place as a policy objective. To this end a steering committee has been assigned the following core tasks: promoting public understanding on an age-friendly Hong Kong; fostering solutions to improve the lives of older people with the participation of stakeholders and older people themselves; and exchanging information and disseminating best practices. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

237/97 Los Angeles ages into excellence; by Eric Garcetti.: AARP International.

AARP International: The Journal, 2017, pp 63-66.

Eric Garcetti, Mayor of Los Angeles, sets forth his vision for building age-friendly communities in that city. (JL)

From : [journal.aarpinternational.org](http://journal.aarpinternational.org)

- 237/98 A new neighborhood every fall: aging in place in a college town; by Kathleen H Powell.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, nos 7-8, October-December 2016, pp 537-553.  
Older adults who live in residential neighbourhoods adjacent to college and university campuses have a unique experience that makes them vulnerable to marginalisation and displacement. As these neighbourhoods become increasingly dominated by college students living in rented properties, older adults find themselves in the minority in a neighbourhood where they have lived for many years. In addition, these neighbourhoods are attractive to universities, city governments and private companies for their development potential, which can result in gentrification. A year-long ethnographic study of a campus-adjacent neighbourhood in a small US college town that is home to a medium-sized public university sheds light on the relationships between members of 5 stakeholder groups that have a vested interest in the neighbourhood. The study highlights the need for additional research on different types of neighbourhoods and their effects on ageing in place, in addition to outlining social work interventions in campus-adjacent neighbourhoods that are designed to enhance these intergenerational spaces. (RH)  
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From : <http://www.tandfonline.com>
- 237/99 Psychological distress and help-seeking by residents of a neighborhood naturally occurring retirement community (NNORC); by Kimberly P McClive-Reed, Zvi D Gellis.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, nos 7-8, October-December 2016, pp 572-586.  
This article presents findings from an annual survey of residents of a horizontal neighbourhood naturally occurring retirement community (NNORC). A naturally occurring retirement community (NORC) is defined as "housing developments that are not planned or designed for older people, but which over time come to house largely older people". The study explored the relationship between several factors (age, co-residents, number of chronic illnesses, self-reported health, loneliness, sense of mastery, locus of control, pain, and psychological distress) and their ability to predict general health, level of psychological distress, and the quantity and type of help-seeking behaviours. Although residents generally reported moderate to high levels of chronic disease, pain, loneliness, and concerns about life issues, 25% of them sought no help from any of the listed resources, and 65% sought help from only one of seven resources. The most common source of help for most (70%) was a primary care physician (PCP), and comparatively few respondents sought help from other sources. Older adults, especially those with chronic illness, generally consider their PCP to be the first, and perhaps only, source to consult. However, research indicates that the most effective health promotional programmes for older adults are social and educational group activities, rather than individual health-focused interventions. Possible means of redirecting residents toward NNORC services include more vigorous outreach, and creating collaborative partnerships between local PCPs serving older populations and the NNORC. (RH)  
ISSN: 01634372  
From : <http://www.tandfonline.com>
- 237/100 Resident-managed elder intentional neighborhoods: do they promote social resources for older adults?; by Anne P Glass.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 59, nos 7-8, October-December 2016, pp 554-571.  
Social isolation has serious negative public health impacts for older adults. Survey data were collected at three resident-managed elder intentional neighbourhoods in the United States (n = 59), to determine if these neighbourhoods, each based on the co-housing model, promote development of social resources for their residents. Social resources were measured on three dimensions: social networks, neighbourly support, and satisfaction with the neighbourhood community. Respondents were White, mean age 73.3 (range = 63-91), primarily female (76.3%), and generally had high levels of education and self-reported health. Almost half (47%) were never married or divorced, and 37% were childless. Inclusion of neighbourhood ties ameliorated risk of social isolation. Satisfaction with support and a variety of neighbouring behaviours were reported. These neighbourhoods are meeting the needs of a potentially at-risk population as an

avenue to promote social resources and to reduce social isolation. The implications for gerontological social workers include a role in helping to mobilise and support these types of neighbourhoods as a way to encourage mutual support among older adults. With the increase in the ageing population, such models of proactive interdependence and communal coping have the potential to lessen or delay the demands that socially isolated older people place on social workers. (RH)

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

## **NURSING**

237/101

Priorities for the professional development of registered nurses in nursing homes: a Delphi study; by Emily Cooper, Karen Spilsbury, Dorothy McCaughan (et al).: Oxford University Press.

*Age and Ageing*, vol 46, no 1, January 2017, pp 39-45.

The purpose of the study was to establish a consensus on the care and professional development needs of registered nurses (RNs) employed by UK care homes. This was a two-stage, online modified Delphi study. Study participants were a panel of 352 individuals with experience, expertise or interest in care home nursing as follows: (i) care home nurses and managers; (ii) community healthcare professionals (including general practitioners, geriatricians, specialist and district nurses); and (iii) nurse educators in higher education. Study findings showed that RNs employed by nursing homes require particular skills, knowledge, competence and experience to provide high-quality care for older residents. The most important responsibilities for the nursing home nurse were: promoting dignity, personhood and wellbeing, ensuring resident safety and enhancing quality of life. Continuing professional development priorities included personal care, dementia care and managing long-term conditions. The main barrier to professional development was staff shortages. Nursing degree programmes were perceived as inadequately preparing nurses for a nursing home role. Nursing homes could improve by providing supportive learning opportunities for students and fostering challenging and rewarding careers for newly qualified RNs. If nurses employed by nursing homes are not fit for purpose, the consequences for the wider health and social care system are significant. Nursing homes, the NHS, educational and local authorities need to work together to provide challenging and rewarding career paths for RNs and evaluate them. Without well-trained, motivated staff, a high-quality care sector will remain merely an aspiration. (JL)

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## **OLDER OFFENDERS**

237/102

Health self-management among older prisoners: current understandings and directions for policy, practice, and research; by Nicole Ruggiano, Andreja Lukic, Anita Blowers, Jill Doerner.: Taylor and Francis.

*Journal of Gerontological Social Work*, vol 59, nos 7-8, October-December 2016, pp 627-641.

The population of ageing prisoners in the United States has increased significantly over the past several decades, resulting in concerns about the criminal justice system's ability to address the needs of prisoners and parolees with chronic health conditions. This is troubling, given the health disparities among incarcerated populations. Health self-management has become a strategy within the community-based health care industry to improve health services and outcomes while reducing health care costs for non-incarcerated individuals with chronic conditions. However, to date, little research has focused on the practice or promotion of health self-management among current and former incarcerated populations. This article highlights current understandings about chronic health self-management among older prisoners and parolees, with an emphasis on the potential benefits and current challenges in promoting their health self-management practices. Specific recommendations are made for promoting health self-management for these populations through social work practice, policy advocacy and research, to achieve goals in improving health outcomes and reducing healthcare costs. (RH)

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## OLDER WOMEN

- 237/103 Living arrangements of mothers and their adult children over the life course; by Emily E Wiemers, Vladislav Slanchev, Kathleen McGarry, V Joseph Hotz.: Sage. *Research on Aging*, vol 39, no 1, January 2017, pp 111-134. Early in 20th century, it was commonplace for older women to live with their adult children. Over time, the prevalence of this type of living arrangement declined as incomes increased. In more recent decades, co-residence between adult children and their retirement-age parents has become more common, as children rely on parental support later into adulthood. The authors use panel data from the US Panel Study of Income Dynamics (PSID) to examine the living arrangements of older mothers and their adult children over the life course. Particular attention is paid to the relationship between co-residence and indicators of parental and child needs. The results suggest that for much of the life course, co-residence serves to benefit primarily the adult children rather than their older mother. The authors also highlight a little known phenomenon, that of children who never leave the parental home and remain co-resident well into their later adult years. This article was first presented at the conference, Social Insurance and Lifecycle Events among Older Americans (held on 7 December 2014), which was sponsored by the American Association of Retired Persons (AARP).(RH)  
ISSN: 01640275  
From : [journals.sagepub.com/home/roa](http://journals.sagepub.com/home/roa)
- 237/104 Working with COW: social work supporting older women living in the community; by Margot Rawsthorne, Kayleigh Ellis, Alison de Pree.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 60, no 1, January 2017, pp 32-47. Like all developed Western countries, Australia is experiencing a demographic shift that is resulting in an increasing proportion of the population being aged over 65. Contrary to stereotypes, the vast majority of older people live independently in communities. This article explores the potential of social work practice, informed by community development principles, to enable socially disadvantaged older women to live in vibrant and supportive communities, in which they feel safe and can access the support services they need. It argues that participation in social action not only builds older women's well-being, but also enables them to become (or continue to be) agents for social change in local communities. Adopting a community-based research methodology, this article draws on a decade of community development practice with the Concerned Older Women's (COW) Group. This suggests that community development practice based on participation, empowerment and social action founded on respectful relationships may accrue significant benefits to individuals and the broader community. This social work practice creates the social conditions to facilitate older women's capacity to work collectively to achieve social change, challenging ageist stereotypes. (RH)  
ISSN: 01634372  
From : <http://tandfonline.com>

## PAIN

- 237/105 The landscape of pain management in people with dementia living in care homes: a mixed methods study; by Anne Corbett, Kayleigh-Marie Nunez, Emily Smeaton (et al.): Wiley Blackwell. *International Journal of Geriatric Psychiatry*, vol 31, no 12, December 2016, pp 1354-1370. The aim of this study was to explore the current landscape of pain management in people with dementia living in care home settings. Pain is extremely common in this patient group, yet there is very limited guidance for healthcare professionals. Triangulation of stakeholder consultation and quality review of pain management guidance were performed. A review of existing pain management guidance was conducted using published quality criteria adapted for the field. Three focus group discussions were held with care home staff and two focus group discussions and an online survey with family carers. Data were subjected to thematic analysis to identify themes and sub-themes. Outcomes were reviewed by an expert panel, which gave recommendations. 15 existing guidelines were identified, of which three were designed for use

in dementia and none were tailored for care home settings. Thematic analysis revealed six major themes in current pain management in dementia: importance of person-centredness, current lack of pain awareness in staff, communication as a core element, disparities in staff responsibility and confidence, the need for consistency of care and current lack of staff training. In addition to the needs for practice, the expert panel identified promising pharmacological treatment candidates, which warrant clinical evaluation. The findings of this study clearly articulate a need for an evidence-based pain management programme for care homes, which is informed by stakeholder input and based within a conceptual framework for this setting. There are novel opportunities for clinical trials of alternative analgesics for use in this patient group. (JL)

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237/106

Understanding pain among older persons: Part 2 - the association between pain profiles and healthcare utilisation; by Norelee Kennedy, Kieran O'Sullivan, Ailish Hannigan, Helen Purtill.: Oxford University Press.

Age and Ageing, vol 46, no 1, January 2017, pp 51-56.

While polypharmacy and multimorbidity predict healthcare utilisation among older people, the influence of differing pain profiles on healthcare utilisation is unclear. The objective of this study was to compare healthcare utilisation between people with different pain profiles. Baseline data from The Irish Longitudinal study on Ageing (TILDA), a population-representative cohort study involving over 8,171 community living people resident in Ireland aged 50 or over, was used. Following the creation of four novel pain profiles, variables relating to healthcare utilisation were compared across the different profiles using chi-square tests and logistic regression. Healthcare utilisation differed across the four pain profiles, with pain being an independent predictor of resource use. Pain profiles 3 and 4 had higher use of general practitioner (GP) care and outpatient visits than people with no pain and pain that had less impact. The odds of being a frequent GP attender increased across pain profiles, with those in profile 4 being almost three times as likely to be frequent attenders compared to those with no pain. People in profile 4 were almost twice as likely to have a hospital outpatient visit compared to people with no pain. Overall, healthcare utilisation differed between the four pain profiles, with people in profiles 3 and 4 having greater usage of primary and secondary healthcare resources. Pain profile membership was a significant independent predictor of the utilisation of GP care and hospital outpatient visits. (JL)

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237/107

Understanding pain among older persons: Part 1 - the development of novel pain profiles and their association with disability and quality of life; by Kieran O'Sullivan, Norelee Kennedy, Helen Purtill, Ailish Hannigan.: Oxford University Press.

Age and Ageing, vol 46, no 1, January 2017, pp 46-51.

While a range of variables are related to the impact of pain, most population studies of older people have simply examined the presence or intensity of pain. The objective of this study was to develop novel pain profiles based on a range of pain variables, and compare demographic and health variables across profiles. Baseline data from The Irish Longitudinal study on Ageing (TILDA), a population-representative cohort study involving 8,171 community living people resident in Ireland aged 50 or over, was used. Two-step cluster analysis was performed on those who reported being often troubled by pain using all self-reported pain variables. Nine demographic and health variables were compared across pain profiles and the no-pain profile. Of the cohort, 65% reported not often being troubled by pain. Of those troubled by pain, four profiles emerged ranging from the profile whose pain did not have impact on daily activities (12% of cohort) to the profile with everyone taking medication to control the pain (9% of cohort). All demographic and health variables differed significantly across the profiles, with pain profiles reporting significantly greater disability and poorer quality of life than the no-pain profile. In all, four pain profiles, based on a range of pain variables, as well as a no-pain profile were identifiable in a large sample of older adults. Identifying those (i) with multi-site pain, (ii) who take pain medications and/or (iii) whose pain affects daily activities, clearly identifies those with the highest levels of disability and poorest quality of life. (JL)

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## PENSIONS AND BENEFITS

- 237/108      A model pension scheme in Africa; by Charles Knox-Vydmanov.: AARP International. AARP International: The Journal, 2017, pp 42-44.  
In 2016, the government of Zanzibar (a semi-autonomous region of Tanzania) began making pension payments to all people aged over 70, regardless of their income status. Unlike other cash transfer schemes across Africa, the scheme is fully financed by the government budget. An assessment of the impact in Zanzibar is still ongoing, but initial discussions with older people suggest that the scheme is having a substantial positive impact on older people and their families. (JL)  
From : [journal.aarpinternational.org](http://journal.aarpinternational.org)
- 237/109      Periodic review of rules about State Pension age: report by the Government Actuary: presented to the House of Commons pursuant to section 27 of the Pensions Act 2014; by Government Actuary's Department. London: Government Actuary's Department [on behalf the Department for Work and Pensions], 2017, 57 pp (HC 989 session 2016/17).  
The Government Actuary has produced this report for the Department for Work and Pensions (DWP) as part of the State Pension Age Review. The report aims to determine pension age rules that would be required for an average person to spend a specified proportion of adult life (aged 20+) as being eligible to receive the State Pension. It makes calculations for those born on or after 6 April 1961, and thus considers State Pension changes between 6 April 2028 and 5 April 2064. It makes mortality assumptions based on Office for National Statistics (ONS) 2014 principal population projections. It makes calculations for two scenarios for the State Pension Age (SPA): one third (33.3%) of adult life, and 32% of adult life. The report also includes sensitivity analyses that take into account, for example, high and low life expectancy variant projections, and upward and downward revisions of life expectancy forecasts (to reflect fluctuations in ONS life expectancy projections). Also considered are potential impacts on the old age dependency ratio (OADR, the proportion of people above SPA compared to the number of people of working age) of changing the SPA timetable. (RH)  
From : <https://www.gov.uk/government/collections/state-pension-age-review>  
Government Actuary's Department, Finlaison House, 15-17 Furnival Street, London, EC4A 1AB.
- 237/110      The regulatory welfare state in pension markets: mitigating high charges for low-income savers in the United Kingdom and Israel; by Avishai Benish, Hanan Haber, Rotem Eliahou.: Cambridge University Press.  
Journal of Social Policy, vol 46, no 2, April 2017, pp 313-330.  
How does the rising 'regulatory welfare state' address social policy concerns in pension markets? This study examines this question by comparing the regulatory responses to high charges paid by low-income workers in pension markets in the UK and Israel. In the UK, with the recognition that the market would not cater to low-income workers, the regulatory response was the creation of a publicly operated low-cost pension fund (the National Employment Savings Trust - NEST), a 'public option' within the market. This allowed low-income workers access to a low level of charges, previously reserved for high-income and organised workers. In Israel, regulation sought to empower consumers, while providing minimal social protection by capping pension charges at a relatively high level, thereby leaving most of the responsibility for reducing the charges with the individual saver. By comparing these two cases, the article develops an analytical framework for the study of the regulatory welfare state, making two contributions. First, it highlights different types of regulatory citizenship: minimal regulatory social protection as opposed to a more egalitarian approach. Second, it identifies an overlooked regulatory welfare state strategy: creating 'public option' arrangements, whereby a state-run (but not funded) service operates within the market. (RH)  
ISSN: 00472794  
From : [cambridge.org/JSP](http://cambridge.org/JSP)

237/111

Smoothing the transition: final report, Independent review of the State Pension age; presented to Parliament pursuant to Section 27 of the Pensions Act 2014; by John Cridland, State Pension Age Independent Review, Department for Work and Pensions - DWP. London: Department for Work and Pensions, March 2017, 130 pp.

The Pensions Act 2014 requires the Government to review the State Pension Age (SPA) during each Parliament. This report suggests that individuals need at least ten year's notice of state pension changes, and such changes should be limited to once per decade. The report focuses on recommendations on State Pension age (SPA) arrangements post-2028, when State Pension age will have reached 67. Three generations feature in the analysis: Baby Boomers (born 1945-65), Generation X (born 1966-1979), and Generation Y (born 1980-2000). The report looks at changing longevity, affordability, inter and intra-generational fairness and the effects on particular groups, and principles for and approaches to setting the SPA. Section 5, 'Smoothing the transition', examines enabling fuller working lives (acknowledging the need to support older workers and carers, also issues such as burnout); the contribution of older workers as trainers; flexibility within a universal SPA; supporting older people over SPA to work; and the impacts of private and public sector pensions.

The report estimates that the cost of the state pension will rise from 5.2% of GDP in 2016/17 to 6.2% in 2036/37. Also included is commentary on responses received to the interim report's consultation (Annex B). The DWP analysis of British Social Attitudes data 2008 to 2015, to which the report refers is also accessible at the weblink given. (RH)

From : <https://www.gov.uk/government/publications/state-pension-age-independent-review-final-report>

## **PERSON CENTRED CARE**

(See 237/119)

## **PETS**

237/112

Effect of animal-assisted interventions on depression, agitation and quality of life in nursing home residents suffering from cognitive impairment or dementia: a cluster randomized controlled trial; by Christine Olsen, Ingeborg Pedersen, Astrid Bergland (et al): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 31, no 12, December 2016, pp 1312-1321.

The prevalence of neuropsychiatric symptoms in cognitively impaired nursing home residents is known to be very high, with depression and agitation being the most common symptoms. In this study the possible effects of a 12-week intervention with animal-assisted activities (AAA) in nursing homes were examined. The primary outcomes related to depression, agitation and quality of life (QoL). A prospective, cluster randomised multicentre trial with a follow-up measurement three months after end of intervention was used. Inclusion criteria were men and women aged 65 years or older, with a diagnosis of dementia or having a cognitive deficit. Ten nursing homes were randomised to either AAA with a dog or a control group with treatment as usual. In total 58 participants were recruited: 28 in the intervention group and 30 in the control group. The intervention consisted of a 30-minute session with AAA twice weekly for 12 weeks in groups of three to six participants, led by a qualified dog handler. Norwegian versions of the Cornell Scale for Depression, the Brief Agitation Rating Scale and the Quality of Life in Late-stage Dementia scale were used. A significant effect on depression and QoL was found for participants with severe dementia at follow-up. For QoL, a significant effect of AAA was also found immediately after the intervention. No effects on agitation were found. Animal-assisted activities may have a positive effect on symptoms of depression and QoL in older people with dementia, especially those in a late stage. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

## PHYSICAL ACTIVITY

- 237/113 Physical activity, diet quality, and mortality among community-dwelling prefrail and frail older adults; by Justin C Brown, Michael O Harhay, Meera N Harhay.: Taylor and Francis.  
Journal of Nutrition in Nutrition in Gerontology and Geriatrics, vol 35, no 4, October-December 2016, pp 253-266.  
Frailty is a syndrome of poor health characterised by features of unintentional weight loss, impaired physical function, weakness, exhaustion and low levels of ambulatory activity. Prefrailty represents an intermediate phase on frailty pathway, with 10%-25% of older adults progressing to frailty within seven years. It is not known whether physical activity and diet quality are associated with the risk of poor outcomes such as mortality among prefrail and frail older adults. This was a population-based cohort study among 1,487 prefrail and frail older adults from the Third National Health and Nutrition Survey. Compared to participants who were sedentary (0 bouts of physical activity per week), those who were physically inactive (1-4 bouts of physical activity per week) were 24% less likely to die, and those who were physically active (5 or more bouts of physical activity per week) were 34% less likely to die. Compared to participants with poor diet quality, those with fair diet quality were 26% less likely to die, and those with good diet quality were 33% less likely to die. There was a synergistic interaction between physical activity and diet quality on the risk of mortality. So participation in physical activity and consumption of a healthy diet is associated with a lower risk of mortality among prefrail and frail older adults. (JL)  
ISSN: 21551197  
From : <http://www.tandfonline.com>

- 237/114 Physical inactivity among older adults across Europe based on the SHARE database; by Marcos Gomes, Daniela Figueiredo, Laetitia Teixeira (et al).: Oxford University Press.  
Age and Ageing, vol 46, no 1, January 2017, pp 71-77.  
Regular physical activity is one of the key components of a healthy lifestyle. It is associated with better physical and cognitive functioning in later life and with increased life expectancy. The purpose of this study was to evaluate the prevalence of, and factors related to, physical inactivity among older adults across Europe. In this cross-sectional analysis, data was used from participants aged 55 or older in Wave 4 of the Survey of Health, Ageing, and Retirement in Europe (SHARE) database, a multidisciplinary and cross-national panel database covering health, socioeconomic status, and social and family networks. Individuals included in this study were classified as physically active or physically inactive. Clinical, psychosocial and sociodemographic variables were evaluated for their association with physical inactivity. From the total of 58,489 individuals in SHARE, the study selected 19,298 people aged 55 or older, 59.2% of whom were female. The overall prevalence of inactivity among individuals aged 55 or older in the 16 included countries was 12.5%. The prevalence of physical inactivity varied between countries, ranging from 4.9% (Sweden) to 29% (Portugal). Increasing age, depression, physical limitations, poor sense of meaning in life, social support and memory loss were significant variables associated with physical inactivity. Overall findings showed that physical inactivity can be explained by physical, cognitive and psychological conditions. Interventions aimed at promoting physical activity among older people are needed to address this diversity of factors. (JL)  
ISSN: 00020729  
From : <https://academic.oup.com/ageing>

## RELIGION AND SPIRITUALITY

(See Also 237/36)

- 237/115 Religiousness and psychological distress in Jewish and Christian older adults; by Joseph C McGowan, Elizabeth Midlarsky, Ruth T Morin, Liat S Graber.: Taylor and Francis.  
Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 489-507.  
Previous work has shown that the association between religious belief and psychological distress is stronger for Christians than Jews, while religious activity is associated with lower

psychological distress for both groups. In this study, the authors explore how the association between religiousness and psychological distress varies by religious affiliation. Interviews were conducted using a community sample of 143 Christian and Jewish older adults aged 65+. Quantitative measures were used to assess levels of organisational and intrinsic religiosity, as well as symptoms of depression and anxiety. Christians who are highly involved in the organisational aspects of their religion report fewer depressive symptoms than Jews who have high levels of organizational religiosity, and the opposite is the case at lower levels of organisational religiosity. No significant group differences were found in the relationship between religiousness and anxiety. The results of this study indicate a difference between Jews and Christians in the reasons that they turn to their respective religious services, particularly in late life. (RH)

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

## RESEARCH

237/116

Establishing a set of research priorities in care homes for older people in the UK: a modified Delphi consensus study with care home staff; by Victoria Shepherd, Fiona Wood, Kerenza Hood.: Oxford University Press.

Age and Ageing, vol 46, no 2, March 2017, pp 284-290.

Currently there is little evidence base for much of the care provided for older people in care homes. Given the wide range of topics that require further investigation and limited resources, one solution is to identify priorities for future research. In this study a modified Delphi technique was used to identify research topics and develop consensus among care home staff participants. The survey was conducted across three rounds: firstly to elicit topics that were considered by participants to require further research; secondly to prioritise the long list of research questions; and thirdly to reach a consensus on the highest ranked 15 questions. 83 participants responded to the initial survey providing 144 questions. Following analysis and review against existing evidence, 76 research questions remained. Of note, 40/83 participants responded to the interim prioritisation round and 43/83 participants responded to the final round, which ranked the top 15 research questions by importance. Two other groups of health and social care professionals also participated in the final ranking. The results from these groups had a similar ordering to those of the original cohort of participants. This is the first study to establish a set of research priorities for older people in UK care homes. It is hoped that sharing these results with clinicians, researchers and funding bodies will help to begin the process of ensuring that the future research agenda can be focused on the areas of greatest need. Further work to identify the priorities of other key stakeholders is required. (JL)

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From : <https://academic.oup.com/ageing>

## RESIDENTIAL AND NURSING HOME CARE

(See Also 237/13, 237/21, 237/52, 237/78, 237/101, 237/105, 237/112, 237/116)

237/117

"We can't provide season tickets to the opera": staff perceptions of providing preference-based, person-centered care; by Katherine M Abott, Allison R Heid, Kimberly Van Haitsma.: Taylor and Francis.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 190-209.

Knowledge of a nursing home resident's everyday living preferences provides the foundation for ongoing individualised care planning. This American study aimed to identify nursing home (NH) staff perceptions of facilitators and barriers to learning about and meeting residents' preferences, and reasons why staff feel residents change their minds about preferences. Focus group sessions and interviews were conducted with 36 NH staff members working in a facility that has been actively assessing resident preferences for five years. Thematic codes classifying facilitators, barriers, and dependencies were identified. Staff shared ways they are able to help meet residents' preferences, as well as barriers to fulfilling resident preferences through their own behaviours, facility characteristics, the social environment and resident characteristics. In

addition, staff believe that residents change their minds about important preferences 'depending on' several factors including global environmental characteristics, social environment, resident characteristics, and general staff perceptions. This work identifies key facilitators and barriers to consider when implementing quality improvement efforts designed to improve the person-centred nature of care in nursing homes; and is intended to further inform the culture change movement, which aims to transform NHs by empowering staff and delivering person-centred care. (RH)

ISSN: 07317115

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

237/118 Care home performance across England; by Independent Age. London: Independent Age, March 2017, 16 pp.

As part of its 'Better choices, Better care' campaign, Independent Age uses publicly available Care Quality Commission (CQC) data (as at January 2017) to present care home performance by region and local authority. This briefing presents the information as regional maps and statistical tables to indicate percentages of homes rated as "inadequate" or "requires improvement". It finds that the North West to be a particular area of concern, where as many as one in three care homes fall into the Inadequate or Requires Improvement categories, compared to just one in five in London and the East of England. Local authorities with the lowest proportion of homes rated "inadequate" or "requires improvement" are Rutland, Islington and Isles of Scilly (all 0%), while more than 60% of care homes in Salford and Stockport are categorised as such. (RH)

From : [https://www.independentage.org/sites/default/files/2017-04/Regional\\_care\\_home\\_performance\\_briefing.pdf](https://www.independentage.org/sites/default/files/2017-04/Regional_care_home_performance_briefing.pdf)

237/119 Development and testing of the Person-Centered Environment and Care Assessment Tool (PCECAT); by Chanel Burke, Jane Stein-Parbury, Georgina Luscomber, Lynne Chenoweth.: Taylor and Francis.

Clinical Gerontologist, vol 39, nos 1-5, 2016, pp 282-306.

While person-centred principles provide an ideal foundation for developing service standards in residential aged and dementia care, there has been limited attention to developing tools which can measure service structures, processes and outcomes according to these principles. The Person-Centered Environment and Care Assessment Tool (PCECAT) was developed to assess and improve residential aged-care standards using person-centred principles, while also adhering to the Australian residential aged-care standards. A mixed-methods approach was used to develop and validate the PCECAT in five sequential stages. Content, face, concurrent and convergent validity were established, and test-retest reliability was confirmed in 334 aged/dementia care units belonging to 131 Australian and New Zealand aged-care homes. The PCECAT and its Guidelines have helped providers to improve service quality. While Australian residential aged-care standards were used as guidelines in developing the scale, there is potential for PCECAT adaptation in other countries and cultures. (RH)

ISSN: 07317115

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

237/120 Factors affecting residential care facility charges; by Sarita L Karon, Joshua M Wiener, Galina Khatuskyy (et al).: Taylor and Francis.

Journal of Housing for the Elderly, vol 30, no 4, October-December 2016, pp 380-395.

Residential care facilities, known by a variety of names (such as assisted living or group homes), offer assistance to people who find it difficult to live alone, but who do not need or wish to enter a nursing home. There is substantial variation in the amount that residents are charged each month. Data from the 2010 US National Survey of Residential Care Facilities were used to identify factors that affect the total monthly charges to residents. These findings can inform an individual's search for an appropriate, affordable option. (RH)

ISSN: 02763893

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

237/121

Fixing the broken image of care homes, could a 'care home innovation centre' be the answer?; by Jo Hockley, Jennifer Kirsty Harrison, Julie Watson, Marion Randall, Scott Murray.: Oxford University Press.

Age and Ageing, vol 46, no 2, March 2017, pp 175-178.

The UK has many excellent care homes that provide high-quality care for their residents. However across the care home sector, there is a significant need for improvement. Even though the majority of care homes receive a rating of 'good' from regulators, still significant numbers are identified as requiring 'improvement' or are 'inadequate'. Such findings resonate with the public perceptions of long-term care as a negative choice, to be avoided wherever possible - as well as impacting on the career choices of health and social care students. Projections of current demographics highlight that within 10 years, the part of the population that will be growing the fastest will be those people over 80 years of age with the suggestion that spending on long-term care provision needs to rise from 0.6% of the UK Gross Domestic Product in 2002 to 0.96% by 2031. Teaching/research-based care homes have been developed in the USA, Canada, Norway, the Netherlands and Australia in response to scandals about care, and the shortage of trained geriatric healthcare staff. There is increasing evidence that such facilities help to reduce inappropriate hospital admissions, increase staff competency and bring increased enthusiasm about working in care homes and improve the quality of care. In this commentary the authors consider whether this something that the UK should think of developing. The study details the core goals of a Care Home Innovation Centre for training and research as a radical vision to change the culture and image of care homes and help address this huge public health issue. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

## **RESPITE CARE**

237/122

Effectiveness of respite care in supporting informal caregivers of persons with dementia: a systematic review; by Sophie Vandepitte, Nele Van Den Noortgate, Koen Putman (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 31, no 12, December 2016, pp 1277-1288.

Supporting informal caregivers of persons with dementia is considered to be an effective strategy for improving the wellbeing of caregivers and care recipients and for delaying nursing home placement. This systematic review aimed to investigate the effectiveness of different types of respite care in supporting informal caregivers of persons with dementia. A systematic literature search was conducted using Web of Science and PubMed, and the Quality Assessment Tool for Quantitative Studies was used to assess the methodological quality. Randomised controlled trials, quasi-experimental studies, pretest-posttest studies without a control group, and cohort studies were included. 17 papers met the inclusion criteria. It was found that day care services are effective in decreasing caregiver burden and behavioural problems in persons with dementia, but they also accelerate time to nursing home admission. The results of temporary residential admission are rather mixed and show unexpected adverse effects on both caregivers and care recipients. High-quality comparable evidence on community-based respite care is still lacking although earlier qualitative evidence indicated promising results. Unlike in previous reviews the authors were able to draw some conclusions about the effectiveness of some types of respite care. However there is still a need for new intervention studies measuring the impact of respite care, especially in-home respite care programmes, on the caregiver, the care recipient and health care resource utilisation. (JL)

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From : [www.orangejournal.org](http://www.orangejournal.org)

237/123

Gerontological social work student-delivered respite: a community-university partnership pilot program; by Tiffany R Washington, Jacqueline A Tachman.: Taylor and Francis.

Journal of Gerontological Social Work, vol 60, no 1, January 2017, pp 48-67.

The authors describe a community-university partnership to support a gerontological social work student-delivered respite program, the Houseguest Program (Houseguest). Houseguest was designed using a community-engaged scholarship model of integrating research, teaching, and service. Houseguest was piloted with a small group of community-dwelling, co-residing

dementia caregivers and care recipients. The study examined caregivers' experiences with student-delivered respite using qualitative data analysis. Thematic analysis produced 8 themes: (a) respite from full time caregiving role, (b) information on caregiving strategies, (c) no-cost supportive services, (d) opportunity for care recipients to socialise, (e) tailored activities for care recipients, (f) rapport-building between students and family dyad, (g) reciprocity between students and family dyad, and (h) program continuation. The authors conclude with a proposed community-engaged scholarship model for dementia caregiving. Through a community-university partnership, Houseguest reduced the impact of caregiver burden, and created an opportunity for students to serve families affected by dementia through respite and tailored activities. (RH)

ISSN: 01634372

From : <http://tandfonline.com>

## RETIREMENT

(See Also 237/44, 237/45)

237/124 'Planning for uncertainty': narratives on retirement transition experiences; by Suzanne Moffatt, Ben Heaven.: Cambridge University Press.

Ageing and Society, vol 37, no 5, May 2017, pp 879-898.

Retirement is a major life transition which is associated in public discourse with reduced economic productivity and a raft of personal vulnerabilities. Consequently, governmental, health and employment sectors have promised 'active' planning of and 'healthy' retirements. This study presents a qualitative exploration of retirement transition and preparation experiences among 52 men and women from urban and rural areas of North East England. The sample was diverse in terms of social class, income level, health status and type of work exit. Health, finance, social relationships and third age opportunities were required resources for a good transition into retirement, and a degree of planning was required to mobilise these resources. However, the degree of choice and control around the transition to retirement was highly variable and socially structured. The notion of planning was embedded as normative practice, particularly in relation to finance, but the practice of planning was highly contingent, primarily due to personal circumstances (ill health, bereavement, relationships) and work exit (redundancy, work-stress, changes to shift patterns or hours). The findings offer insights into the reasons why many people do not plan and indicate that many of the assumptions associated with retirement planning warrant further consideration both theoretically and practically. (RH)

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From : [cambridge.org/aso](http://cambridge.org/aso)

## SEXUALITY

237/125 Happiness, rather than depression, is associated with sexual behaviour in partnered older adults; by Rosanne Freak-Poli, Gustavo di Castro Lima, Nese Direk (et al.): Oxford University Press.

Age and Ageing, vol 46, no 1, January 2017, pp 101-107.

The relation between positive psychological well-being (PPWB) and sexual behaviour is understudied in older adult groups. The objective of this study was to examine the relation between PPWB and sexual behaviour (sexual activity and physical tenderness) in older adults, and whether it is independent from depressive symptoms and uniform across older age groups. Study participants were a cross-section of community-dwelling adults aged 65 years or older living in Rotterdam, The Netherlands. Sexual behaviour, the Cantril Self-Anchoring Striving Scale, the Center for Epidemiological Studies Depression (CES-D) scale and partner status were assessed in 2,373 dementia-free older adults from the Rotterdam Study. For partnered participants, greater positive affect and life satisfaction was associated with more sexual activity and physical tenderness. Although CES-D was negatively associated with sexual behaviour within partnered older adults, there was no association between the negative affect sub-scale and sexual behaviour. The relations were independent of depressive symptoms, physical health and chronic disease status and were observed for both sexes at all older ages. For unpartnered participants, greater life satisfaction was associated with more physical tenderness. There was

low prevalence of sexual behaviour in unpartnered participants, limiting further stratification. Overall findings showed that greater PPWB was associated with more sexual behaviour in partnered, community-dwelling older adults. This was the first study to demonstrate that sexual behaviour is associated with PPWB, rather than lack of depressive symptoms. This association is present at all ages for partnered older adults. Limited conclusions can be drawn for unpartnered older adults as their sexual behaviour is infrequent. (JL)

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## **SOCIAL CARE**

(See Also 237/65, 237/104)

237/126 Adult social care: ninth report of Session 2016-17: report, together with formal minutes relating to the report; by Communities and Local Government Committee, House of Commons. London: House of Commons, 31 March 2017, 90 pp (HC 2016/17 1103).

The Government needs to urgently review how social care is funded in the long term, and to address serious threats to provision. This report should be read with 'Adult social care: a pre-Budget report', as together, the reports describe the funding pressures on adult social care, and in this report, their effect on the quality of provision, those receiving care, the NHS, care staff, carers and providers. The report explores progress on integration of health and social care services and innovation in the provision of social care. While the Committee welcomes the Chancellor's commitment to provide an additional £2bn for social care over the next three years, it finds that this falls short of the amount required to close the social care funding gap, and that expenditure will need to rise as a proportion of total public expenditure. Among key points highlighted are that: fewer than one in twelve Directors of Adult Social Care are fully confident that their local authority will be able to meet its statutory duties in 2017-18; almost all those paying for their own care pay on average 43% more than state funded residents in the same home for the same room and the same level of care; 27% of care workers received no dementia training; and 24% of those who administer medication were not trained to do so. The report sets out a number of recommendations relating to the monitoring of care services, care commissioning, and the care workforce. The Committee also set out what needs to happen to ensure that social care is funded sustainably in the medium and long terms. (RH)

From : <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/1103/1103.pdf>

237/127 Adult social care: a pre-Budget report: eighth report of Session 2016-17: report, together with formal minutes relating to the report; by Communities and Local Government Committee, House of Commons. London: House of Commons, 8 March 2017, 44p (HC 2016/17 47).

The focus of this interim report is on the short-term funding of social care. The Committee calls on the Government to provide additional funding for adult social care in the Budget on 8 March. The report examines why it believes that the Government's funding commitments are not enough, by focusing on funding mechanisms: the social care precept, the adult social care support grant, and the improved Better Care Fund. It finds that since 2010, the core grant which councils receive from central government has reduced. At the same time, councils' social care budgets have faced a set of increasing cost pressures, including a growing and ageing population, increasingly complex care needs, and costs arising from the implementation of government policies, including £2.5 billion to implement the Care Act 2014 from 2013 to 2019-20. This report should be read in conjunction with the Committee's ninth report of Session 2016-17 (HC 1103, published 31 March 2017) on its findings on the wider system and the funding of social care in the medium- and long-term. (RH)

From : <https://www.publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/47/47.pdf>

237/128 Care coordination for adults and older people: the role and contribution of the non-statutory sector; by Michele Abendstern, Rowan Jasper, Nik Loynes (et al.): Emerald. Journal of Integrated Care, vol 24, nos 5-6, 2016, pp 271-281.

This paper provides new insights into the contribution and experiences of non-statutory sector (voluntary) services delivering care coordination. It is a qualitative study, based on face-to-face

semi-structured interviews with 17 managers from a range of non-statutory sector services, and used thematic data analysis supported by a framework approach. Four themes emerged: commissioning arrangements undermined non-statutory sector development; working relationships between statutory and non-statutory services required time and energy to navigate and sustain; the establishment of a niche role in the larger network of provision; and tensions relating to future developments. The non-statutory sector was found to provide a mix of services, including specialist provision targeting specific communities that complemented or substituted for those provided by the state. Managers wanted their services to be recognised by the statutory sector as equal partners in the delivery of care coordination, and were also keen to retain their independence. These findings provide information for service commissioners and managers from statutory and non-statutory sectors, indicating a complex set of experiences and views regarding the role of the latter. This is particularly salient in a political landscape which has increasing expectations of their involvement in the provision of care coordination. This study considers the work of the non-statutory sector in the delivery of care coordination to adults and older people, an area under-reported to date. It suggests that there are opportunities available for these services to become embedded within a wider social care system, and to excel by retaining or developing specialist roles and services. (RH)

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237/129

Exploration of choice for older people with daily care needs: Scottish professionals' perspectives on self-directed support; by Kari D Velzke.: Taylor and Francis.

Journal of Gerontological Social Work, vol 60, no 1, January 2017, pp 7-31.

This article explores the Social Care (Self-Directed Support [SDS]) (Scotland) Act 2013 developments, influences on individuals' informed choices for care decisions, and implications for direct practice situations. The article discusses perspectives from 18 professionals and front-line care workers interviewed in Scotland on SDS policy changes. Barriers included attitudes on dependence, power and control, shortage of direct client contact time, clients becoming 'employers', and reductions in the number of qualified social workers. Some recommendations include allowing social workers freedom of creativity, sharing and application of practice experience. Findings reveal an outcomes-focused, person-centred approach, utilised to support an independent living environment.

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## **VOLUNTEERING**

237/130

The role of unpaid volunteers in a group caregiving approach: validation of the Share the Care program; by Amy Hegener, Sheila Warnock, Alene Hokenstad.: Taylor and Francis.

Journal of Gerontological Social Work, vol 59, no 4, May-June 2016, pp 349-363.

Share The Care (STC) is a caregiving program that has been guiding people on how to pool their skills and resources to assist someone facing a health, ageing or medical crisis. A descriptive program evaluation was conducted to establish STC as an advanced program within the caregiver continuum that helps to alleviate caregiver burnout and isolation through the formation of an organised "caregiving family" for support. A sample of 134 participants completed an online questionnaire; 7 participated in follow-up phone interviews. The data collection was conducted in 2 phases: an online survey, followed by in-depth phone interviews of a sample of survey participants. The results of the study demonstrate that STC is successful in providing alternative caregiving strategies, helping to prevent isolation among adults living alone, easing burden among caregivers, and improving the overall well-being of those involved. A majority of caregivers (83%) reported a decreased sense of burden; and 80% became more accepting of their family member's challenge or diagnosis. STC is a replicable caregiving program that has been supported by evidence. Adapting this model could provide benefits to participants and communities. (RH)

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