

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 238/3)

- 238/1 On self-neglect and safeguarding adult reviews: diminishing returns or adding value?; by Michael Preston-Shoot.: Emerald.
Journal of Adult Protection, vol 19, no 2, 2017, pp 53-66.
The purpose of this paper was twofold: firstly, to update the core data set of self-neglect serious case reviews (SCRs) and safeguarding adult reviews (SARs), and accompanying thematic analysis; and secondly, to respond to the critique in the Wood Report of SCRs by exploring the degree to which the reviews scrutinised could transform and improve the quality of adult safeguarding practice. Thematic analysis within and recommendations from reviews have tended to focus on the micro context, namely, what takes place between individual practitioners, their teams and adults who self-neglect. This level of analysis enables an understanding of local geography. However, there are other wider systems that impact on and influence this work. If review findings and recommendations are to fully answer the question 'why', systemic analysis should appreciate the influence of national geography. Review findings and recommendations may also be used to contest the critique of reviews, namely, that they fail to engage practitioners, are insufficiently systemic and of variable quality, and generate repetitive findings from which lessons are not learned. Answering the question 'why' is a significant challenge for SARs. Different approaches have been recommended, some rooted in systems theory. The critique of SCRs challenges those now engaged in SARs to reflect on how transformational change can be achieved to improve the quality of adult safeguarding policy and practice. The paper extends the thematic analysis of available reviews that focus on work with adults who self-neglect, further building on the evidence base for practice. The paper also contributes new perspectives to the process of conducting SARs by using the analysis of themes and recommendations within this data set to evaluate the critique that reviews are insufficiently systemic, fail to engage those involved in reviewed cases and in their repetitive conclusions demonstrate that lessons are not being learned. (JL)
ISSN: 14668203
From : www.emeraldinsight.com/loi/jap

- 238/2 Spontaneous concerns about risk and abuse reported by people with dementia and their carers; by Susan M Benbow, Paul Kingston.: Emerald.
Journal of Adult Protection, vol 19, no 2, 2017, pp 92-99.
The purpose of this paper was to look at concerns about risk and/or abuse expressed spontaneously by people with dementia (PwD) and their carers in narratives describing their journeys with the condition. A total of 35 narratives were elicited from PwD, carers of PwD and couples where one partner was living with dementia as part of a wider study. Participants were found to allude to risk/abuse, or specifically mention thoughts on risk and abuse in their narratives. A secondary analysis of the theme of risk/abuse was also reported. Concerns about risk/exploitation were often expressed in the narratives, and covered a range of areas including driving, safety in the home, safety outdoors, falls, finances, risk to PwD from others, risk to others from PwD, potential or actual police incidents and neglect. In relation to dementia a wide range of risk/abuse issues were found to be of concern to PwD and their carers, especially driving and financial vulnerabilities. PwD and carers were prepared to talk about risk/abuse when given an opportunity. It is important to investigate and understand experiences and concerns about risk/abuse if they are to be addressed in health and social care practice. (JL)
ISSN: 14668203
From : www.emeraldinsight.com/loi/jap

ACTIVE AGEING

(See 238/88)

ADVOCACY

- 238/3 Renegotiating power in adult safeguarding: the role of advocacy; by Sarah P Lonbay, Toby Brandon.: Emerald.
Journal of Adult Protection, vol 19, no 2, 2017, pp 78-91.
The increased involvement of adults at risk in the safeguarding process has become a prominent issue within English safeguarding policy. However there is evidence to suggest that actual levels of involvement are still low. The purpose of this paper was to present findings from a PhD study in relation to the benefits of advocacy in supporting this involvement in adult safeguarding for older people. Participants in the study included advocates and social workers who had experience of working with older people through the safeguarding process within two North East England local authorities. A critical realist approach through in-depth interviews was taken with all the participants. The research findings in relation to the benefits of advocacy in supporting older

people going through safeguarding processes were reported. The practical limitations and factors which help and hinder advocacy support within the process were also considered. The theoretical implications for power, empowerment, and advocacy were also explored. A key limitation of this research was that it did not include older people who had been through safeguarding amongst the participants. Key implications for practice and policy are discussed. (JL)

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From : www.emeraldinsight.com/loi/jap

AGEISM AND AGE DISCRIMINATION

238/4

Age-related references in national public health, technology appraisal and clinical guidelines and guidance: documentary analysis; by Lynne F Forrest, Jean Adams, Yoav Ben-Shlomo ... (et al): Oxford University Press.

Age and Ageing, vol 46, no 3, May 2017, pp 500-508.

Older people may be less likely to receive interventions than younger people. Age bias in national guidance may influence entire public health and health care systems. This study examined how English National Institute for Health & Care Excellence (NICE) guidance and guidelines consider age. The authors undertook a documentary analysis of NICE public health and clinical guidelines and technology appraisals. They systematically searched for age-related terms, and conducted thematic analysis of the paragraphs in which these occurred ('age-extracts'). Quantitative analysis explored frequency of age-extracts between and within document types. Illustrative quotes were used to elaborate and explain quantitative findings. 2,314 age-extracts were identified within three themes: age documented as an a-priori consideration at scope-setting (518 age-extracts, 22.4%); documentation of differential effectiveness, cost-effectiveness or other outcomes by age (937 age-extracts, 40.5%); and documentation of age-specific recommendations (859 age-extracts, 37.1%). Public health guidelines considered age most comprehensively. There were clear examples of older age being considered in both evidence searching and in making recommendations, suggesting that this could be achieved within current processes. There were found to be inconsistencies in how age is considered in NICE guidance and guidelines. More effort may be required to ensure age is consistently considered. Future NICE committees should search for and document evidence of age-related differences in receipt of interventions. Where evidence relating to effectiveness and cost-effectiveness in older populations is available, more explicit age-related recommendations should be made. Where there is a lack of evidence, it should be stated what new research is needed. (JL)

ISSN: 00020729

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

ALCOHOL AND DRUG MISUSE

(See Also 238/82)

238/5

Bongs and baby boomers: trends in cannabis use among older Australians; by Victoria Kostadinov, Ann Roche.: Wiley.

Australasian Journal on Ageing, vol 36, no 1, March 2017, pp 56-59.

The purpose of this study was to examine the prevalence and predictors of cannabis use among older Australians and to discuss implications for service provision. Secondary analyses were conducted on the 2004 and 2013 National Drug Strategy Household Survey, a large and nationally representative data set. Frequency analyses explored the distribution of demographic characteristics and cannabis use. Logistic regression explored the predictors of cannabis use. Study results showed that cannabis use among Australians aged 50 years and over increased significantly from 1.5% to 3.6% between 2004 and 2013. Cannabis use was significantly more likely among those who were male, unmarried, risky drinkers, smokers and poly-drug users, and significantly less likely among those who were older. This increase in cannabis use among older Australians has important implications for policy and practice. Healthcare services and professionals need the skills to be able to effectively support older cannabis users. Targeted, age-appropriate interventions are similarly required. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

238/6

Development of Australia's first older adult-specific early intervention for alcohol-related harm: feasibility and proof of concept; by Stephen J Bright, Cylie M Williams.: Wiley.

Australasian Journal on Ageing, vol 36, no 1, March 2017, pp 52-55.

The rate of older Australians at risk of experiencing alcohol-related harm increased by 31% over 10 years, yet there are no Australian age-specific early interventions. This study looks at the development of Australia's first age-specific early intervention protocol. Through examining effective overseas older adult-specific interventions, in addition to other relevant literature, an early intervention protocol was developed. The Older Wiser Lifestyles (OWL) early intervention

protocol extends protocols that have been developed overseas through providing: (i) interventions that are tailored to the person's readiness to change, including the provision of harm reduction strategies for people who are precontemplative; and (ii) individualised psychoeducational materials regarding medical conditions and medications. The OWL protocol has been successfully implemented in a service, and preliminary data warrant a clinical trial of the intervention. Australian health care providers should consider the OWL protocol as a simple method to reduce the risk from alcohol consumption among older adults. (JL)
ISSN: 14406381 [From : wileyonlinelibrary.com/journal/ajag](http://wileyonlinelibrary.com/journal/ajag)

ALTERNATIVE THERAPIES

(See 238/91)

ASSESSMENT

(See 238/123)

ASSISTIVE TECHNOLOGY

238/7

Can videoconferencing affect older people's engagement and perception of their social support in long-term conditions management: a social network analysis from the Telehealth Literacy Project; by Annie Banbury ... (et al): Wiley.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 938-950.

Social support is a key component in managing long-term conditions. As people age in their homes, there is a greater risk of social isolation, which can be ameliorated by informal support networks. This study examined the relationship between changes in social support networks for older people living in a regional area following weekly videoconference groups delivered to the home. Between February and June 2014, 44 weekly group meetings were delivered via videoconference to participants in a regional town in Australia. The meetings provided participants with education and an opportunity to discuss health issues and connect with others in similar circumstances. An uncontrolled, pre-post-test methodology was employed. A social network tool was completed by 45 (87%) participants either pre- or post-intervention, of which 24 (46%) participants completed the tool pre- and post-intervention. In addition, 14 semi-structured interviews and 4 focus groups were conducted. Following the intervention, participants identified increased membership of their social networks, although they did not identify individuals from the weekly videoconference groups. The most important social support networks remained the same pre- and post-intervention namely, health professionals, close family and partners. However, post-intervention participants identified friends and wider family as more important to managing their chronic condition compared to pre-intervention. Participants derived social support, in particular, companionship, emotional and informational support as well as feeling more engaged with life, from the weekly videoconference meetings. Videoconference education groups delivered into the home can provide social support and enhance self-management for older people with chronic conditions. They provide the opportunity to develop a virtual social support network containing new and diverse social connections. (JL)

ISSN: 09660410 [From : wileyonlinelibrary.com/journal/hsc](http://wileyonlinelibrary.com/journal/hsc)

238/8

Developing the assistive technology consumer market for people aged 50-70; by Gillian Ward, Simon Fielden, Helen Muir (et al): Cambridge University Press.

Ageing and Society, vol 37, no 5, May 2017, pp 1050-1067.

Within the United Kingdom (UK), assisted living technologies are mostly provided through statutory health and social care services, following assessment of individual need and application of eligibility criteria. This paper describes the first UK study to explore and develop business approaches and innovations required to make electronic assisted living technologies more accessible to consumers in their fifties and sixties. A robust mixed-method approach was used, including a large sample size for a consumer survey, triangulation of methods, and confirmation of research findings through validation workshops. This three-year study makes significant and original contributions to understanding consumer needs in this rapidly changing market, and offers unique insights into the needs and wants of people aged 50 to 70. Analysis shows significant differences between consumer and business perceptions, indicating that marketing is not closely aligned to consumers' needs, and is affecting the development of the market. New approaches to consumer-led business models are presented, to improve information and marketing aimed at 50-70-year-old consumers. A Broker / Independent Advisor business model showed most potential for meeting the needs of both consumer and business stakeholders. Findings support future development of an assisted living consumer market, to meet growing levels of need and demand, and to offer greater consumer choice of mainstream technologies to enable people to age in place. (RH)

ISSN: 0144686X [From : cambridge.org/aso](http://cambridge.org/aso)

238/9 A literature review on the ethics of surveillance technology; by Ruth Pearce.: Institute of Ageing and Health West Midlands.
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 14-19.
Monitoring by surveillance raises questions about ethical issues namely: privacy, autonomy, dignity and independence, thus prompting this literature review. A search for relevant literature on CINAHL and Medline to identify, quantify and examine the published literature on the ethical issues surrounding the use of surveillance technologies used key words such as 'surveillance', 'monitoring', 'lifestyle monitoring' in combination with 'ethics' or 'ethical' to identify relevant items. Eight published studies were analysed, most of which were literature reviews. Among the many themes variously identified are protection of personal data, independence, detecting cognitive decline, information sharing, safe care, and informed consent. This literature review concludes by discussing issues of privacy and consent. (RH)
ISSN: 13649752
From : www.iah-wmids.org.uk

238/10 Morbidity and medication consumption among users of home telecare services; by Jose C Millan-Calenti ... (et al.): Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 888-900.
Telecare is a healthcare resource based on new technologies that, through the services offered, attempt to help older people to continue living in their homes. In this sense, first-generation telecare services have quickly developed in Europe. The aim of this work was to define the profile, pattern of medication consumption and disease frequencies of older users of a telecare service. The cross-sectional study involved 742 Spanish community-dwelling seniors. Data were collected between March and September 2012. Subjects' mean age was 83.3 years, and the majority lived alone and were female. The mean Charlson comorbidity index score was 1.13 (SD 1.1), and the mean number of prescribed medications per day was 5.6 (SD 3.0). The most frequent diseases were hypertension (51.1%) and rheumatic disorders (44%); and the most consumed medications were those for the cardiovascular (75%) and nervous (65.2%) systems. For the total sample, the three main determinants of polymedication (five or more medications) were hypertension, anxiety-depressive symptoms and coronary heart disease. Regardless of the social elements contributing to the implementation of telecare services, specific health characteristics of potential users, such as morbidity and polypharmacy, should be carefully considered when implementing telecare services in the coming years. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

ATTITUDES TO AGEING

(See Also 238/117)

238/11 The ninth stage in the cycle of life: reflections on E H Erikson's theory; by Beata E Bugajska.: Cambridge University Press.
Ageing and Society, vol 37, no 6, July 2017, pp 1095-1110.
Erik H Erikson's theory of psycho-social development is analysed, including a new, ninth stage proposed by his wife, Joan M Erikson. A new understanding of this ninth stage is proposed, in which integrity versus despair is still the crisis of the last stage of life, regardless of the addition of the ninth stage. The crisis of stage eight takes place on the continuum between involvement versus resignation. The term 'involvement' is understood as the choice of one's own way of life in the world, in view of personal development oriented towards the realisation of universal values, in accordance with the ethical dimension of social ethos, and with a sense of acceptance of the changes that are the result of the human ageing process. 'Resignation', in turn, is understood as the second pole dynamising the conflict of stage eight, which manifests itself in the fact that no new activities are undertaken or old ones continued by an individual, out of the conviction that it is senseless to undertake any activities for his or her own development. However, there is strength that can be engendered by older people's struggle between involvement and resignation, namely courage. In the acquisition of courage, older people should be supported by geragogy of courage. Society needs the courage of older people and their involvement in the ethical preservation of the world. (RH)
ISSN: 0144686X
From : cambridge.org/aso

BEREAVEMENT

(See Also 238/30)

- 238/12 Changes in life satisfaction when losing one's spouse: individual differences in anticipation, reaction, adaptation and longevity in the German Socio-economic Panel Study (SOEP); by Frank J Infurna, Maja Weist, Denis Gerstorf (et al.): Cambridge University Press. Ageing and Society, vol 37, no 5, May 2017, pp 899-934.
Losing a spouse is among the most devastating events that may occur in people's lives. The authors use longitudinal data from 1,224 participants in the German Socio-economic Panel Study (SOEP) to examine (a) how life satisfaction changes with the experience of spousal loss; (b) whether socio-demographic factors and social and health resources moderate spousal loss-related changes in life satisfaction; and (c) whether extent of anticipation, reaction and adaptation to spousal loss are associated with mortality. Results reveal that life satisfaction shows anticipatory declines about two and a half years prior to (anticipation), steep declines in the months surrounding (reaction) and lower levels after spousal loss (adaptation). Older age was associated with steeper anticipatory declines, but less steep reactive declines. Additionally, younger age, better health, social participation and poorer partner health were associated with better adaptation. Higher pre-loss life satisfaction, less steep reactive declines and better adaptation were associated with longevity. The discussion focuses on the utility of examining the interrelatedness among anticipation, reaction and adaptation to further our understanding of change in life satisfaction in the context of major life events. (RH)
ISSN: 0144686X From : cambridge.org/aso

BLACK AND MINORITY ETHNIC GROUPS

(See 238/20, 238/73, 238/94, 238/96, 238/121)

CARERS AND CARING

(See Also 238/46, 238/48, 238/53, 238/62, 238/79, 238/110, 238/123)

- 238/13 Care and violence through the lens of personal support workers; by Christine Kelly.: Policy Press. International Journal of Care and Caring, vol 1, no 1, March 2017, pp 97-113.
Using a grounded theory approach, the author contends that violence should be considered a part of, rather than in opposition to, care. This conceptualisation is empirically supported by themes from a qualitative study of personal support worker education in Ontario, Canada: one on violence against workers; another on abuse; and a third on sentimental motivations. This article demonstrates the tensions of care: that it can be at once violent and rewarding. The conclusion considers what to do with the discomfort raised by this tense definition, suggesting that it is an essential starting point for transforming the organisation of care. (RH)
ISSN: 2397883X
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 238/14 General and proximal associations between unpaid eldercare, time constraints and subjective well-being; by Jack Lam, Joan Garcia-Roman.: Policy Press. International Journal of Care and Caring, vol 1, no 1, March 2017, pp 83-96.
Population ageing requires an understanding of the implications of and for eldercare. Using American Time Use Surveys, the authors find that caregivers spend less time on personal care and social activities or sports, and more time on housework than individuals who do not provide any eldercare. They also report higher levels of stress and less happiness. In addition, even if caregivers may not provide care every day, on days when they do, they also spend more time on housework and less on paid work, and report higher levels of sadness than on days when they do not provide care. Regular caregivers experience worse well-being than non-caregivers, but also experience additional strain on days when they provide care. (RH)
ISSN: 2397883X
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 238/15 More pride, less prejudice; by Sally Knocker.: Hawker Publications. Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 14-15.
How do care workers from abroad feel about Brexit, given that negotiations are getting under way following the triggering of Article 50 for the UK to leave the European Union (EU)? Statistics for 2015 indicate that there are some 240,000 staff in the UK's adult social care workforce not of British origin. The author has spoken to some of them and found that they often have a unique insight into the experience of dementia. She contends that the contribution of a migrant workforce to dementia care should be celebrated with more pride and less prejudice. (RH)
ISSN: 13518372 From : www.careinfo.org

- 238/16 Supporting working carers' job continuation in Japan: prolonged care at home in the most aged society; by Shingou Ikeda.: Policy Press.
International Journal of Care and Caring, vol 1, no 1, March 2017, pp 63-82.
This article concerns new policy challenges relevant to companies as employers in supporting working carers of older people to retain their jobs in Japan. Although long-term leave and flexible working measures have been reformed to address long-term in-home care, the results of new data analysis imply that the effectiveness of support measures differs according to the length of the period of care provided at home. Long-term leave and reducing working hours are effective if the period in which care is provided is relatively short, but when care at home lasts longer, flexibility in the working schedule is crucial. The results also signal the importance of addressing the health of working carers as a new challenge that arises, regardless of the length of care at home. (RH)
ISSN: 2397883X
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 238/17 Valuing the health of the support worker in the aged care sector; by Esther George, Leigh Hale, Jennifer Angelo.: Cambridge University Press.
Ageing and Society, vol 37, no 5, May 2017, pp 1006-1024.
This New Zealand study explored aged care support workers' perceptions of how their health was influenced by their job, highlighting similarities and differences of those working in community-based and institution-based care. Support workers working in two institution-based and three community-based aged care organisations were invited to participate. Semi-structured interviews were undertaken with ten participants. Open-ended questions probed participants' perceptions of their health as it related to their work. Data were analysed with the General Inductive Approach. Four central themes were identified, many of which related to mental, as opposed to physical health. 'Love of the job' described various sources of satisfaction for participants. These factors commonly overrode the negative aspects. 'Stress' encompassed the negative influences on all aspects of health. 'Support' described the positive influences on health, which supported participants in their job. 'Physicality' described the physical nature of the job and the positive and negative impact this had on participants' health. Support workers perform numerous tasks, which often affect their health. Aspects of the job that may affect the health of the worker are improved communication and support from management, as well as recognition for support workers' contribution to society. These could be targeted to enhance support worker health. Additional training and reduced time pressure may also represent aspects for improvement, to optimise support workers' physical health. (RH)
ISSN: 0144686X
From : cambridge.org/aso
- 238/18 What do we know about older former carers?: Key issues and themes; by Mary Larkin, Alisoun Milne.: Wiley.
Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1396-1403.
Despite a significant growth in the number older former family carers, they remain largely invisible in carer-related research and literature. To begin to address this deficit, a four-stage literature review was conducted to identify existing knowledge about older former carers. Narrative synthesis of the findings yielded five themes – the concept of 'older former carer', the legacies of caring, influences on the legacies of caring, conceptualising post-caring and support services for older former carers. Critical analysis of these findings suggests that existing evidence has a number of strengths. It highlights the terminological and conceptual confusion in the field, identifies the profound financial and health-related legacies older former carers experience, the factors which shape these legacies and some of the complexities of bereavement older former carers face. The support needs of older former carers are also illuminated. However the field is characterised by key weaknesses. The evidence base is fragmented and uneven. In part this reflects lack of definitional consensus and in part the fact that there is much more evidence about some sub-groups, such as carers of relatives admitted to a care home, than others. Methodology-related weaknesses include small sample sizes and a focus on a single, often condition-specific, group of older former carers. An overarching criticism relates to the narrow conceptual/theoretical purview. As post-caring tends to be viewed as one of the final temporal 'stages' of the carer's 'care-giving career', a bifurcatory model of carer/former carer is created, i.e. that a carer actively provides care and a former carer is no longer caring. This constructs being a former carer as a single fixed state failing to capture its dynamic and shifting nature and constrains the potential of research to generate new knowledge and extend understanding. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

DEMENTIA

(See Also 238/70, 238/100, 238/105, 238/118)

- 238/19 The epreuve of ageing with Alzheimer's disease; by Vincent Caradec, Aline Chamahian.: Cambridge University Press.
Ageing and Society, vol 37, no 5, May 2017, pp 935-960.
The concept of *épreuve*, literally translated as 'challenge', was developed by the French sociologist Danilo Martuccelli, who was inspired by Sartre's existential philosophy, phenomenological sociology and its concern for analysing modern experiences, and Charles Wright Mills' conviction that it is necessary to relate personal problems to the social structures that generate or amplify them. The concept has been used in the sociology of ageing in France to characterise the *épreuve* of ageing. Four domains of *épreuve* have been identified: activities, identity, autonomy and relationship to the world. This paper applies this template to a corpus of 27 interviews with people at mild to moderate stages of Alzheimer's disease, in order to characterise the *épreuve* of ageing with the disease. The *épreuve* of ageing during the earlier stages of the disease is similar to the experience of people who age without a cognitive disorder. However, as the disease progresses, the analysis reveals that it tends to exacerbate issues: identity seems especially threatened, simultaneously raising the question of self-presentation and self-definition. Although most interviewees strive to retain autonomy, a few delegate it to a close confidante with whom they build a relationship of strong dependence; and weakened communication accentuates the feeling that the world is foreign and strange. (RH)
ISSN: 0144686X
From : cambridge.org/aso
- 238/20 Forgotten but not gone: older Irish with dementia in England; by Mary Tilki.: Hawker Publications.
Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 30-31.
The specific needs of Irish people in England are often overlooked. What does this mean for culturally sensitive dementia care? This article reviews literature which seems to confirm the "invisibility" of the Irish in England. As memory declines, a culturally appropriate Irish environment (including religious settings) become more important to this population. (RH)
ISSN: 13518372
From : www.careinfo.org
- 238/21 Mitigating dementia: reasons for psychologists to be optimistic; by Daniel Collerton.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 7-12.
The evidence outlined in this article suggest grounds for a "cautious optimistic attitude" towards the potential mitigation of dementia risk, incidence and progression, namely a combination of maintained or increased physical and mental activity, good health in middle and old age, and education. This article also notes evidence on the costs of dementia care, in particular on cost-effectiveness interventions in dementia treatment and care, in order of strength of evidence (M Knapp et al, Dementia care costs and outcomes: a systematic review; International Journal of Geriatric Psychiatry, vol 28, no 6, June 2013). (RH)
ISSN: 20528914
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

DEMENTIA CARE

(See Also 238/2, 238/71)

- 238/22 Dementia care: how well are nurses equipped?; by Sabrina Mullings.: Institute of Ageing and Health West Midlands.
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 25-29.
The focus of this paper relates to raising awareness and understanding in relation to nurses caring for people living with dementia, the first theme of 'Living well with dementia: a National Dementia Strategy' (Department of Health, 2009). The author considers the challenges posed by dementia, and provides a critical review of the literature as to whether nurses are effectively trained to appropriately manage the care of people with dementia. While the literature examined indicates positive steps in improving dementia care, the general picture suggests that the nursing workforce is not sufficiently prepared to manage dementia care as effectively as it could: there is a need to ensure that nurses at the pre-and post-registration level are better equipped to deal with the challenges of dementia. (RH)
ISSN: 13649752 From : www.iah-wmids.org.uk

238/23

Dementia-friendly communities: challenges and strategies for achieving stakeholder involvement; by Michelle Heward ... (et al): Wiley.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 858-867.

Dementia-friendly communities (DFCs) are a UK policy initiative that aims to enable people with dementia to feel supported and included within their local community. Current approaches to DFC creation rely on stakeholder involvement, often requiring volunteer assistance. However there is a lack of evidence that examines the reality of achieving this. This paper critically assesses the challenges and strategies for achieving stakeholder involvement in DFCs. The evidence base is drawn from an interagency project funded by the National Health Service in the South of England where seven DFCs were developed by steering group partners and four part-time project workers (PWs). Data from the independent evaluation undertaken in the first year (2013-2014) of the project were analysed: 14 semi-structured interviews and a focus group examined PWs' experiences; while progress and key milestones were determined from monthly progress forms, good news stories, locality steering group minutes and press releases. Analysis was undertaken using a directed content analysis method, whereby data content for each locality was matched to the analytical framework that was drawn from Alzheimer's Society guidance. Challenges to achieving stakeholder involvement were identified as: establishing networks and including people representative of the local community; involving people affected by dementia; and gaining commitment from organisations. Strategies for achieving stakeholder involvement were recognised as: a sustainable approach; spreading the word; and sharing of ideas. By highlighting these challenges and the approaches that have been used within communities to overcome them, these findings form the foundation for the creation of DFC initiatives that will become embedded within communities. Stakeholder involvement is unpredictable and changeable; therefore, reliance on this approach questions the long-term sustainability of DFCs, and must be considered in future policies designed to enhance quality of life for people affected by dementia. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

238/24

The effect on carer well-being of carer involvement in cognition-based interventions for people with dementia: a systematic review and meta-analysis; by Phuoung Leung, Vasiliki Orgeta, Martin Orrell.: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 32, no 4, April 2017, pp 372-385.

The purpose of this study was to investigate the effects on carer well-being of carer involvement in cognition-based interventions (CBIs) for people with dementia. A review and meta-analysis were performed. Searches were carried out on electronic databases for randomised controlled trials (RCTs). Two reviewers worked independently to select trials, extract data and assess the risk of bias. A total of 4737 studies was identified. Eight RCTs met the inclusion criteria. Only seven studies with 803 dyads of people with dementia and carers were included in the meta-analysis. Evidence indicated that carer involvement in CBIs for people with dementia had a beneficial effect on carers' quality of life. Carers' depression levels were reduced in the intervention group. No significant differences were observed in levels of anxiety symptoms, caregiving relationship and carer burden in the intervention group compared to those in the control group. Because CBIs are designed to deliver benefit for people with dementia, the collateral benefits for carers have potential implications for the importance of CBIs in service delivery and may contribute to cost effectiveness. However there remains a lack of quality of research in this area. Particularly, in some outcomes, there was a lack of consistency of results, so the findings should be interpreted with caution. Future studies of the impact of CBIs on carers with larger samples and high-quality RCTs are warranted. (JL)

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From : www.orangejournal.org

238/25

The effective ingredients of social support at home for people with dementia: a literature review; by Elaine Argyle, Tony Kelly, John Gladman, Rob Jones.: Emerald.

Journal of Integrated Care, vol 25, no 2, 2017, pp 110-119.

Recent years have seen an increasing reliance on social support at home for people with dementia, and the advocacy of a person-centred and integrated approach in its provision. However, little is known about the effective ingredients of this support and how they differ from more generic or health-based services. The existing evidence base is explored, by a review of relevant literature, combining a systematic search and selection of articles with a narrative analysis. The review identified 14 relevant studies of varying research designs, which yielded conflicting findings with regard to the optimal timing of interventions and their overall impact. This highlights the problems of review and generalisability when attempting to compare findings of research in this area. This was exacerbated by the blurred divide between health and social care and ambiguities in the meaning of the latter. The review identifies relevant issues which need further investigation and tentative themes emerging from the literature, which suggest the utility of an adequately resourced, integrated and responsive approach to intervention. Further questions include the precise

components that distinguish social care from health care, the optimal timing for the introduction of this care, and whether adherence to good practice in this area can be linked to cost-effectiveness. (RH)
ISSN: 14769018 From : www.emeraldinsight.com/loi/jica

- 238/26 Hen keeping and mechanisms of change in dementia care settings; by Daniel Rippon, Douglas Hunter, Ian A James.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 30-36.
Hen keeping is growing in popularity, and some 700,000 people in the UK look after poultry in their back gardens. The authors report on a qualitative pilot study which obtained the opinions of three staff members working in 24 hour dementia care settings about the use of hens in dementia care. The project also investigated the potential mechanisms of change underpinning the approach. Using Kitwood's 1997 person-centred care theory to underpin the study, the Hen Keeping and Creativity in Dementia Care Framework was derived. (RH)
ISSN: 20528914
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 238/27 How should nurses assess pain in people with advanced dementia?; by Sophie Milner.: Institute of Ageing and Health West Midlands.
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 20-24.
Pain in people with advanced dementia is commonly undetected or misinterpreted by nursing staff, because these people are usually unable to communicate verbally. The author conducted this literature review to investigate how nurses should assess pain in people with advanced dementia within acute settings, and whether this should be through standardised pain assessment tools, clinical judgement or a combination of both. The databases CINAHL, ASSIA and Medline Ovid were searched. Relevant papers were selected and critically appraised to determine the strength of the evidence and the risk of bias, to ensure that the soundest evidence was focused on the most. Eight papers using three main methods were identified: observational method; clinical judgement of pain assessment; and standardised tools in pain assessment. Barriers to effective pain assessment were identified. There is limited evidence on assessing pain in people with advanced dementia within acute settings. Most of the research relies on people in nursing homes typically with a mild or moderate diagnosis of dementia. Currently there is no established consensus on how to assess pain in people with advanced dementia in acute settings. While there are inconsistencies in the literature, the main consensus seems to focus on pain assessment tools. This ambiguity suggests that further research is needed to ascertain how in people living with advanced dementia within acute settings can be assessed. (RH)
ISSN: 13649752
From : www.iah-wmids.org.uk
- 238/28 Inequalities in receipt of mental and physical healthcare in people with dementia in the UK; by Claudia Cooper, Rebecca Lodwick, Kate Walters ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 3, May 2017, pp 393-400.
UK Dementia Strategies prioritise fair access to mental and physical healthcare. In this study the authors investigated whether there are inequalities by deprivation or gender in healthcare received by people with dementia, and compared healthcare received by people with and without dementia. The study investigated primary care records of 68,061 community dwelling dementia patients and 259,337 people without dementia (2002-13). It tested hypotheses that people with dementia from more deprived areas, and who are women receive more psychotropic medication, fewer surgery consultations, are less likely to receive annual blood pressure, weight monitoring and an annual review, compared with those from less deprived areas and men. Findings showed that only half of people with dementia received a documented annual review. Deprivation was not associated with healthcare received. Compared to men with dementia, women with dementia had lower rates of surgery consultations, of annual blood pressure monitoring and of annual weight monitoring. Men with dementia were less likely to be taking psychotropic medication than women with dementia. People with dementia had fewer surgery consultations and were less likely to have their weight and blood pressure monitored at least annually, compared to the non-dementia group. Overall people with dementia, and in particular women, appear to receive less primary healthcare, but take more psychotropic medication that may negatively impact their physical health. Reducing these inequalities and improving access of people with dementia to preventative healthcare could improve the health of people with dementia. (JL)
ISSN: 00020729
From : <https://academic.oup.com/ageing>

- 238/29 NICE's cheap and cheerful memory services: commissioning bargain basement services but at what cost?; by Katharina Reichelt, Ian James.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 13-18.
The authors write in response to guidance produced for commissioners on how to assess and deliver memory services in the UK (Models of dementia assessment and diagnosis: indicative cost review; NHS England, 2015). They provide a short but critical assessment of the guidance, which compared three types of service delivery and their costs. They review other guidance on the subject: from NICE, CG42 (2006), an earlier version of the NHS England 2016 document, and recent items on criteria that identify mild cognitive impairment (MCI). (RH)
ISSN: 20528914
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 238/30 The process of change in complicated grief group therapy for bereaved dementia caregivers: an evaluation using the Meaning of Loss Codebook; by Katherine P Supiano, Lara Burns Haynes, Vicki Pond.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 2, February-March 2017, pp 155-169.
Caring for a person with dementia has adverse health and mental health effects that, for 9-25% of caregivers, persist as complicated grief (CG). For bereaved dementia caregivers unable to satisfactorily grieve, specialised Complicated Grief Group Therapy (CGGT) can restore healthy grief. The authors investigated therapeutic change in CGGT participants, using an adapted version of the Gillies' Meaning of Loss Codebook. Participants recruited from Caring Connections (the bereavement care programme at the University of Utah) demonstrated positive gains in 16 thematic areas, notably in moving on with life, summoning pleasant memories, and ascribing bad memories to disease rather than decedent. Meaning transitioned from negative to positive interpretations of the death over the course of treatment. (RH)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 238/31 Silver Alerts: a notification system for communities with missing adults; by Erika Gergerich, Lindsey Davis.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 3, April 2017, pp 232-244.
As the US population ages, the prevalence of dementia will grow, and communities will face the problem of older adults wandering or becoming lost. Silver Alert systems are programmes designed to locate missing older adults with dementia or other mental disabilities. Such programmes have been initiated in all but five states. Data collection for these programmes is often minimal or incomplete. Social workers should be involved in prevention, follow-up and education with caregivers, community members and law enforcement officers. When reviewing Silver Alert policy, special attention must be given to ethical concerns and protection of older adults' civil rights. (RH)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 238/32 What are people with dementia and their carers' perceptions of the quality of care they receive in hospitals in the UK?; by Deanne Holdcroft.: Institute of Ageing and Health West Midlands.
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 30-39.
The Prime Minister's challenge on dementia 2020 (Department of Health, 2015) has brought dementia care under scrutiny. This literature review ascertain the views of people with dementia and their carers who are in receipt of secondary nursing care and opposed to health workers' view only. The aim is to explore the perceptions of patients with dementia about the health care system and about good and bad care. A systematic search of CINAHL found 10 relevant articles, qualitative studies which found that patients with dementia, their caregivers and nursing staff felt that their knowledge about dementia was insufficient. The studies also found that patients and caregivers were unhappy with treatment received in hospital care settings, due to inadequate communication between health professionals and multidisciplinary teams. The author recommends that Dementia Champions be appointed to hospital wards, as sources of information, knowledge and support to nursing staff, family caregivers and people with dementia. (RH)
ISSN: 13649752
From : www.iah-wmids.org.uk
- 238/33 Working with behaviours that challenge in dementia: challenging the notion of doom and gloom; by Alan Howarth, Graeme Flaherty-Jones, Kate Andrews.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 37-42.
Three psychologists working in the field of behaviours that challenge (tC) in dementia contribute a reflective piece on this subject. Beforehand, they had conducted a literature search on Medline and PsychINFO for articles published between 2010 and 2016. They identified 80 search results

covering themes such as causes of BtC, the experiences of staff caring for people with BtC, and interventions to better treat BtC. They note areas where there are gaps in the literature. Their article aims to redress received opinion that BtC in dementia is uninspiring, by discussing three key aspects of the work they enjoy: "bridging the gap" between behaviour and the person, advocacy, and creativity. In the NHS, their complaint is that the focus is on problems, and not spending enough time celebrating what psychologists do well. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 238/87)

DEPRESSION

238/34

Intergenerational support and depression among Chinese older adults: do gender and widowhood make a difference?; by Man Guo, Iris Chi, Merrill Silverstein.: Cambridge University Press.

Ageing and Society, vol 37, no 4, April 2017, pp 695-724.

Using four-wave panel data of 1,327 older adults in rural China, this study examined potential gender and marital status differences in the relationships between three forms of intergenerational support (monetary, instrumental and emotional support) and the level of depression of the older adults. Results from a pooled time-series fixed-effects model showed that receiving and providing monetary support had a comparable beneficial effect on mothers and fathers, but mothers benefited more psychologically than fathers from closer relationships with their children. Exchanges in instrumental support was not related to either mothers' or fathers' level of depression. Widowhood further affected the gendered relationships between support and depression in that recently widowed fathers had a significantly higher level of depression when they received more monetary support from their children. In contrast, providing monetary support to children was associated with a significantly higher level of depression among recently widowed mothers. The authors explain these findings in the context of familial and gender norms in the Chinese culture and temporal needs for family support that link with bereavement coping stages among older adults. They argue that the gender and marital status patterns observed in this study are attributable to more fundamental differences in men's and women's social positions in Chinese society. (JL)

ISSN: 0144686X

From : cambridge.org/aso

DIET AND NUTRITION

(See Also 238/113)

238/35

Delivering NoSH: support for nutrition in hospital; by Josh Pettit, Jo James, Lucy Gilby.: Hawker Publications.

Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 22-24.

Ensuring that hospital patients with dementia have enough to eat and drink is notoriously problematic. The authors have found that their "NoSH" (Nutritional Support in Hospital) project at three London hospitals (St Mary's Paddington, Charing Cross and Hammersmith) has resulted in significantly better outcomes for patients. They illustrate the project's impact on improved outcomes for patients after 6 months in respect of weight loss, hospital-acquired infections, challenging behaviour, the need for one-to-care, and dehydration. (RH)

ISSN: 13518372

From : www.careinfo.org

238/36

Eating and ageing in rural Australia: applying temporal perspectives from phenomenology to uncover meanings in older adults' experiences; by Alexandra Clare King, Peter Orpin, Jessica Woodroffe, Kim Boyer.: Cambridge University Press.

Ageing and Society, vol 37, no 4, April 2017, pp 753-776.

Nutritious and enjoyable eating experiences are important for the health and wellbeing of older adults. In this study social gerontology engaged with the role of time in older adults' eating lives, considering how routines and other temporal patterns shaped their experiences of food, meals and eating. Building on this foundation, the paper detailed one set of findings from qualitative doctoral research into older adults' experiences of food, meals and eating. Informed by phenomenological ethnography, it engaged with one of four dimensions of the human lifeworld – the temporal dimension. The research involved repeated in-depth interviews, walking interviews and observation with 21 participants aged 72-90 years, living in rural Tasmania, Australia. The temporal elements of older adults' experiences were detailed in terms of the past, present and

future. The findings showed that older adults have vivid memories of eating in uncertain and austere times, and these experiences have informed their food values and behaviours into old age. In the present, older adults employ several strategies for living and eating well. Simultaneously, they are oriented towards their uncertain eating futures. These findings reveal the implicit meanings in older adults' temporal experiences of food, meals and eating, highlighting the importance of understanding older adults' lifeworlds, and their orientation towards the future, for developing effective responses to concerns about food and eating in this age group. (JL)

ISSN: 0144686X

From : cambridge.org/aso

238/37

Food label knowledge, usage and attitudes of older adults; by Beverly A Jackey, Nancy Cotugna, Elizabeth Orsega-Smith.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 36, no 1, January-March 2017, pp 31-47. Few studies have investigated food label practices in older adults. This cross-sectional study surveyed a sample of 100 adults aged 60 years and older in Delaware (82% female, 74% between 60 and 79 years, 49% Caucasian, 45% African Americans) to examine associations between food label knowledge, attitudes and usage patterns. A 28-item questionnaire assessed knowledge, attitudes, usage and demographic information. Bivariate analysis results showed food label knowledge was associated with education and monthly income. Those reporting a high school or lower education incorrectly identified calorie and carbohydrate information. A monthly income of \$2000 or less was associated with incorrectly interpreting carbohydrate information. Label usage was associated with being female, having a high school or lower education, being 70 years or older and having a monthly income of \$2000 or less. Respondents' usage and perceived label comprehension was high, although less than half could correctly interpret label information. When shown samples of the US Food and Drug Administration's proposed new labels, subjects had a very favourable attitude toward the new changes. These findings demonstrate that increasing nutrition knowledge through education interventions appropriate for older adult consumers may improve comprehension of information on food labels. (JL)

ISSN: 21551197

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

DISABILITY

(See Also 238/47)

238/38

Where do community-dwelling older adults with disabilities live?: Distribution of disability in the United States of America by household composition and housing type; by Carrie Henning-Smith.: Cambridge University Press.

Ageing and Society, vol 37, no 6, July 2017, pp 1227-1248.

There is limited research on the living arrangements of older adults with disabilities, especially research that combines household composition and housing characteristics. This paper addresses that gap with two complementary sets of logistic regression models: first, estimating the odds of disability by household composition and housing type; and second, estimating the odds of disability by living arrangement within gender and age sub-groups. Data come from the 2012 American Community Survey (N = 504,371 respondents aged 65+), which includes six measures of disability: cognitive, ambulatory, independent living, self-care, vision and hearing. Living alone, with children or with others was associated with higher odds of any disability, compared with living with a spouse only. Compared to those living in a single-family home, living in a mobile home or other temporary structure, or large apartment building was associated with higher odds of disability. Having a disability was associated with lower rates of living with a spouse only, alone, in a single-family home, or in a small or mid-sized apartment building and higher rates of all other living arrangements. Sub-group analyses revealed differences in the relationship between living arrangements and disability by gender and age group. This information provides a baseline from which to observe trends in living arrangements and disability for older adults in the United States of America. (RH)

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From : cambridge.org/aso

ECONOMIC ISSUES

(See 238/64)

EMPLOYMENT

(See Also 238/16, 238/62)

- 238/39 No place for old women: a critical inquiry into age in later working life; by Ann Therese Lotherington, Aud Obstfelder, Susan Halford.: Cambridge University Press.
Ageing and Society, vol 37, no 6, July 2017, pp 1156-1178.
Western countries currently face pressing demands to transform participation by older workers in the labour market, in order to address the pressing economic and social challenges of an ageing population. However, in this article, the authors argue that our understanding of older workers is limited by a dominant discourse that emphasises individuals rather than organisations, and valorises youth as the performative aspiration for all workers, regardless of age. To see things differently, and to see different things, the authors offer a novel analytical synthesis that combines insights from post-foundational feminist theory, the 2007 film No Country for Old Men, and an empirical study of older nurses working in the Norwegian public health-care system. Their aim is to provide the foundations for alternative interventions in the world of work that might underpin a more sustainable future for older workers. (RH)
ISSN: 0144686X
From : cambridge.org/aso

END-OF-LIFE CARE

- 238/40 Dementia caregivers and live discharge from hospice: what happens when hospice leaves?.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 2, February-March 2017, pp 138-154.
Hospice offers holistic support for individuals living with terminal illness and their caregivers. Some individuals receiving hospice services experience a slower decline in health than expected, resulting in a 'live discharge' from hospice. A live discharge affects both patient and caregiver(s). This study explored the experiences of 24 American caregivers of adults with dementia who experienced a live discharge from hospice. Findings emphasise the comprehensive services covered under the Medicare Hospice benefit and those lost after a live discharge. Implications for social workers supporting caregivers are discussed, including the need to view the patient-caregiver unit during a live discharge. (RH)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 238/41 End-of-life conversations and hospice placement: association with less aggressive care desired in the nursing home; by Joann P Reinhardt, Deirdre Downes, Verena Cimarolli, Patricia Bomba.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 13, no 1, January-March 2017, pp 61-81.
Education about end-of-life care and treatment options, communication between family and health care providers, and having advance directives and medical orders in place are important for older adults with chronic, progressive decline and end-stage disease who spend their last days in the nursing home. This US study used retrospective data (6 months before death) of long-stay nursing home decedents (N=300) taken from electronic health records to capture the end-of-life experience. Findings showed for almost all decedents, Do Not Resuscitate and Do Not Intubate orders were in place, and just over one-half had Do Not Hospitalize and No Artificial Feeding orders in place. A small proportion had No Artificial Hydration or No Antibiotic orders in place. Overall, there was congruence between documented medical orders and treatment received. Findings showed that use of hospice and discussions about particular life-sustaining treatments each had significant associations with having less aggressive medical orders in place. These results can inform best practice development to promote high quality, person-directed, end-of-life care for nursing home residents.
ISSN: 15524256
From : <http://www.tandfonline.com>

EPIDEMIOLOGY

- 238/42 Association of demographic, lifestyle factors and serum biomarkers with hypertension in elderly Chinese people; by Xilqin Hong, Nualnong Wongtongkam, Paul Russell Ward ... (et al).: Cambridge University Press.
Ageing and Society, vol 37, no 4, April 2017, pp 661-674.
Hypertension is a major cause of premature death in China. Understanding risk factors including behavioural and predisposing factors may help to prevent development of hypertension and control the extent of premature mortality. In this case-control design conducted in Hunan province, 416 hypertensive subjects were matched with an equal number of normotensive persons

from nearly 9,000 volunteers. A self-report questionnaire was employed to collect demographic and lifestyle information, and fasting serum biomarkers related to lipid profile, renal function, glucose level and uric acid were assessed. When age and sex were stratified, serum biomarkers such as blood urea nitrogen and triglycerides showed a significant difference for hypertension, while lifestyle behaviours including university degree, alcohol use, Body Mass Index and psychological stress (job and married life) were also associated with hypertension. After adjusting for covariate confounding factors, only elevated triglyceride levels were strongly linked to high blood pressure. To control high blood pressure, hypertriglyceridemia should be included in hypertension treatment and followed up to assess the substantial risk of cardiovascular diseases. (JL)

ISSN: 0144686X

From : cambridge.org/aso

FALLS

(See Also 238/61)

- 238/43 Falls prevention: access and acceptability to all?; by Jill Manthorpe, Jo Moriarty.: Emerald. Working with Older People, vol 21, no 2, 2017, pp 72-81. The equalities dimension of falls prevention services are examined in light of the Equality Act 2010 and its protected characteristics. Research and policy are discussed in light of the Act and of public services' duties to be aware of their responsibilities. This is an update of the authors' 'Diversity in older people and access to services: an evidence review' undertaken for Age UK in 2012. It finds that the research on falls prevention services does not always collect data on service users, and services do not always collect data about their users that would enable them to build a picture of their users in line with the Equality Act 2010. Services and commissioners need to be able to demonstrate that the services funded by the public purse are accessible, acceptable and appropriate to the UK's increasingly diverse older population. This paper describes some of the existing resources and research papers that contain elements of attention to the protected characteristics of the Equality Act 2010. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop
- 238/44 How older adults would like falls prevention information delivered: fresh insights from a World Cafe forum; by Linda Khong, Caroline Bulsara, Keith D Hill, Annemarie Hill.: Cambridge University Press. Ageing and Society, vol 37, no 6, July 2017, pp 1179-1196. Translation of falls prevention evidence into practice is problematic. Understanding older adults' views about falls prevention information could enhance delivery of falls prevention, resulting in better engagement and uptake of recommended activities. This Australian study examines the views and preferences of community-dwelling older adults about seeking and receiving falls prevention information. A community forum using a modified World Café approach was conducted. Participants discussed five topic areas in small groups, under the guidance of table facilitators. Perspectives were captured on paper. Thematic analysis was conducted to identify factors that influence participants' engagement and uptake of information. Seventy-three older adults participated in the forum covering wide-ranging preferences around falls prevention information. Personal experience was considered the key influence on an older adult's decision to initiate seeking information. While health professionals were often approached, alternative sources such as public libraries, peer educators and seniors' organisations were also favoured as credible sources of information. Older adults proposed falls prevention information should be delivered with a positive tone, coupled with highly valued qualities of respect, empathy and time to listen to foster motivation to engage in recommended activities. Consumer-focused practical strategies were proposed to potentially improve future design, communication and dissemination of falls prevention information. This improvement could enhance engagement of messages and subsequent uptake of falls prevention recommended strategies. (RH)
ISSN: 0144686X
From : cambridge.org/aso
- 238/45 Men's perspectives on fall risk and fall prevention following participation in a group-based programme conducted at Men's Sheds, Australia; by Jeannine L M Liddle ... (et al.): Wiley. Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1118-1126. Research on older men's views regarding fall prevention is limited. The purpose of this qualitative study was to explore the experiences and perspectives of older men regarding fall risk and prevention so that fall prevention programmes could better engage older men. Eleven men who had taken part in a group-based fall prevention programme called Stepping On conducted at Men's Sheds in Sydney, Australia, participated in semi-structured interviews during June and July 2015 which were audio-recorded and transcribed. Data were coded and analysed using constant

comparative methods. Over-arching theoretical categories were developed into a conceptual framework linking programme context and content with effects of programme participation on men. Men's Sheds facilitated participation in the programme by being inclusive, male-friendly places, where Stepping On was programmed into regular activities and was conducted in an enjoyable, supportive atmosphere. Programme content challenged participants to think differently about themselves and their personal fall risk, and provided practical options to address fall risk. Two major themes were identified: adjusting the mindset where men adopted a more cautious mindset paying greater attention to potential fall risks, being careful, concentrating and slowing down; and changing the ways where men acted purposefully on environmental hazards at home and incorporated fall prevention exercises into their routine schedules. Practitioners can engage and support older men to address falls by better understanding men's perspectives on personal fall risk and motivations for action. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

FAMILY AND INFORMAL CARE

(See Also 238/25, 238/34, 238/81)

238/46

Family care work: a policy-relevant research agenda; by Phyllis Moen, Nicole DePasquale.: Policy Press.

International Journal of Care and Caring, vol 1, no 1, March 2017, pp 45-62.

This article addresses the need for policy-relevant research agendas on family care in transaction with formal care and public as well as organisational norms and policies in light of the crisis in caregiving for older adults. The authors propose a combined institutional and life-course theoretical approach, suggesting seven ways of organising scholarly enquiry to promote understanding of the changing nature of family care in the 21st century, inform policymakers' efforts at supporting family caregivers and improve caregivers' and care recipients' quality of life. These include: (1) moving beyond snapshots of individuals; (2) conducting comparative cross-cultural and cross-cohort analyses; (3) documenting social heterogeneity, vulnerability and inequality; (4) capturing individuals' and families' adaptive strategies and cycles of control during the caregiving process; (5) investigating policy innovations and natural experiments; (6) assessing third parties as mediating institutions between regulatory environments and caregiving families; and (7) attending to the subjective meanings of care. The authors' work was supported by the US National Institute for Aging and the National Institute of Health. (RH)

ISSN: 2397883X

From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

238/47

Intergenerational transfers and informal care for disabled elderly persons in China: evidence from CHARLS; by Xiaoting Liu, Bei Lu, Zhixin Feng.: Wiley.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1364-1374.

Aiming at 'ageing healthier and ageing better', a certain amount of high-quality informal care should be available for older people with a physical disability as formal care is barely accessible in China. The demographic transition and family structural changes have dramatically weakened traditional norms of filial piety and the structure of intergenerational transfers. This article employed nationwide representative data from the first wave (2011) of the Chinese Health and Retirement Longitudinal Study (CHARLS) in order to identify the duration of informal care provision at home for frail older people (1122 in rural areas and 577 in urban areas, total 1699), measured in monthly hours, before estimating the associations between intergenerational transfers and the received time of informal care with Tobit Model analysis. Results showed that financial support from the younger generation was unexpectedly negatively associated with the monthly hours of care, implying a reduction of caring support along with increasing financial transfers towards older parents. The lack of informal care could not be compensated by having more children, co-residing with children, or increasing the parent-to-child/grandchild transfers. Spouses were shown to replace children as the major caregivers. In addition, the community-based long-term care system needs to be promoted to sustain and develop informal care, as the latter will become increasingly important with changing family dynamics. Finally, the received time of informal care, rather than the severity of physical disability measured by difficulty with ADLs or IADLs, was introduced to identify the actual demand for care by older people. The paper argues that it is important to reconceptualise and re-investigate the duration of care provision in the Chinese context in order to develop standards of payment as part of long-term care policies. (JL)

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From : wileyonlinelibrary.com/journal/hsc

- 238/48 Our priorities are upside down: policies should put carers first; by Jill Manthorpe, Steve Iliffe.: Hawker Publications.
Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 18-20.
Failure to invest in services for an ageing society has meant that they are increasingly reliant on family carers. The authors examine the problems faced by carers, and ask what it will take to provide better support in the caring role. While a lack of family care implies that families must do more, the reality is that increasing numbers of people with dementia will not have family carers - which should be recognised in ad by policy and practice. (RH)
ISSN: 13518372
From : www.careinfo.org
- 238/49 Reconciling tensions: needing formal and family/friend care but feeling like a burden; by Rachel Barken.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 1, March 2017, pp 81-96.
Within a neoliberal policy context that shifts responsibility for health and wellbeing from the state to families and individuals, Canadian home care strategies tend to present family members as 'partners in care'. Drawing on an interpretive grounded theory study that involved 34 qualitative interviews, this article examined older people's experiences at the intersections of formal home care and family/friend care arrangements, against the backdrop of policies that emphasise partnerships with family. The core concept derived from the interviews was reconciling tensions between care needs and concerns about burdening others, in the context of available home and community care. Four processes were identified, illustrating how access to financial and social resources may lead to opportunities and constraints in experiences of care. Findings underscored the emotional and practical challenges that older people may encounter vis-à-vis policy discourses that encourage family responsibility for care. Implications for policy and practice are discussed. (JL)
ISSN: 07149808
From : cambridge.org/cjg
- 238/50 The Taiwanese Association of Family Caregivers: transformation in the long-term care debate for carers; by Frank T Y Wang, Chen-Fen Chen.: Policy Press.
International Journal of Care and Caring, vol 1, no 1, March 2017, pp 121-126.
Accepting political appointment from the government is a double-edged sword for an advocacy group, which could mean a chance to influence policies or conflicts with other advocacy groups. The Taiwanese Association of Family Caregivers (T AFC) went through such a process of transformation when it was appointed as a member of a formal committee set up by the Taiwanese government in 2009 to develop and implement a long term care insurance scheme. The authors called this process T AFC's awakening, because the opportunity served as a catalyst for T AFC to confirm its identity as a representative of carers, speaking solely from the carer's perspective. (RH)
ISSN: 2397883X
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

FRAILITY

- 238/51 Interventions to prevent or reduce the level of frailty in community-dwelling older adults: a scoping review of the literature and international policies; by Martine T E Puts, Samar Toubasi, Melissa K Andrew ... (et al): Oxford University Press.
Age and Ageing, vol 46, no 3, May 2017, pp 383-392.
Frailty impacts older adults' ability to recover from an acute illness, injuries and other stresses. Currently a systematic synthesis of available interventions to prevent or reduce frailty does not exist. The present study conducted a scoping review of interventions and international policies designed to prevent or reduce the level of frailty in community-dwelling older adults. Following a scoping review and literature search 14 relevant studies were identified that included 12 randomised controlled trials and 2 cohort studies, with most research conducted in the USA and Japan. The study quality was moderate to good. The interventions included physical activity; physical activity combined with nutrition; physical activity plus nutrition plus memory training; home modifications; prehabilitation (physical therapy plus exercise plus home modifications) and comprehensive geriatric assessment (CGA). The review showed that the interventions that significantly reduced the number of frailty markers present or the prevalence of frailty included the physical activity interventions (all types and combinations), and prehabilitation. The CGA studies had mixed findings. Overall, nine of the 14 studies reported that the intervention reduced the level of frailty. The results need to be interpreted with caution, as only 14 studies using six different definitions of frailty were retained. Future research could combine interventions targeting more frailty markers including cognitive or psychosocial well-being. (JL)
ISSN: 00020729
From : <https://academic.oup.com/ageing>

GRANDPARENTS

- 238/52 Patterns of grandparental child care across Europe: the role of the policy context and working mothers' need; by Tove Harnett, Haran Jonson.: Cambridge University Press.
Ageing and Society, vol 37, no 4, April 2017, pp 845-873.
Across Europe grandparents play very different roles. This paper studied to what extent grandparents' roles as providers of childcare relates to the country policy context, focusing on public childcare services and parental leave regulation, and to the availability of part-time jobs for women. The study also explored whether mothers' needs to combine family and work influenced the frequency of grandparental childcare across countries. The analysis combined micro-data from the Survey of Health, Ageing and Retirement in Europe and macro-indicators from the Multilinks database and Eurostat. There was found to be a clear association between policy context and frequency of grandparental childcare. Three models emerged. In countries close to the familialism by default model (i.e. characterised by scarce public childcare services and parental leave), when grandparents provided childcare they often did it daily. In countries characterised by defamilialisation and supported familialism policies (with generous public services and parental leave) grandparents took on a marginal role. An intermediate model emerged in countries characterised by a limited offer of childcare or parental leave, where grandparental childcare complemented state support and tended to be offered on a weekly basis. This analysis corroborated the idea that the highly intensive involvement of grandparents in countries with low availability of part-time jobs for women was influenced by the need (unmet by the welfare) of mothers to combine work and family. (JL)
ISSN: 0144686X [From : cambridge.org/aso](http://cambridge.org/aso)

HEALTH CARE

(See Also 238/27, 238/42, 238/68, 238/72, 238/119)

- 238/53 Consequences of clinical case management for caregivers: a systematic review; by Aline Corvol ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 5, May 2017, pp 473-483.
Informal caregivers are deeply involved in the case management process, however little is known about the consequences of such programmes for them. This systematic literature review, reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement, addressed the consequences of clinical case management programmes, whether positive or negative, for caregivers of frail older persons or persons with dementia. The authors systematically identified and analysed published randomised trials and quasi-experimental studies comparing case management programmes to usual care, which discussed outcomes concerning caregivers. 16 studies were identified, and 12 were included after quality assessment. Seven identified at least one positive result for caregivers, and no negative effect of case management was found. Characteristics associated with positive results for caregivers were a high intensity of case management and programmes specifically addressed to dementia patients. Despite the numerous methodological challenges in the assessment of such complex social interventions, these results show that case management programmes can be beneficial for caregivers of dementia patients and that positive results for patients are achieved without increasing caregiver burden. (JL)
ISSN: 08856230 [From : www.orangejournal.org](http://www.orangejournal.org)
- 238/54 Integrating safety concepts in health and social care; by Jason Scott, Yvonne Birks, Fiona Aspinall, Justin Waring.: Emerald.
Journal of Integrated Care, vol 25, no 2, 2017, pp 76-83.
Keeping individuals safe from harm and exploitation is a clearly articulated goal within both the health and social care sectors. Two key concepts associated with achieving this common aim are safety and safeguarding. This paper is critically appraises the differences in safety terminology used in health and social care, including opportunities and challenges for greater integration of safety systems across health and social care in England. It presents the authors' viewpoint based on personal, professional and research experience. In healthcare, safety is usually conceptualised as the management of error, with risk considered on a universal level. In social care, the safeguarding process balances choice and control with individualised approaches to keeping adults safe, but lacks the established reporting pathways to capture safety incidents. Efforts to safely integrate health and social care services are currently constrained by a lack of shared understanding of the concepts of safety and safeguarding without further consideration of how these approaches to keeping people safe can be better aligned. As such, there is a need for a single, unified discourse of patient safety that cuts across the patient safety and safeguarding concepts and their associated frameworks in health and social care settings. A single unified concept of safety in health and social care could coincide with an integrated approach to the delivery of health and social care, improving the care of patients transitioning between services. (RH)
ISSN: 14769018 [From : www.emeraldinsight.com/loi/jica](http://www.emeraldinsight.com/loi/jica)

- 238/55 Men and the early detection of cancer: is it possible to identify who may need more support?; by Anna Lynall.: Institute of Ageing and Health West Midlands.
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 7-13.
Men have poorer health outcomes than women, and cancer is more common in older people, with incidence increasing with age for most cancers. The early detection of cancer can lead to improved survival, but the diagnostic phase is believed to be the most stressful time. Communication around the time of a diagnosis of cancer for men is difficult and tense: It is well-documented that those in the early detection stage of cancer have high levels of distress, manifested primarily by anxiety: for men, communication around the time of a diagnosis of cancer is difficult and tense. Being connected, having strong social support, and receiving a person-centred care approach within the phase are beneficial and imperative (as the ability to cope may not be obvious or communicated). Research is being conducted to explore the introduction of new generic blood tests, which should improve the early detection of cancer. For that cohort of patients, waiting for results and a final diagnosis will be stressful, as will ongoing surveillance. For certain predisposed groups of men, the stress experienced in this waiting time has the potential to be exacerbated by a number of different factors. This paper explores which groups of men are now more at risk, due to circumstances of life stage. It highlights the scope for future work to understand further how stratifying high risk groups of older men in particular can offer opportunities to identify interventions designed to support segmented groups. (RH)
ISSN: 13649752
From : www.iah-wmids.org.uk
- 238/56 Scoping review of medical assessment units and older people with complex health needs; by Carole Rushton, Julia Crilly, Adeniyi Adeleye ... (et al.): Wiley.
Australasian Journal on Ageing, vol 36, no 1, March 2017, pp 19-25.
The aim of this study was to explore current knowledge of medical assessment units (MAUs) with specific reference to older people with complex needs and to stimulate new topics and questions for future policy, research and practice. A scoping review was conducted using an integrated-latent thematic approach. The review provided a unique perspective on MAUs and older people which was framed using four themes: efficiency, effectiveness, equity and time. 18 articles dating from between 1997 and 2013 that provided descriptions of MAUs in the UK, Australia and New Zealand were found and reviewed, however only six of them made specific reference to older people. Most (14) articles reported on efficiency and effectiveness while none reported explicitly on equity. Time was identified as a fourth, latent theme within the literature. Findings from this review indicate that future policy, research and practice relating to MAUs should focus on older people with complex needs, patient-centred metrics and those MAU characteristics most likely to deliver positive health outcomes to this particular cohort of patients. (JL)
ISSN: 14406381
From : wileyonlinelibrary.com/journal/ajag
- 238/57 Understanding help-seeking in older people with urinary incontinence: an interview study; by Natalie Vethanayagam ... (et al.): Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1061-1069.
The prevalence of urinary incontinence (UI) increases with age and can negatively affect quality of life. However relatively few older people with UI seek treatment. The aim of this study was to explore the views of older people with UI on the process of seeking help. Older people with UI were recruited to the study from three continence services in the north of England: a geriatrician-led hospital outpatient clinic, a community-based nurse-led service and a consultant gynaecologist-led service specialising in surgical treatment. Participants took part in semi-structured interviews which were transcribed and underwent thematic content analysis. Three main themes emerged: Being brushed aside, in which participants expressed the feeling that general practitioners did not prioritise or recognise their concerns; putting up with it, in which participants delayed seeking help for their UI due to various reasons including embarrassment, the development of coping mechanisms, perceiving UI as a normal part of the ageing process, or being unaware that help was available; and Something has to be done, in which help-seeking was prompted by the recognition that their UI was a serious problem, whether as a result of experiencing UI in public, the remark of a relative, the belief that they had a serious illness or the detection of UI during comprehensive geriatric assessment. Greater awareness that UI is a treatable condition and not a normal part of ageing is needed in the population and among health professionals. Comprehensive geriatric assessment appeared an important trigger for referral and treatment in the study participants. Screening questions by healthcare professionals could be a means to identify, assess and treat older people with UI. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

HEALTHY AGEING

238/58

A life course approach to health literacy: the role of gender, educational attainment and lifetime cognitive capability; by Sean A P Clouston, Jennifer A Manganello, Marcus Richards.: Oxford University Press.

Age and Ageing, vol 46, no 3, May 2017, pp 493-499.

Social inequalities in health are believed to arise in part because individuals make use of social and economic resources in order to improve survival. In recent years health literacy has received increased attention as a factor that can help explain differences in health outcomes. However examination of life course predictors of health literacy has been limited. In this study life course data from the Wisconsin Longitudinal Study 1957-2011 were used to examine predictors of health literacy in old age using the Newest Vital Sign. Generalised structural equation modelling was used to model pathways to health literacy. Predictors of health literacy included educational attainment, adolescent cognitive and non-cognitive skills, and, in men, rate of cognitive decline from middle to later life. Numerous studies have documented health literacy issues among older adults, and recommendations have been made for ways to improve health literacy for this population. This study reports on risk factors across the life course that are associated with health literacy in later life, identifying possible intervention targets to reduce risk of poor health as people age. These findings suggest that a range of life course factors, beginning in early life, predict health literacy. Further research studying health literacy over the life course is warranted. (JL)

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

HOME CARE

(See 238/16)

HOSPITAL CARE

(See 238/35)

HOUSING

(See Also 238/38, 238/81)

238/59

Exploring home sharing for elders; by Henry Bodkin, Parnika Saxena.: Taylor and Francis. Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 47-56.

Research suggests that third party-arranged home sharing (TPAHS) enables older people to remain at home in advanced age, by connecting elder home owners with suitable live-in "matches". TPAHS potentially saves older people, their families and Medicaid budgets millions of a dollars a year in avoided and postponed nursing home costs. In interviews with older TPAHS participants of one TPAHS program, the authors found that similarity in values, ability to utilise the TPAHS organisation's guidance, and, when relevant, familiarity with their matches' mental health challenges, correlated with said participants' satisfaction with their matches, while a lack of these qualities correlated with match dissatisfaction. With these findings in mind, the authors suggest strategies which TPAHS organisations can use, to best serve older TPAHS participants who may benefit from intensified match support, but may not seek it. (RH)

ISSN: 02763893 From : <http://www.tandfonline.com>

238/60

Lengthening the ladder: the future of mortgage borrowing in older age: full research report by the ILC-UK, supported by the BSA in conjunction with the CML; by Ben Franklin, Cesira Urzi Brancati, Dean Hochlaf, International Longevity Centre UK - ILC-UK; Building Societies Association - BSA; Council of Mortgage Lenders - CML. London: International Longevity Centre UK; Building Societies Association, May 2017, 56 pp.

Many people are joining the housing ladder later in life, and taking mortgages with terms that extend into retirement, a trend that is likely to increase. Based on current trends for home ownership, mortgage debt, housing equity and population change, the authors estimate that there will be a significant shift in the customer base of the mortgage market between now and 2030. By then, the authors estimate that the over 65s will hold the majority of the nation's housing wealth, while also accounting for a rising share of overall mortgage borrowing. In light of these trends, this report seeks to better understand the circumstances of those who are mortgage borrowers in retirement, by conducting in-depth analysis of the Wealth and Assets Survey (WAS) from the Office of National Statistics (ONS). The report looks at the theory and evidence on the distribution of mortgage debt by age; and explores the changing demographics and economics behind increased interest amongst older borrowers. The report examines the characteristics of current borrowers in retirement, comparing those who do have mortgage debt with homeowners

who do not have an outstanding mortgage. The characteristics of future borrowers are examined and compared with those who are unlikely to have any outstanding mortgage debt in retirement. The authors try to establish the key causal reasons determining the likelihood of being a borrower or non-borrower. Some implications and recommendations for policy, industry and the regulator. (RH)

From : http://www.ilcuk.org.uk/images/uploads/publication-pdfs/ILC-UK_-_Lengthening_the_Ladder_-_The_future_of_mortgage_borrowing_in_older_age_1.pdf

- 238/61 Life satisfaction among home-dwelling older people who have experienced falls and have declined subjective health; by Edit Fonad, Britt Ebbeskog.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 57-73.
This study investigated the reported life situations of home-dwelling Swedish older people who have experienced falls and have declining subjective health. A mixed method design was used, consisting of a quantitative study comprising questionnaires completed by 434 home-dwelling older people, and a qualitative study comprising 30 interviews. The findings showed that declining physical function combined with limited health status was associated with falling. Despite limited physical condition, participants experienced well-being and life satisfaction in daily living. Insight obtained from these findings deepens our understanding of fallers, and may provide a basis for future research leading to improvements within health care. (RH)
ISSN: 02763893 From : <http://www.tandfonline.com>

- 238/62 Working longer, caring harder: the impact of ageing-in-place policies on working carers in the UK and Sweden; by Madeleine Starr, Marta Szebehely.: Policy Press.
International Journal of Care and Caring, vol 1, no 1, March 2017, pp 115-119.
Most developed countries have introduced significant changes in housing and long term care policies for older people. Simultaneously, there is increasing policy and economic emphasis on extending working lives and on changes to pension schemes. These changes have combined to have negative consequences for working-age family carers. In this contribution, the authors discuss the situations in the UK and Sweden - two countries with different policy traditions, but facing similar challenges. (RH)
ISSN: 2397883X From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

HOUSING WITH CARE

(See Also 238/98)

- 238/63 A model for aging in place in apartment communities; by Heidi H Ewen, Denise C Lewis, Andrew T Carswell (et al.): Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 1-13.
The authors introduce a theoretical model for ageing-in-place housing specialists for those living in congregate housing facilities in the US. A "needs assessment" tool is outlined to help facilitate the successful implementation of a Health and Aging Residential Service Coordinator (HARSC), both from a research perspective and from implementation of a training curriculum for this particular population. A model that provides both on- and off-site services is hypothesised to be most effective. (RH)
ISSN: 02763893 From : <http://www.tandfonline.com>

INCOME AND PERSONAL FINANCE

(See Also 238/60)

- 238/64 The generation of wealth: asset accumulation across and within cohorts; by Conor D'Arcy, Laura Gardiner, Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, June 2017, 92 pp.
In this seventh report by the Resolution Foundation for the Intergenerational Commission, the authors explore how wealth is distributed across and within different birth cohorts in Britain, focusing on intra- and inter-generational wealth trends. For younger groups, the problems are weak earnings growth, decreasing rates of home ownership, and the closing of generous pension schemes to new entrants. The report uses the Office for National Statistics' (ONS) Wealth and Assets Survey (WAS) to provide an overview of longitudinal changes in wealth in Great Britain. It examines assets and wealth patterns across and within age cohorts. It looks into how cohorts build up their wealth over time, focusing specifically on active savings behaviour and wealth increases driven by wider economic shifts (notably house price increases). It concludes by bringing these findings together, and reflecting on how policy might need to respond. Two annexes present supplementary analysis of cohort wealth trends, and more detail on the data sources and methodological approach used.
From : <http://www.resolutionfoundation.org/app/uploads/2017/06/Wealth.pdf>

238/65

A mid-life less ordinary?: Characteristics and incomes of low to middle income households aged 50 to State Pension age; by David Finch, Helena Rose, Centre for Ageing Better; Resolution Foundation. London: Centre for Ageing Better, May 2017, 35 pp.

Low to middle income households (LMIs) are defined as those in the bottom half of the income distribution. Their incomes are above the bottom 10%, and they receive less than one fifth of their income from means-tested benefits - in total, around 6 million working-age households and 10 million adults. This study's focus is older LMIs, in which the head of household is aged 50 to State Pension age (SPA), comprising 1.8 million households, almost a third of all LMIs. The authors use analyses by the Resolution Foundation of the Office for National Statistics' (ONS) Family Resources Survey (FRS) to examine: older LMIs and the labour market; composition of household income and long term trends; and spending and saving. It is concluded that older LMIs remain at risk of continued financial strain as they approach retirement. Their living standards are still no higher than in 2007-08: they struggle to maintain current living standards, or to save enough to support their future living standards in retirement. Annex A mentions use of a related ONS series, Households Below Average Income (which seems not to be referred to elsewhere in the text). (RH)

From : <https://16881-presscdn-0-15-pagely.netdna-ssl.com/wp-content/uploads/2017/05/A-mid-life-less-ordinary.pdf>

238/66

Why do older adults avoid seeking financial advice?: Adviser anxiety in the Netherlands; by Hendrik P Van Dalen, Kene Henkens, Douglas A Hershey.: Cambridge University Press. Ageing and Society, vol 37, no 6, July 2017, pp 1268-1290.

Why is it that many people fail to seek retirement planning advice when doing so is clearly indicated? Distrust of financial intermediaries is often presented as the common answer. But this paper shows that trust issues are only part of the answer: an appreciable proportion of individuals experience anxiety at the prospect of visiting a financial adviser. In the present investigation, financial adviser anxiety is studied among 950 Dutch adults over the age of 50. Anxiety levels were measured using a six-item scale that was administered as part of a larger nationwide investigation on retirement attitudes and behaviour. Findings revealed that nearly one-third of respondents reported having moderate to severe levels of anxiety at the prospect of visiting a financial professional. Furthermore, a hierarchical regression analysis revealed that strong predictors of anxiety included one's educational level, income, age, level of future time perspective, risk tolerance, financial knowledge and scepticism regarding whether advice from a financial professional can be trusted. A cluster analysis using demographic and psychological covariates identified three separate groups of older adults that were found to differ in terms of their mean level of anxiety. Those who had low levels of education and low incomes were found to disproportionately display high levels of financial adviser anxiety. (RH)

ISSN: 0144686X

From : cambridge.org/aso

INFORMATION AND COMMUNICATION TECHNOLOGY

238/67

The supportive network: rural disadvantaged older people and ICT; by Steven Baker, Jeni Warburton, Suzanne Hodgkin, Jan Pascal.: Cambridge University Press. Ageing and Society, vol 37, no 6, July 2017, pp 1291-1309.

The rapid development of Information and Communications Technologies (ICT) is profoundly transforming the social order, into what Spanish sociologist Manuel Castells calls the network society. Mobile technologies, such as smartphones and tablet computers, are perhaps the definitive tools of the network society. However, cultural and economic barriers exist that restrict access to these transformative tools and to the information networks in which they operate. One group that is particularly at risk is rural older people from disadvantaged backgrounds. This paper reports on one aspect of a larger action research project that involved working with a small group of rural, socially isolated older Australians with histories of homelessness and complex needs (N = 7) and their social workers. This paper focuses on the older participants who, having been provided tablet computers, were then supported to use the device in their homes over the course of eight months. Despite most participants having never used a computing device of any kind prior to the research project, findings suggested that participants gained confidence, independence and social engagement as a result of their ICT use. Results also highlighted that they experienced challenges in utilising ICT, specifically technical, economic and social barriers. Findings highlight the individual and structural issues that must be addressed to enable all citizens to participate fully in the network society. (RH)

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INTERGENERATIONAL ISSUES

(See 238/34, 238/47)

INTERNATIONAL AND COMPARATIVE

(See Also 238/16, 238/34, 238/47, 238/73, 238/93)

- 238/68 Aged communities and health-care reform attitudes in the United States of America; by Brittany H Bramlett.: Cambridge University Press.
Ageing and Society, vol 37, no 6, July 2017, pp 1134-1155.
Older adults and baby boomers in the United States have been more opposed than supportive of the Affordable Care Act (ACA), but what about older adults living in aged communities? The aged community (i.e. retirement community) is a social context that is important for understanding individuals' political attitudes and behaviours. We know that social contexts often constrain the information available within the community. Also, recent work indicates that this happens with the aged social context as well. Older adults living among concentrations of their peers are more politically knowledgeable than older adults without the same neighbourhood context. The author hypothesises that older adults living in aged communities will be more supportive of the ACA than their peers without the same context, because they know more about the ACA and its age-related benefits. To test this hypothesis, the author uses data from the Cooperative Congressional Election Studies for the years 2009-2012, and assesses whether the aged context has had an impact on residents' attitudes towards health-care reform, the ACA, specifically. She finds that older residents of aged communities are more likely to report supportive attitudes in 2010 and 2012 than older residents of communities without a significant older adult presence. There is no statistically significant aged context effect in 2009 and 2011. (RH)
ISSN: 0144686X
From : cambridge.org/aso
- 238/69 The health of India's older population: do living arrangements matter?; by Sandhya R Mahapatro, Arabinda Acharya, Pushpendra Singh.: Emerald.
Working with Older People, vol 21, no 2, 2017, pp 82-89.
Changing demographic trends in India have resulted in a growing ageing population, and this poses many health challenges for older people. Lack of formal care institutions and social security nets further aggravate the situation. Thus, living arrangements are expected to play a significant role in determining older people's healthcare needs. This paper examines the association between living arrangements and health among older people in India. Data for the study were drawn from the Building Knowledge Base on Population Ageing in India (2011). Older people's health status was measured by assessing chronic illness, self-rated health and limitations in activities of daily living (ADLs). Logistic regression was used to examine the influence of living arrangements on health outcomes. Further, a structural equation model was employed to observe whether poor health preceded co-residence. Older people living in co-residential arrangements report more health disadvantages, and older people with poor health prefer co-residence with their offspring. Perhaps the support, care and health awareness in co-residential arrangements helps older people obtain the healthcare interventions they require for the various illnesses they have had, and enable them to improve their ongoing health status. The present study has extended the research on the relationship between health and living arrangements, and has also addressed the case of older people with poor health who prefer to stay in co-residential arrangements, on which there are few studies. (RH)
ISSN: 13663666
From : www.emeraldinsight.com/loi/wwop
- ## LEARNING DIFFICULTIES
- 238/70 Dementia and learning disabilities: bridging the gap; by Emma Killick.: Hawker Publications.
Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 20-21.
People with learning disabilities can be at particular risk of developing dementia, but special challenges can arise in trying to support them. The author describes a project to create a range of learning and multi-media resources to help improve practice and care for people with learning disabilities living with dementia. The Department of Health (DH) Innovation, Excellence and Strategic Development Fund has awarded a grant to the learning disability charity MacIntyre for this 3-year Dementia Project. (RH)
ISSN: 13518372
From : www.careinfo.org

- 238/71 Learning from the workshops on sensory stimulation activities and their use with older adults; by Alison Whyte, Ruth Pearce.: Institute of Ageing and Health West Midlands.
Ageing and Health: the Journal of the Institute of Ageing and Health (West Midlands), no 21, 2017, pp 4-6.
This article summarises the key learning from three workshops on sensory stimulation activities and their use with older adults, organised by the Institute of Ageing and Health (West Midlands) (IAH) Research and Education Committee. Workshop 1 considered the use and importance of evidence-based practice: healthcare staff must question whether research is robust, can be trusted, is meaningful, relevant and will lead to improved patient outcomes. Workshop 2 looked at the pioneering work of Broadening Choices for Older People (BCOP), a non-profit organisation set up in 1946, which has been developing work on "sensory stimulation" to help people with learning disabilities since the 1960s. Workshop 3 looked at how music can enhance the lives of people living with dementia as well as their carers. (RH)
ISSN: 13649752
From : www.iah-wmids.org.uk
- 238/72 Meeting the health needs of older people with intellectual disabilities: exploring the experiences of residential social care staff; by Ruth Northway, Daniella Holland-Hart, Robert Jenkins.: Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 923-931.
Older people with intellectual disabilities often experience high levels of health needs and multiple morbidities but they may be supported by residential care staff with little or no previous experience of identifying and meeting health needs. Little is known regarding how they undertake this health-related role and this exploratory study seeks to address this gap. A purposive sample of 14 managers of supported living accommodation in Wales were interviewed in 2014 to determine their experiences of supporting tenants in relation to age-related health needs. The semi-structured interviews were transcribed and thematically analysed. Three of the emerging themes are reported in this paper: meeting health needs, the consequences of ageing and relationships. Findings indicate that residential care staff support older people with intellectual disabilities with complex and multiple health needs: they monitor health status, support access to healthcare, provide additional support arising from changing health needs and advocate for tenants in the context of healthcare. However their role is often not understood by healthcare professionals. The importance of staff having a long-term relationship with those they support was identified as being important to identifying any health-related changes. The need to develop effective relationships with healthcare staff was also noted. It is concluded that there is a need for better understanding among health staff of the role of residential social care workers and for further research regarding health-related communication. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc
- LONELINESS AND SOCIAL ISOLATION**
- 238/73 Being lonely later in life: a qualitative study among Albanians and Moroccans in Italy; by Eralba Cela, Tineke Fokkema.: Cambridge University Press.
Ageing and Society, vol 37, no 6, July 2017, pp 1197-1226.
This study focuses on the social well-being of older migrants in Italy, an important yet neglected topic in Italian political and scholarly debate. Knowledge about the lived experience of loneliness and its perceived causes was gathered by means of 34 in-depth interviews with Albanian and Moroccan migrants aged 50+ living in the Marche region. The findings show that the participants are surrounded by family, and are largely satisfied with the contact they have with relatives; this protects them from social isolation, but not from loneliness. Although they rarely express this to their spouse and friends (men) or their children (men and women), feelings of loneliness are widely experienced among the participants. The root of their loneliness largely relates to a lack of meaningful relationships with non-related age peers - having a chat, remembering old times, socialising with others when family members are busy, talking about intimate matters they cannot or will not share with relatives - which supports the argument of loneliness scholars that different types of relationships serve different functions and fulfil different needs. Having more contact with people outside the family circle, especially with co-ethnic peers, could reduce these feelings of loneliness substantially, but factors such as discrimination and lack of Italian language proficiency, free time, financial resources and nearby contact facilities are hindrances. These factors offer clues for public loneliness interventions. (RH)
ISSN: 0144686X
From : cambridge.org/aso
- 238/74 Community-based research and approaches to loneliness prevention; by Jenny Barke.: Emerald.
Working with Older People, vol 21, no 2, 2017, pp 115-123.
The author reports on research with older people that explored experiences of loneliness, in order to consider community level approaches to prevent and reduce feelings of loneliness. The research

was co-produced with a community research group of community professionals, academics and local older people working together, and involved a series of in-depth interviews (n=14) with older people. Interviews were thematically analysed, and revealed three key themes: connecting and disconnecting; points of vulnerability; and older identity. Social connections were important to participants: many felt disconnected at times. Findings underline the importance of understanding older people's social perceptions, and how individuals themselves conceptualise older age. Further research is needed to explore the value of social media in reducing feelings of loneliness generally. With regards to social implications, the author suggests that older people need to be more visible and loneliness needs to be normalised and discussed without stigmatisation. In practical terms, as people get older, and particularly as they retire, people need opportunities to engage or re-engage with their local community. The author suggests that preventing loneliness may mean finding supportive structures to enable this, such as local community-based retirement classes. It is important to note that this research concentrated on one particular community in Bristol, and needs to be replicated to further explore findings. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/loi/wwop

238/75

The discrepancy between social isolation and loneliness as a clinically meaningful metric: findings from the Irish and English longitudinal studies of ageing (TILDA and ELSA); by J E McHugh ... (et al): Wiley.

International Journal of Geriatric Psychiatry, vol 32, no 6, June 2017, pp 664-674.

Scant evidence is available on the discordance between loneliness and social isolation among older adults. The authors aimed to investigate this discordance and any health implications that it may have. Using nationally representative datasets from ageing cohorts in Ireland (TILDA) and England (ELSA), they created a metric of discordance between loneliness and social isolation, which were referred to as Social Asymmetry. This metric was the categorised difference between standardised scores on a scale of loneliness and a scale of social isolation, giving categories of: Concordantly Lonely and Isolated, Discordant: Robust to Loneliness, or Discordant: Susceptible to Loneliness. The authors used regression and multilevel modelling to identify potential relationships between Social Asymmetry and cognitive outcomes. Social Asymmetry predicted cognitive outcomes cross-sectionally and at a two-year follow-up, such that Discordant: Robust to Loneliness individuals were superior performers, but the authors were unable to find evidence for Social Asymmetry as a predictor of cognitive trajectory over time. The authors present a new metric and preliminary evidence of a relationship with clinical outcomes. Further research validating this metric in different populations, and evaluating its relationship with other outcomes, is warranted. (JL)

ISSN: 08856230

From : www.orangejournal.org

238/76

The diversity of befriending by, and of, older people; by Jo Moriarty, Jill Manthorpe.: Emerald. Working with Older People, vol 21, no 2, 2017, pp 63-71.

There is increasing interest in befriending services that aim to combat loneliness among older people. This paper uses the Equality Act 2010 as a framework for a literature review to considering why older people might need these services, and why some groups are over- or under-represented among service users. Databases, websites and other resources were searched systematically for material on befriending. The final review consisted of 80 items, ranging from research articles, reports, and toolkits. Individual face-to-face befriending has been the mainstay of the type of befriending support for older people. The increasing diversity of the older population and reductions in funding have led to adaptations of this model for different groups living in different circumstances. Given the limited resources and time available to conduct the review, it is possible that some relevant material was not identified. Practitioners working with older people need to know about befriending schemes available in their area, and to consider reasons why some groups of older people might be reluctant to use them or require specialist schemes. Existing research on befriending rarely reports the demographic characteristics of those using the service in detail, or considers why some groups of older people might have greater needs for befriending services or be reluctant to use them. The Equality Act 2010 provides a structured framework for considering diversity in access to, and use of, services. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/loi/wwop

238/77

Lost and unfulfilled relationships behind emotional loneliness in old age; by Elisa Tiilikainen, Marjaana Seppanen.: Cambridge University Press.

Ageing and Society, vol 37, no 5, May 2017, pp 1068-1088.

Using a qualitative approach, this article examines how the experiences of emotional loneliness are embedded in the everyday lives and relationships of older adults. Ten in-depth interviews were conducted in 2010 with older people who reported feeling lonely, often or all the time, during a cohort study in southern Finland. The research reveals the multifaceted nature of loneliness and

its causes. The authors identified lost and unfulfilled relationships as being behind emotional loneliness, involving the loss or lack of a partner, the absence of a meaningful friendship, complex parenthood or troubling childhood experiences. Most of the interviewees have faced loneliness that only began in old age; but for some, loneliness has been present for nearly a lifetime. (RH)
ISSN: 0144686X
From : cambridge.org/aso

238/78

Social isolation, loneliness and health in old age: a scoping review; by Emilie Courtin, Martin Knapp.: Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 799-812.
The health and wellbeing consequences of social isolation and loneliness in old age are increasingly being recognised. The purpose of this scoping review was to take stock of the available evidence and to highlight gaps and areas for future research. Searches were carried out on nine databases for empirical papers investigating the impact of social isolation and/or loneliness on a range of health outcomes in old age. The search yielded 11,736 articles, of which 128 items from 15 countries were included in the review. There was a particular focus on the definitions and measurements of the two concepts, associations and causal mechanisms, differences across population groups and interventions. The evidence was largely US-focused, and loneliness was more researched than social isolation. A recent trend was the investigation of the comparative effects of social isolation and loneliness. Depression and cardiovascular health were the most often researched outcomes, followed by wellbeing. Almost all but two studies found a detrimental effect of isolation or loneliness on health. However causal links and mechanisms are difficult to demonstrate and further investigation is warranted. The review found a paucity of research focusing on at risk sub-groups and in the area of interventions. Future research should aim to better link the evidence on the risk factors for loneliness and social isolation and the evidence on their impact on health. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

LONG TERM CARE

(See Also 238/50)

238/79

Co-design of a carers strategy for New South Wales: reflections on a new approach to collaborative policy making with carers; by Helen McFarlane, Karen Turvey.: Policy Press.
International Journal of Care and Caring, vol 1, no 1, March 2017, pp 127-134.
There are 905,000 carers in New South Wales (NSW), which, with 7.7 million people (about a third of the Australian population), is Australia's most populous state. Carers provide ongoing unpaid support to people who need it because of their disability, chronic illness, mental ill-health, dementia or frailty in old age. This article looks at the New South Wales Carers Strategy 2014-19 (NSW Department of Family and Community Services, 2014), which is a whole-of-government and whole of-community response to support carers in NSW. The aim is for carers in NSW to be supported to participate in social and economic life, to be healthy, and to live well. (RH)
ISSN: 2397883X
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

LONG TERM CONDITIONS

(See 238/7)

MEDICAL ISSUES

(See 238/106)

MENTAL HEALTH

(See Also 238/72, 238/100)

238/80

Lessons learned from designing and evaluating an educational brain fitness program; by Roscoe Nicholson, Catherine O'Brien.: Emerald.
Working with Older People, vol 21, no 2, 2017, pp 100-106.
This American case study aims to provide ageing services professional insights into older people's responses to brain fitness programs (i.e. courses) that may not appear in quantitative evaluations. The authors obtained qualitative data via observations, instructor interviews and feedback, open-ended responses on course evaluations, and participant focus groups. The (mainly White) participants come to brain fitness courses with a variety of expectations and preferences about content. Some are looking for educational content, some wanted to learn memory strategies, and

others are looking for drilling or brain games. Participants responded very positively to descriptions of brain fitness research and scientific details. However, presenting such content posed a challenge to non-expert instructors, and efforts should be made to reduce this burden. Instructors can play a valuable role in goal setting, but instructors and participants felt that small rewards for meeting goals were unnecessary. Both instructors and participants felt that peer-to-peer interaction is a particularly valuable component of such courses. Overburdening participants should also be avoided. Organisations offering the course were also found to be adapting the course to better fit the organisation's capacities and the desires of participants. Due to the characteristics of the participant population, it is not known which, if any, of the findings apply to a less well-educated, lower income populations, or populations from other racial or ethnic groups.

ISSN: 13663666

From : www.emeraldinsight.com/loi/wwop

238/81 Living arrangement and cognitive decline among older people in Europe; by Stefano Mazzuco, Silvia Meggiolaro, Fausta Ongaro, Veronica Toffilutti.: Cambridge University Press.

Ageing and Society, vol 37, no 6, July 2017, pp 1111-1133.

Family resources may play an important role in the well-being of older people. The authors examine the association between living arrangement and cognitive decline among people over 65 living in different European countries. Their hypothesis is that living with others (i.e. spouse or/and children) vis-à-vis living alone may have a positive role in maintaining cognitive functioning, but also that such beneficial influence varies according to the circumstances. To this end, they used data from the first two waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), which provides indicators of several cognitive functions: orientation, immediate recall, delayed recall, verbal fluency and numeracy. Net of both the potential biases due to the selective attrition and the re-test effects, the evidence shows that the association between living arrangement and cognitive decline depends on the geographical area and on the starting level of cognitive function. (RH)

ISSN: 0144686X

From : cambridge.org/aso

238/82 Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: longitudinal cohort study; by Anya Topiwala, Charlotte L Allan, Vyara Valkanova (et al).

BMJ 2017;357:j2353, 06 June 2017, 27 pp.

An observational cohort study of weekly alcohol intake in which cognitive performance was measured repeatedly over 30 years (1985-2015) investigated whether moderate alcohol consumption has a favourable or adverse association, or no association with brain structure and function. Multimodal magnetic resonance imaging (MRI) was performed at study endpoint (2012-15). Participants were 550 men and women living in the community (mean age 43 at baseline) from the Whitehall II imaging sub-study. None were "alcohol dependent" according to the CAGE screening questionnaire, and all were safe to undergo MRI of the brain at follow-up. 23 were excluded because of incomplete or poor quality imaging data, or gross structural abnormality (such as a brain cyst), or incomplete alcohol use, sociodemographic, health or cognitive data. Higher alcohol consumption over the 30 year follow-up was associated with increased odds of hippocampal atrophy in a dose dependent fashion. While those consuming over 30 units a week were at the highest risk compared with abstainers (odds ratio 5.8, 95% confidence interval 1.8 to 18.6; P=0.001), even those drinking moderately (14-21 units/week) had three times the odds of right sided hippocampal atrophy (3.4, 1.4 to 8.1; P=0.007). There was no protective effect of light drinking (1-7 units/week) over abstinence. Higher alcohol use was also associated with differences in corpus callosum microstructure and faster decline in lexical fluency. No association was found with cross-sectional cognitive performance or longitudinal changes in semantic fluency or word recall. The study concludes that alcohol consumption, even at moderate levels, is associated with adverse brain outcomes, including hippocampal atrophy. These results support the recent reduction in alcohol guidance in the UK, and question the current limits recommended in the US. (OFFPRINT.) (RH)

From : <https://doi.org/10.1136/bmj.j2353>

238/83 Social representations, ageing and memory: a holistic approach to cognitive assessment; by Laura Dryjanska, Stefania Aiello, Marzia Giua.: Cambridge University Press.

Ageing and Society, vol 37, no 4, April 2017, pp 804-822.

This paper examined how contextual (conversational) aspects and socially shared meanings might affect the participants' performance on a standardised memory test using the theoretical framework of social representations. 97 members of centres for older adults located in Rome, Italy participated in a screening using the Montreal Cognitive Assessment test. Prior to testing, a group of volunteers had organised a performance focused on events from the distant past, stimulating intergenerational reminiscence. The participants were randomly assigned to one of two conditions. In the first case, prior to administering the test, a psychotherapist talked to each participant about

the performance, focusing on ageing and stressing the neutral aspects of its social representations, such as change and time. In the second case, performance was used to concentrate on positive aspects of the social representations of ageing, namely wisdom and experience. In line with the hypothesis, focusing on positive aspects of social representations of ageing (wisdom and experience) versus their neutral aspects (change and time) resulted in improved performance on a standardised memory test. Practitioners (psychotherapists _ experts in psycho-diagnostics) who administered the tests were involved in the co-construction of the meaning of ageing, discussing a real-life situation: the common experience of intergenerational activity that involved the participants' memories of their urban environment. (JL)

ISSN: 0144686X

From : cambridge.org/aso

MENTAL HEALTH CARE

238/84 The implementation of rapid formulation meetings: pilot study; by Jennifer Clegg.: British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 51-53.

'Rapid formulation' refers to the speed of access to a decision rather than the duration of a meeting. At a Critical Incident Review meeting in Tees, Esk and Wear Valleys NHS Foundation Trust Mental Health Services for Older People, concerns were raised that some service users were not accessing formulation quickly enough to inform their care planning. The aim of this pilot study was to: measure uptake of rapid formulation meetings; obtain qualitative feedback regarding the reason for and outcomes of the rapid formulation meetings; and measure the effect on waiting time no referrals for psychological therapy and neuropsychological assessment. The study found that 59% of sessions offered were used, and gave teams opportunities to have time to solve problems. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

238/85 Walking through therapy: using Cognitive Analytic Therapy (CAT) informed therapy within mental health services for older people; by James Conway, Sarah Craven-Staines.: British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 44-50.

A case study of Cognitive Analytic Therapy (CAT) informed therapy within the context of mental health services for older people is presented, with the aim of demonstrating how the use of a CAT informed approach can benefit working with older people. The authors describe use of CAT with an older man and how it can be beneficial in working with older people, by specifically examining the Contextual Adult Life Span for Adapting Psychotherapy CAL-TAP (Knight and Poon, 2008). (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

MENTAL HEALTH SERVICES

(See Also 238/84)

238/86 Recovery groups in community and inpatient settings for older people; by Chloe Hole, Lorraine Ogilvie, Graeme Flaherty-Jones, Sarah Dexter-Smith.: British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 54-58.

The Tees, Esk and Wear Valleys NHS Foundation Trust is implementing a Steps to Recovery (STR) programme for mental health, which this article considers from the points of view of those implementing the programme and of in-patient recipients. (RH)

ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

MORTALITY

238/87 The development and validation of an index to predict 10-year mortality risk in a longitudinal cohort of older English adults; by Lindsay C Kobayashi, Sarah E Jackson, Sei J Lee ... (et al.): Oxford University Press.

Age and Ageing, vol 46, no 3, May 2017, pp 427-432.

The present study aimed to develop and validate a population-representative 10-year mortality risk index for older adults in England. Data were from 10,798 men and women aged 50 years and older in the population-based English Longitudinal Study of Ageing in 2002-03, randomly split into

development and validation cohorts. Participants were asked about their sociodemographics, health behaviours, comorbidities and functional status in the home-based interviews. Variables that were independently associated with all-cause mortality through March 2013 in the development cohort were weighted relative to one another to develop risk point scores for the index that was calibrated in the validation cohort. The validated 10-year mortality risk index assigned points for: increasing age (50-59 years: 0 points; 60-64: 1 point; 65-69: 3 points; 70-74: 5 points; 75-79: 7 points; 80-84: 9 points; male (2 points), no vigorous physical activity (1 point), smoking (2 points), having a diagnosis of cancer (1 point), chronic lung disease (2 points) or heart failure (4 points), and having difficulty preparing a hot meal (2 points), pushing or pulling large objects (1 point) or walking 100 yards (1 point). In the full study cohort, 10-year mortality rates increased from 1.7% (11/664) in those with 0 points to 95% among those with 16 points or more. This highly predictive 10-item mortality risk index is valid in the English population aged 50 years and older. It uses simple information that is often available in research studies and patient reports, and does not require biomarker data to predict mortality. (JL)

ISSN: 00020729

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

NEIGHBOURHOODS AND COMMUNITIES

(See Also 238/23)

238/88

Evaluating potential environmental variables and active aging in older adults for age-friendly neighborhoods in Malaysia; by Hanan Elsawahli, Azian Shah Ali, Faizah Ahmad, Karam M Al-Obaidi.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 74-92.

As Malaysia's population is ageing rapidly and there is no specific housing policy for older people, it is vital that neighbourhoods meet older people's different needs for active ageing to maintain their quality of life. This study investigates neighbourhood environmental variables, active ageing as an outcome, and potential variables that inhibit active ageing in older people in relation to their quality of life. It examined quality of life determinants that are influenced by the existence of certain neighbourhood characteristics. In the study, 385 older adults aged 60+ years residing in two different cities in Malaysia were surveyed. Multiple regression was used to explore how much variance in active ageing variables were explained by neighbourhood environmental factors as a group. The results showed that permeability, accessibility and facilitators to walking are key determinants of active ageing. There is a need to improve the physical design of the neighbourhoods with regard to these three factors. (RH)

ISSN: 02763893

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

OLDER OFFENDERS

238/89

Prisons should mirror society: the debate on age-segregated housing for older prisoners; by Tenzin Wangmo, Violet Handtke, Wiebke Bretschneider, Bernice Simone Elger.: Cambridge University Press.

Ageing and Society, vol 37, no 4, April 2017, pp 675-694.

The debate on age-segregated housing for older prisoners has seldom captured the perspectives of older prisoners and professionals ('stakeholders') working in a European prison setting. To address this gap in the research, 35 older prisoners from Switzerland and 40 stakeholders from three European countries (including Switzerland) were interviewed for the study. Data analysis was conducted thematically, and the validity of coding was established independently from the primary author. Interpretation of study results was agreed upon by all authors. Participants' opinions regarding age-segregated housing for older prisoners were split. An almost equal number of prisoners and stakeholders had similar arguments in favour of and against such living arrangements. The findings encompassed three major themes: 'prisons should mirror society' and thus age-mixed housing was preferable as it ensured generational exchange; a 'separate unit within the prison' would allow continuity of personal and other relationships and at the same time respond to older prisoners' specific health and environmental needs; finally, participants felt it was important to think critically about 'the criteria' for placing older prisoners in an age-segregated arrangement. The study concludes that the debate on consolidated versus separate housing is divided. Any push towards segregation based only on high prison violence and unvalidated context-specific information may result in unreliable public policy. (JL)

ISSN: 0144686X

From : cambridge.org/aso

PAIN

(See 238/27)

PARTICIPATION

(See Also 238/45)

- 238/90 Developing sustainable social programmes for rural ethnic seniors: perspectives of community stakeholders; by Rachel Winterton, Alana Hulme Chambers.: Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 868-877.
This qualitative study explored barriers to delivering sustainable rural community programmes to increase social participation among Australian ethnic seniors. In 2013 in-depth interviews were conducted with 14 stakeholders across eight rural/regional organisations that had received state government funding to provide social participation initiatives for ethnic seniors. Within interviews, participants were asked to outline factors that had enhanced or hindered their capacity to deliver the funded projects, and their plans for sustainability. Data were analysed thematically in accordance with Shediac-Rizkallah and Bone's (1998) tripartite programme sustainability framework (project design and implementation, organisational setting and broader community environment). Findings indicated that in the context of resource and staffing constraints and a lack of ethnic critical mass, programme sustainability reflected the increased capacity of rural ethnic seniors to integrate into existing community groups and maintain their own groups and activities. However this was dependent on the ability of mainstream government, health and social care services to cater for diverse cultural needs and preferences, the ability of rural organisations to support ethnic seniors to manage their own cultural groups and activities, and the capacity of funding bodies, rural community and policy structures to maintain cultural sensitivity while compensating for the rural premium. In addition to identifying some key learnings for rural governments, health and community organisations, this research highlights the precarious nature of rural programme sustainability for ethnic seniors in the context of wider community, organisational and policy constraints. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc
- 238/91 The health benefits of knitting; by Knit for Peace. London: Knit for Peace, 2017, 43 pp.
Knit for Peace is an initiative of the Charities Advisory Trust and began as an income generation project for Hutu and Tutsi widows. Part 1 of this report is a literature review of the evidence-based research on the health benefits of knitting - particularly for older people - and the opportunities it offers for volunteering. Part 2 presents the results of a survey examining the health benefits, such as helping to relax; reducing pain, anxiety or blood pressure; and helping to cope with long-term illnesses or chronic pain. Participants were 1000 of the knitters who sent their output to Knit for Peace. The report includes case studies, for example on a therapeutic knitting group for people with dementia and their carers. (RH)
Price: £5.00 (excluding p&p)
From : Knit for Peace, Radius Works, Back Lane, Hampstead, London NW3 3HL. Email: knitforpeace@charitiesadvisorytrust.org.uk. Website: <http://www.knitforpeace.org.uk/>
- 238/92 The shed effect: stories from shedders in Scotland; by Age Scotland. Edinburgh: Age Scotland, 2017, 32 pp.
Men's sheds are grassroots organisations which enable the development of skills, capabilities, experience and motivations that enable men to meet personal and emotional needs through companionship, learning, recapturing the highlights of working life, and contribute to family and community. Age Scotland have brought together shedders' personal testimonies and stories about their experiences of being involved, based on interviews and informal, semi-structured conversations. (RH)
From : <http://scottishmsa.org.uk/shed-effect-report-age-scotland/>
- 238/93 A study on the factors influencing the community participation of older adults in China: based on the CHARLS2011 data set; by Wenyi Lin.: Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1160-1168.
Many communities provide older people with opportunities to participate in society. The 2010 Chinese census reveals that the majority of older adults in China are still healthy but research shows that they have relatively low levels of community participation. This study aims to determine the factors that affect the community participation of older adults in China using data collected from the 2011 China Health and Retirement Longitudinal Study (CHARLS). The CHARLS survey used a multistage sampling strategy to select respondents from 450 resident or village communities in China. A total of 17,000 persons from 10,000 families participated in the survey. The sample for this study included 4283 individuals aged 60 years and above who were invited to answer the survey based on their participation in entertainment and volunteer activities within the past month; 1009 were from urban areas and 3247 were from rural areas. Using logistic regression the study identified several variables that could predict the community participation of

older adults. These variables included educational background, residence status, self-rated living standard and health status, number of available community facilities, expected social support, family care responsibility and involvement/non-involvement in old-age insurance schemes. In addition, an urban-rural difference was observed in the participation of these adults in entertainment activities, and the differences between older adults residing in urban and rural areas were insignificant in terms of their participation in volunteer work. These findings imply that the Chinese government should consider these predictors and the urban-rural differences when making policies regarding the community participation of older adults. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

PENSIONS AND BENEFITS

238/94

Ethnic elders and pension protection in the United Kingdom; by Athina Vlachantoni, Zhixin Feng, Maria Evandrou, Jane Falkingham.: Cambridge University Press.

Ageing and Society, vol 37, no 5, May 2017, pp 1025-1049.

Pension receipt in later life is determined by the way in which individuals' pension contributions and circumstances over the life-course interact with eligibility rules. Within the British context, such pensions relate to sources such as the State Pension, an occupational or private pension, and Pension Credit. Existing research shows that membership of certain ethnic groups is associated with a lower likelihood of receiving occupational or private pensions. Data from Understanding Society (a longitudinal survey) allows us to build on existing evidence, by examining the factors associated with the receipt of three different kinds of pension income - State, occupational or private, and Pension Credit - among older men and women from separate Black and Minority Ethnic (BME) groups. The results show that belonging to certain BME groups reduces one's chances of receiving the State Pension, or an occupational or private pension, but increases the chance of receiving Pension Credit. The gender-specific analysis shows that these results hold true for many BME groups of men, whereas among women, only Pakistani women are less likely than White British women to receive an occupational or private pension. Such findings provide up-to-date empirical evidence that ethnic inequalities in pension protection are still evident, and contribute to the increasingly important debate in the United Kingdom and elsewhere regarding migrants' social security and welfare over the life-course and in later life. (RH)

ISSN: 0144686X

From : cambridge.org/aso

PERSONALISATION

238/95

Do direct payments improve outcomes for older people who receive social care?: Differences in outcome between people aged 75+ who have a managed personal budget or a direct payment; by John Woolham, Guy Daly, Tim Sparks (et al.): Cambridge University Press.

Ageing and Society, vol 37, no 5, May 2017, pp 961-984.

Direct payments - cash for people eligible for adult social care and spent by them on care and support - are claimed to enable care to better reflect user preferences and goals which improve outcomes. This paper compares outcomes of older direct payment users and those receiving care via a managed personal budget (where the budget is spent on the recipients behalf by a third party). The study adopted a retrospective, comparative design using a postal questionnaire in three English councils with adult social care responsibilities in 2012-13. Included in the study were 1,341 budget users aged 75+, living in ordinary community settings. The overall response rate was 27.1 per cent (339 respondents). Three validated scales measured outcomes: EQ-5D-3L (health status), the Sheldon-Cohen Perceived Stress Scale, and the Adult Social Care Outcomes Toolkit (social care-related quality of life). The study found that direct payment users appreciated the control conferred by budget ownership, but in practice, for many it did not 'translate' into improved living arrangements. It also found no statistically significant difference in outcomes between direct payment and managed personal budget users. The paper argues that despite policy and other guidance and research evidence about effective implementation of direct payments for older people, the absence of evidence for better outcomes may at least in part be attributable to values underpinning policies relating to personalisation and personal budgets. (RH)

ISSN: 0144686X

From : cambridge.org/aso

238/96

The impact of personalisation on people from Chinese backgrounds: qualitative accounts of social care experience; by Fiona Irvine ... (et al.): Wiley.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 878-887.

The purpose of this study was to provide an opportunity to hear the voices of people from Chinese backgrounds and their experiences of personalisation, with a particular focus on personal budgets. The study used individual semi-structured interviews and focus groups to collect data from physically disabled people from Chinese backgrounds who lived in England, were aged between

18 and 70, and received social care. Data were analysed using an iterative and thematic approach, with early analysis informing the subsequent analytical rounds. The findings revealed that personalisation has the potential to transform the lives of people from Chinese backgrounds, especially when tailored support is available for people to understand and access personal budgets and put them to creative use. However the impact of personalisation is barely evident because few eligible individuals access personal budgets or participate in co-production. This is related to a lack of encouragement for service users to become genuine partners in understanding, designing, commissioning and accessing a diverse range of social care services to meet their cultural and social care needs. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

PHYSICAL ACTIVITY

- 238/97 Exercise interventions for cognitive function in adults older than 50: a systematic review with meta-analysis; by Joseph Michael Northey, Nicolas Cherbuin, Kate Louise Pumpa (et al), Research Institute for Sport and Exercise, University of Canberra (UCRISE). *British Journal of Sports Medicine*, 24 April 2017, 10 pp.
Physical exercise is seen as a promising intervention to prevent or delay cognitive decline in individuals aged 50+, yet the evidence from reviews is not conclusive. This systematic review with multilevel meta-analysis aimed to determine if physical exercise is effective in improving cognitive function in this population. Medline (PubMed), EMBASE (Scopus), PsychINFO and CENTRAL (Cochrane) were searched from inception to November 2016 for randomised controlled trials (RCTs) of physical exercise interventions in community-dwelling adults aged 50+, with an outcome measure of cognitive function. The search returned 12,820 records, of which 39 studies were included in the systematic review. Analysis of 333 dependent effect sizes from 36 studies showed that physical exercise improved cognitive function (0.29; 95% CI 0.17 to 0.41; pp0.01). Interventions of aerobic exercise, resistance training, multicomponent training and tai chi all had significant point estimates. When exercise prescription was examined, a duration of 45-60 minutes per session and at least moderate intensity, were associated with benefits to cognition. The results of the meta-analysis were consistent and independent of the cognitive domain tested or the cognitive status of the participants. Thus, physical exercise improved cognitive function in the over 50s, regardless of participants' cognitive status. To improve cognitive function, this meta-analysis provides clinicians with evidence to recommend that patients obtain both aerobic and resistance exercise of at least moderate intensity on as many days of the week as feasible, in line with current exercise guidelines. (OFFPRINT.) (RH)
From : <http://bjsm.bmj.com/content/bjsports/early/2017/03/30/bjsports-2016-096587.full.pdf> (Downloaded, 25 April 2017).
- 238/98 Factors that influence physical activity among residents in assisted living; by Sarah D Holmes, Elizabeth Galik, Barbara Resnick.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 2, February-March 2017, pp 120-137.
The authors examine factors that influence physical activity among residents in assisted living. This was a secondary data analysis using baseline data from a function-focused care intervention study including 171 residents from 4 assisted living facilities. Using structural equation modelling, the authors found that mood, satisfaction with staff and activities, and social support for exercise were directly associated with time spent in physical activity. Gender, cognition, depression, and comorbidities were indirectly associated with physical activity and accounted for 13% of the total variance in physical activity. Implications for future research and social work practice are presented. (RH)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 238/99 The health of older adults in community activities; by Jack Millard.: Emerald.
Working with Older People, vol 21, no 2, 2017, pp 90-99.
This paper aims to establish whether the inclusion of physical activity (PA) in a community programme setting is more beneficial than the benefit obtained from social participation for older adults. It uses a cross-sectional study conducted with a sample of 105 adults age 65+ taking part in community activities organised by the Bristol-based charity, LinkAge. Participants took part in either solely social groups or social groups with a PA component. The study used a self-report questionnaire comprising measures assessing functional health and well-being, health-related quality of life, functional ability, outcome expectation for exercise and social support. A significantly different and higher score on physical health measures was reported by the physically active group for role physical, physical function, bodily pain and the physical capacity score. No significant difference was found for health measures that include a mental component. The physically active group reported higher outcome expectations for exercise. The study concludes that social activity in community programmes may provide a method to maintain a healthy mental

state in older adults, but participation in PA in the same environment is associated with better scores for physical health measures. Providing greater support for older people to engage in physical and social activities may enable them to maintain a higher quality of life. (RH)
ISSN: 13663666 [From](http://www.emeraldinsight.com/loi/wwop) : www.emeraldinsight.com/loi/wwop

238/100 Physical activity, cognitive decline, and risk of dementia: 28 year follow-up of Whitehall II cohort study; by Severine Sabia, Aline Dugravot, Jean-Francois Dartigues (et al).
BMJ 2017;357:j2709, 22 June 2017, 10 pp.

The Whitehall II study is an ongoing cohort study of men and women originally employed by the British Civil Service in London-based offices. The authors tested hypotheses that physical activity in midlife is not associated with a reduced risk of dementia, and that the pre-clinical phase of dementia is characterised by a decline in physical activity. The physical activity of 10,308 participants aged 35-55 years at study inception (1985-88) was assessed. Exposures included time spent in mild, moderate to vigorous, and total physical activity assessed seven times between 1985 and 2013 and categorised as "recommended" if duration of moderate to vigorous physical activity was 2.5 hours per week or more. A battery of cognitive tests was administered up to four times from 1997 to 2013, and incident dementia cases (n=329) were identified through linkage to hospital, mental health services and mortality registers until 2015. Mixed effects models showed no association between physical activity and subsequent 15-year cognitive decline. Similarly, Cox regression showed no association between physical activity and risk of dementia over an average 27 year follow-up (hazard ratio in the "recommended" physical activity category 1.00, 95% confidence interval 0.80 to 1.24). For trajectories of hours per week of total, mild, and moderate to vigorous physical activity in people with dementia compared with those without dementia (all others), no differences were observed between 28 and 10 years before diagnosis of dementia. However, physical activity in people with dementia began to decline up to nine years before diagnosis (difference in moderate to vigorous physical activity -0.39 hours per week; P=0.05), and the difference became more pronounced (-1.03 hours per week; P=0.005) at diagnosis. This study found no evidence of a neuroprotective effect of physical activity. Previous findings showing a lower risk of dementia in physically active people may be attributable to reverse causation _ that is, due to a decline in physical activity levels in the pre-clinical phase of dementia. (OFFPRINT.) (RH) [From](https://doi.org/10.1136/bmj.j2709) : https://doi.org/10.1136/bmj.j2709

238/101 Rise of the super-agers; by Xan Rice.
New Statesman, 7 April 2017, pp 46-49.
As living to 100 becomes more common, the exploits of an extraordinary set of athletes are forcing scientists to reassess the relationship between performance and growing old. This article provides some examples of fitness regimes of mountaineers and athletes aged 80+ who have taken up or resumed their chosen sport well into retirement. (RH)
ISSN: 13647431 [From](http://www.newstatesman.co.uk) : www.newstatesman.co.uk

POLITICS AND CAMPAIGNING

(See 238/119)

PREVENTION

(See Also 238/44, 238/45)

238/102 Prevention of falls, malnutrition and pressure ulcers among older persons: nursing staff's experiences of a structured preventive care process; by Christina Lannering, Marie Ernsth Bravell, Linda Johansson.: Wiley.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1011-1020.

A structured and systematic care process for preventive work, aimed to reduce falls, pressure ulcers and malnutrition among older people, has been developed in Sweden. The process involves risk assessment, team-based interventions and evaluation of results. Since development, this structured work process has become web-based and has been implemented in a national quality registry called 'Senior Alert' and used countrywide. The aim of this study was to describe nursing staff's experience of preventive work by using the structured preventive care process as outlined by Senior Alert. Eight focus group interviews were conducted during 2015 including staff from nursing homes and home-based nursing care in three municipalities. The interview material was subjected to qualitative content analysis. In this study, both positive and negative opinions were expressed about the process. The systematic and structured work flow seemed to only partly facilitate care providers to improve care quality by making better clinical assessments, performing team-based planned interventions and learning from results. Participants described lack of reliability in the assessments and varying opinions about the structure. Furthermore organisational structures limited the preventive work. (JL)

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PUBLIC HEALTH

(See 238/4, 238/69)

RELATIONSHIPS (PERSONAL)

238/103

An extra care community's perceived priorities for whole system relationships: a Q-methodological study; by Paul Grimshaw, Linda McGowan, Elaine McNichol.: Wiley.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1169-1180.

Health and social care settings worldwide need to sustainably improve the quality of relationships across communities or 'whole systems'. This study informed the development of a relational framework based on stakeholder perspectives. It was grounded in an action research project with practitioners, and drew on a previous literature review to present the underpinning elements of quality relationships as statements, organised under the headings of integrity, respect, fairness, compassion and trust. Using Q methodology, 27 participants, comprising a range of stakeholders (staff, residents, family and service providers), rank-ordered 48 statements based on perceptions of the importance of differing aspects of relationships. By-person factor analysis was used to create five factors or viewpoints by comparing and contrasting using the composite rankings alongside interview data collected for each participant. The first view 'Altogether now' prioritised compassionate engagement. Second, 'Respect is a two-way street' emphasised the need for reciprocal respect and recognition of history. The factor labelled 'Free spirits' posited the dominant view of freedom. The fourth view 'Families _ strengths and challenges' focused on the necessary and complex involvement of families and finally, 'Helping hands' emphasised the role of relationships in increasing previously low expectations of social integration for previously isolated residents. The different views that existed on the composition of quality relationships could be used to help extra care communities to understand and utilise relationships as a powerful and effective resource. (JL)

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REMINISCENCE

238/104

The relational making of people and place: the case of the Teignmouth World War II homefront; by Gavin J Andrews.: Cambridge University Press.

Ageing and Society, vol 37, no 4, April 2017, pp 725-752.

Building on the pioneering research of a small number of gerontologists, this paper looked at the rarely trodden common ground between the academic domains of social gerontology and modern history. Through empirical research it illustrated the complex networking that exists through space and time in the relational making of people and places. Specifically, the study focused on the lived reality and ongoing significance of life on the small-town British coastal homefront during World War II. 17 interviews with older residents of Teignmouth, Devon, investigated two points in their lives: the 'then' (their historical experiences during this period) and the 'then and now' (how they continued to reverberate). In particular, their stories illustrated the relationalities that made each of these points. The first involved residents' unique interactions during the war with structures and technologies (such as rules, bombs and barriers) and other people (such as soldiers and outsiders) which themselves were connected to wider historical, social, political and military networks. The second involved residents' perceptions of their own and their town's wartime histories, how this gelled or conflicted with public awareness, and how this history connected to their current lives. The study closed with some thoughts on bringing together the past, present and older people in the same scholarship. (JL)

ISSN: 0144686X [From : cambridge.org/aso](http://cambridge.org/aso)

RESEARCH

238/105

Research involving people with dementia: a literature review; by Emma Rivett.: Emerald.

Working with Older People, vol 21, no 2, 2017, pp 107-114.

This literature review looks at involving people with dementia in research and as co-researchers. It finds that despite a growing drive for patient and public involvement in research, people with dementia are often still excluded from many areas of research, and are rarely given the opportunity to act as co-researchers. Existing principles focusing on how people with dementia can effectively and safely be involved in research as participants (including ethical considerations such as consent and loss of mental capacity, enabling participation, support for people with dementia and the involvement of family members and carers) can also be applied to enabling people with dementia to be actively involved with research as co-researchers. The benefits of involving people with dementia in research are also explored. This paper adds to the small body of literature that addresses involving people with dementia in research as co-researchers, and advocates for ongoing research and development in this area. (RH)

ISSN: 13663666 [From : www.emeraldinsight.com/loi/wwop](http://www.emeraldinsight.com/loi/wwop)

- 238/106 Using quality assessment tools to critically appraise ageing research: a guide for clinicians; by Jennifer Kirsty Harrison, James Reid, Terry J Quinn, Susan Deborah Shenkin.: Oxford University Press.
 Age and Ageing, vol 46, no 3, May 2017, pp 359-365.
 Evidence based medicine shows that published research should not be accepted at face value. Even research from established teams published in the highest impact journals can have methodological flaws and biases. Critical appraisal of research studies can seem daunting, but tools are available to make the process easier for the non-specialist. Understanding the language and process of quality assessment is essential when considering or conducting research, and is also valuable for all clinicians who use published research to inform their clinical practice. In this study the authors present a review written specifically for the practising geriatrician. This considers how quality is defined in relation to the methodological conduct and reporting of research. Having established why quality assessment is important, the authors then present and critique tools which are available to standardise quality assessment. Five study designs are considered as follows: randomised controlled trials (RCTs), non-randomised studies, observational studies, systematic reviews and diagnostic test accuracy studies. Quality assessment for each of these study designs is illustrated with an example of published cognitive research. The practical applications of the tools are highlighted, with guidance on their strengths and limitations. Educational resources are signposted and specific advice is offered for use of these tools. It is hoped that all geriatricians become comfortable with critical appraisal of published research and that use of the tools described in this review _ along with awareness of their strengths and limitations _ become a part of teaching, journal clubs and practice. (JL)
 ISSN: 00020729
 From : <https://academic.oup.com/ageing>

RESIDENTIAL AND NURSING HOME CARE

(See Also 238/41)

- 238/107 Assessing the built environment in care homes; by Stephen Abbott, Mary Birken, Julienne Meyer.: Hawker Publications.
 Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 32-34.
 This article discusses different approaches to assessing and changing the built environment in care homes for people with dementia. It compares: using routinely collected data about incidents and behaviours that might reflect the physical environment; using existing environmental assessment tools; interviews with staff, residents and visitors about the quality of the environment as a place to live, work or visit; and observational methods of assessment. (RH)
 ISSN: 13518372
 From : www.careinfo.org
- 238/108 Care homes market study: update paper; by Competition and Markets Authority - CMA.: Competition and Markets Authority, 14 June 2017, 53 pp.
 The Competition and Markets Authority (CMA) launched this market study on 2 December 2016, which aims to understand why the care home market may not be working well for residents and their families, and to develop proposals to make it work better. The focus is on the provision of residential care for older people aged 65+ in residential and nursing homes in the whole of the UK. There are some 433,000 people occupying care home places: 41% entirely self-funded, 37% funded by the public purse, and others partly self-fund or receive other funding. Total available capacity is around 454,000 beds in 11,293 care homes, mostly supplied by independent care providers. The study covers four main themes: choosing care homes; regulation; competition between care homes; and consumer protection issues. This paper also covers complaints and redress; state procurement; investment in future capacity; and funding. It seeks responses by 5 July 2017 on matters addressed in this update; a final report will be issued by 1 December 2017. (RH)
 From : <https://www.gov.uk/government/news/cma-outlines-emerging-concerns-in-care-homes-market>
- 238/109 Culture change in aged-care facilities: a cafe's contribution to transforming the physical and social environment; by Alexa Andrew, Lorraine Ritchie.: Taylor and Francis.
 Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 34-46.
 The authors use secondary analysis of primary qualitative data that explored the value of a café in an aged-care residential facility, compared with culture change principles established from a literature review, to discuss the value of such a café as a vehicle for culture change. Secondary analysis in this New Zealand study established congruence between culture change principles and the themes established by the primary qualitative data. A café in one aged-care facility has facilitated the following dimensions of culture change for residents: individualised care, facilitation of meaningful relationships, opportunities for participation in life roles, and creation

of a sense of belonging. The literature suggested three central themes of culture change - person-centred care, meaningful relationships, and the social and physical environment - while the food and dining experience are of significance too. Culture change can be achieved through environmental innovations, such as a café, where food and dining maximise social opportunities and create a homelike environment that facilitates continuation of residents' identity. (RH)

ISSN: 02763893

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

238/110

Developing Caring Conversations in care homes: an appreciative inquiry; by Belinda Dewar, Tamsin MacBride.: Wiley.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1375-1386.

Relationship-centred practice is key to delivering quality care in care homes. Evidence is strong about the centrality of human interaction in developing relationships that promote dignity and compassion. The Caring Conversations framework, which aims to deliver compassionate care based on human interactions, was developed in the acute healthcare setting. The key attributes are: be courageous, connect emotionally, be curious, consider other perspectives, collaborate, compromise and celebrate. This paper reports on a study to explore its relevance to the care home setting and the development of an educational intervention, based on the framework, to enhance development of human interaction. The study used the approach of appreciative inquiry to develop Caring Conversations in the care home setting. Appreciative inquiry has a unique focus on what is working well, understanding why these aspects work well and co-creating strategies to help these good practices happen more of the time. The aim of the study was to celebrate and develop excellent human interaction that promotes dignity between staff, residents and families in care homes. The study took place in 2013_2014 in one care home in Scotland, over 10 months. Participants included staff, residents and relatives. Data generation methods involving residents, relatives and staff included observation and interviews about experiences of interaction. An iterative process of data analysis involved mapping core themes to the Caring Conversations framework with findings showing how people communicated correlated well with the Caring Conversations framework. Building on knowledge of what works well, staff developed small 'tests of change' that enabled these good practices to happen more of the time. Appreciative inquiry proved a valuable approach to exploring Caring Conversations, developing practice and developing an educational intervention that could be shared across other care settings. (JL)

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From : wileyonlinelibrary.com/journal/hsc

238/111

Launching medical foster home programs: key components to growing this alternative to nursing home placement; by Leah M Haverhals, Chelsea E Manheim, Jacqueline Jones, Carl Levy.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 1, January-March 2017, pp 14-33.

There are some 9 million veterans in the US aged 65+. The authors report on research which aimed to examine and explain elements that enhanced or thwarted growth of the United States Veterans Health Administration (VHA) Medical Foster Home program. A qualitative study was conducted nationally through individual interviews over the phone and in-person (n = 22) with coordinators (n = 15 at slow-growth programs; n = 6 at fast-growth programs), 1 program support assistant (PSA) at a slow-growth program), and 3 home-based primary care team members, as well as three in-person focus groups (n = 28 total participants) with home-based primary care team members. All participants (N = 53) were involved with programs in existence for at least two years. Facilitators and barriers that enhanced or thwarted program growth emerged around four themes: a full-time coordinator; unmitigated home-based primary care team engagement; pursuit and receipt of appropriate referrals; and match between caregiver, home, and veteran. To facilitate program growth, program leaders should consider the four themes that were identified and how to foster situations and shape policies that put these themes into practice. (RH)

ISSN: 02763893

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

238/112

Nature of behaviours that challenge in residents living in aged care homes: implications for psychosocial interventions and service development; by Ian A James, Ruth Watson, Chris J Whitaker (et al): British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 138, April 2017, pp 19-29.

Competing theories exist regarding the causes and nature of behaviours that challenge (BC). This study attempts to provide better insight into these behaviours, and to determine whether there are any underlying relationships for people living in care homes with and without dementia. Cross sectional data were collected for 2185 residents living in 63 UK care homes using the Challenging Behaviour Scale (CBS). The incidence (i.e. presence or absence) of 25 commonly reported behaviours that challenge staff were determined using dichotomous scoring. Cluster analysis and Mokken scaling were used to examine underlying relationships. Mokken is a method of analysing data to determine whether there is a 'latent' structure within a data set. The prevalence of reported

BC was 87.5%. Cluster analysis revealed three main clusters: apathy, agitation with internal focus, and agitation with active external focus. For seven of the 25 items a hierarchical model emerged, where behaviours at the bottom of the hierarchy tended to occur in the presence of those higher up. Behaviours at the bottom of the hierarchy (dangerous behaviour) were less frequently observed than the items at the top (lack of self-care, verbal aggression). Some common BC may occur in groups and themed clusters. This study shows that a hierarchical structure of BC in residents may be present. The findings testify to the complexity in the aetiology and treatment of BC, and hence the need for focused high intensity bio-psychosocial interventions to be targeted towards those with high levels of 'unmet need'. Implications for future research and practice are discussed. (RH)
ISSN: 20528914

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

238/113

Shaping nursing home mealtimes; by Tove Harnett, Haran Jonson.: Cambridge University Press. *Ageing and Society*, vol 37, no 4, April 2017, pp 823-844.

A number of studies stress the importance of positive mealtime experiences for nursing home residents. However the components that comprise an ideal nursing home meal remain unclear, reflecting the ambiguity of whether nursing homes should be framed as institutions, domestic settings or a type of hotel. In this study nursing home meals were viewed as situations that the involved parties could continuously modify and 'work on'. The aim was to analyse how the staff and residents shaped mealtimes by initiating frames and acting according to established social scripts. The study was based on semi-structured interviews with staff and residents and on ethnographic data, consisting of 100 hours of observations at two nursing home settings in Sweden. The analysis revealed how staff and residents interactively shaped meals using institutional, private or restaurant frames. There were three important findings: (a) an institutional meal frame was dominant; (b) there were substantial difficulties in introducing private frames and established private scripts for meals, since such meal versions were personal and not easy to transport into collective settings; (c) successful creation of private or home-like meal situations illustrated an often overlooked skill in care work. Making meals as 'carefree' as possible can be viewed as a way to operationalise the goal of providing a non-institutional environment in nursing homes. (JL)

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From : cambridge.org/aso

238/114

Variation in ambulance call rates for care homes in Torbay, UK; by Jason Hancock ... (et al).: Wiley.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 932-937.

Emergency ambulance calls represent one of the routes of emergency hospital admissions from care homes. The present study aimed to describe the pattern of ambulance call rates from care homes and to identify factors predicting those homes calling for an ambulance most frequently. To this end data were obtained from South Western Ambulance Service NHS Foundation Trust on 3,138 ambulance calls relating to people aged 65 and over from care homes in the Torbay region between April 2012 and July 2013. This was supplemented with data from the Care Quality Commission (CQC) website on home characteristics and outcomes of CQC inspections. Descriptive statistics were used to identify variation in ambulance call rates for residential and nursing homes and negative binomial regression models were fitted in order to determine if call rates were predicted by home type (nursing versus residential), the five standards in the CQC reports, dementia care status or travel time to hospital. 146 residential and nursing homes were included in the analysis. The number of calls made ranged from 1 to 99. The median number of calls per resident per year was 0.51. Nursing homes had a lower call rate than residential homes; care homes failing the quality and suitability of management standard had a lower call rate compared to those who passed; and homes specialising in dementia had a higher call rate compared to those not specialising. These findings require replication in other regions to establish their generalisability and further investigation is required to determine the extent to which call rate variability reflects the different needs of resident populations or differences in care home policies and practice. (JL)

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From : wileyonlinelibrary.com/journal/hsc

238/115

Why are relatives of care home residents reluctant to "rock the boat"?: Is there a culture of acceptance?; by Elizabeth Welch, Sinead Palmer, Ann-Marie Towers, Nick Smith.: Emerald. *Working with Older People*, vol 21, no 2, 2017, pp 124-132.

Are relatives of care home residents are best placed to act as 'champions' or advocates for their family members, as is often the expectation? Focus groups and interviews were conducted with 25 relatives of residents in four care homes for older people in the South East of England. Two rounds of focus groups were held in each participating care home. The first was to discuss any issues arising from the care received, or concerns about the home itself. The second was to enable

a deeper exploration of the key themes that arose from the first round, and to explore why relatives, in this case, failed to complain. Thematic analysis revealed a complex range of emotions experienced by relatives that contributed to a conflict between what they believed to be the correct response and how they behaved in reality, which led to a culture of acceptance. Analysis revealed some relatives were reluctant to 'interfere', for fear of possible negative repercussions; thus they downplayed issues in an attempt not to "rock the boat". This paper discusses the flaws in the policy emphasis on personalisation and the reliance on family members as advocates. It concludes with suggestions on how care homes may foster an environment where relatives, and indeed residents, feel comfortable to raise issues and concerns. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/loi/wwop

RETIREMENT

238/116 Spousal age differences and synchronised retirement; by Per Gustafson.: Cambridge University Press.

Ageing and Society, vol 37, no 4, April 2017, pp 777-803.

Many couples want to retire together even if spouses differ in age. Drawing on theories of leisure complementarity, gender roles and social status, this article used comprehensive Swedish register data from 2002 to 2010 to explore synchronised retirement and its association with spousal age differences and other socio-demographic factors. Synchronisation rates in dual-earner couples were found to be 10 per cent for retirement the same calendar year and 25 per cent for retirement the same or the following year. Contrary to theoretical expectations, synchronisation was more common in women-older couples than in men-older couples, although this was largely a consequence of the skewed distribution of age differences. Moreover, spouses' education, incomes, assets, employment and health were differently associated with synchronisation in same-age, men-older and women-older couples. In the total population, average retirement age differed very little between synchronising couples and other couples. Yet women who synchronised retired at an earlier age than other women, whereas men who synchronised retired later than other men. This was partly an effect of the predominance of men-older couples, but men in men-older couples were also more likely than women in women-older couples to delay retirement in order to synchronise. (JL)

ISSN: 0144686X

From : cambridge.org/aso

238/117 Trying to be someone you can never be again: retirement as a signifier of old age; by Shlomit Manor.: Cambridge University Press.

Ageing and Society, vol 37, no 5, May 2017, pp 985-1005.

Work occupies a central place in identity formation. Consequently, retirement places retirees in a new reality that compels them to redefine themselves and adopt a new identity. This article examines how retirees shape their identity in the absence of work. An interpretive analysis of in-depth interviews conducted with retirees in Israel shows that although retirement and old age are not necessarily equivalent or interconnected, the retirees themselves draw parallels between them, and at the same time also deny this linkage, preferring to draw a distinction between them. The findings reinforce the argument presented in the literature, namely that in contemporary society it is difficult to identify with old age. They also propose a new perspective that reveals the negotiation retirees conduct with old age, age and body, and how identity is shaped by way of denial. In this negotiation, the retirees construct their identity around two central, parallel axes: retirement and old age. It further emerges that it is precisely the efforts to mask and repress old age, which are usually made in the body domain, that attest to the existence and presence of old age in their identity. Denial of old age creates a dynamic, hybrid identity that enables retirees to simultaneously accept and reject old age. (RH)

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From : cambridge.org/aso

RURAL ISSUES

(See 238/67, 238/90)

SENSORY LOSS

238/118 Demonstrating the sensory changes of dementia; by Mark Banham, Luis Soares.: Hawker Publications.

Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 26-29.

Dementia can result in sensory impairment, the effects of which are not always understood by care staff. The authors have developed a workshop based on experiential learning which has resulted in changes in practice. They outline ways in which hearing, sight, taste, smell and touch can be

impaired, and describe exercises that have been developed to counter such problems. In the case of taste and smell, for which no such experiential exercise could be offered, participants at the workshop were asked for their observations of changes of taste and smell for the people in their care. (RH)

ISSN: 13518372

From : www.careinfo.org

SOCIAL CARE

(See Also 238/54, 238/103)

- 238/119 Brexit and health and social care: people and process: eighth report, Health Committee, of Session 2016-17: report, together with formal minutes relating to the report; by Health Committee, House of Commons. London: House of Commons, 28 April 2017, 57 pp (HC session 2016/17 640). More than 60,000 people from EU countries outside the UK work in the English NHS, and some 90,000 in adult social care. The UK's withdrawal from the European Union (EU), "Brexit", will affect many aspects of health and social care provision in the UK. Acknowledging the range and complexity of the questions involved, the Health Committee took evidence in advance of the triggering of Article 50 of the Treaty on European Union. This report was intended to be the first phase of the Committee's inquiry, and focuses on the immediate issues faced by people, whether they are workers in health and social care, or patients relying on reciprocal healthcare arrangements. On workforce issues, the report recommends that for the Government's plan for the future post-Brexit should both ensure that health and social care providers can retain and recruit the brightest and best from all parts of the globe, and that the value of the contribution of lower paid health and social care workers is recognised. Further phases of this inquiry have been curtailed by the general election, but it is hoped that the successor committee will prioritise work in the next Parliament on: medicines, devices and substances of human origin; public health and health protection; the UK's continued participation in health-related EU research programmes; and market functioning and trade agreements. The weblink given includes links to written and oral evidence to the Committee. (RH)
From : <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2015/brexit-and-health-and-social-care-16-17/publications/>
- 238/120 Changing the balance of social care for older people: simulating scenarios under demographic ageing in New Zealand; by Roy Lay-Yee ... (et al.): Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 962-974.
The demographic ageing of New Zealand society, as elsewhere in the developed world, has dramatically increased the proportion of older people (aged 65 years and over) in the population. This has major policy implications for the future organisation of social care. The objective of this study was to test the effects on social care use, firstly of putative changes in the overall disability profile of older people, and secondly of alterations to the balance of their care, i.e. whether it was community-based or residential. In order to undertake these experiments, a microsimulation model of the later life course was developed using individual-level data from two official national survey series on health and disability, respectively, to generate a synthetic version which replicated original data and parameter settings. A baseline projection under current settings from 2001 to 2021 showed moderate increases in disability and associated social care use. Artificially decreasing disability levels, below the baseline projection, only moderately reduced the use of community care (both informal and formal). Scenarios implemented by rebalancing towards informal care use moderately reduced formal care use. However, only moderate compensatory increases in community-based care were required to markedly decrease the transition to residential care. The disability impact of demographic ageing may not have a major negative effect on system resources in developed countries like New Zealand. As well as healthy ageing, changing the balance of social care may alleviate the impact of increasing demand due to an expanding population of older people. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc
- 238/121 A collaborative exploration of the reasons for lower satisfaction with services among Bangladeshi and Pakistani social care users; by Margaret Blake ... (et al.): Wiley.
Health and Social Care in the Community, vol 25, no 3, May 2017, pp 1090-1099.
This study explored underlying reasons for the expression of dissatisfaction with services among Bangladeshi and Pakistani social care users in England and investigated, using a collaborative approach, how these could be addressed. In-depth interviews were conducted in Birmingham, Leeds and London during 2012-2013 with 63 Bangladeshi, Pakistani and white British service users and 24 social care managers, social workers and care workers. A further 34 cognitive interviews were conducted within the same study. Following data analysis, three collaborative workshops involving service users and providers were held to validate the findings and to draw

out policy and practice recommendations. Analysis of the cognitive interviews showed that higher dissatisfaction among Bangladeshi and Pakistani service users reported in social care surveys was not due to questionnaire design. Instead in-depth interviews showed that dissatisfaction across all three groups was expressed along the social care journey, including accessing care, communication with social workers and the nature of care received. While many issues were common to all three groups, cultural differences also emerged as affecting experiences of social care. These included misunderstandings about family roles in care; gender issues, especially relating to women; language and communication barriers, alongside the need for a more nuanced approach to ethnic 'matching'; and continuing limited cultural understanding among care workers. The collaborative workshops identified practical actions that could address some of the issues identified. These covered raising awareness of services within communities; improving support for informal carers; service user input to assessments; consistent and ongoing sharing of information; improving access; and more efforts to diversify and appropriately train the social care workforce. In conclusion, the paper presents the reality of dissatisfaction among these groups and argues for more action involving communities and service providers to address these persistent issues collaboratively. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

238/122

Gaps in the evidence on improving social care outcomes: findings from a meta-review of systematic reviews; by Kelly Dickson ... (et al.): Wiley.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1287-1303.

Adult social care continues to be a central policy concern in the UK. The Adult Social Care Outcomes Framework (ASCOF) is a range of measures nationally available to drive forward improvement on outcomes and quality in local councils. While there is an emphasis on improving transparency, quality and outcomes, drawing on research evidence to achieve these aims is often difficult because the evidence is not easily identifiable, is disparate or of variable quality. The authors conducted a meta-review to analyse and summarise systematic review-level evidence on the impact of interventions on the four outcomes set out in the ASCOF: quality of life, delaying and reducing the need for services, satisfaction with services and safeguarding of vulnerable adults. This paper focuses on the availability of review-level evidence and the presence of significant gaps in this evidence base. A range of health and social care databases were searched, in which all systematic reviews evaluating the efficacy of social care interventions for improving ASCOF outcomes for older people, people with long-term conditions, mental health problems or physical and/or learning disabilities were eligible. Two reviewers independently screened systematic reviews for quality and relevance and extracted data; 43 systematic reviews were included, the majority of which examined the impact of interventions on quality of life and delaying and reducing the need for support. Limited systematic review-level evidence was found regarding satisfaction with services and safeguarding. There were also significant gaps in relation to key social care interventions and population groups. Research priorities include addressing these gaps and the collation of data on interventions, outcomes and populations more closely related to social care. Overall, a more relevant, comprehensive and robust evidence base is required to support improvement of outcomes for recipients of adult social care. (JL)

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238/123

Measuring consumer outcomes: development and testing of the Australian Community Care Outcomes Measure; by Beatriz Cardona, Michael Fine, Adam Stebbing ... (et al.): Wiley.

Australasian Journal on Ageing, vol 36, no 1, March 2017, pp 69-71.

In the increasingly competitive environment of aged care in Australasia, this article examines how providers and consumers can be sure that the care support delivered is efficient and makes a positive difference. Monitoring outcomes has long been emphasised for ensuring quality service delivery, yet there is currently no consistently applied approach available. This paper also considers the importance of measuring outcomes in community care and reports on the development and field trial of the Australian Community Care Outcomes Measure (ACCOM). The ACCOM combines data already collected by services on the capabilities and care needs of individual consumers and their demographic characteristics with a short questionnaire on quality of life based on the Adult Social Care Outcomes Toolkit (ASCOT). It is completed by consumers and staff. In the first round of a field test of the ACCOM (2016), baseline data were successfully collected for over 200 individual aged care clients, each receiving consumer-directed care (CDC) packages at home. Results show the measure to be practical and easy to use. A second round to measure change and enable the calculation of outcomes for each consumer was successfully completed six months later. Field testing of the ACCOM shows promising results. More extensive trials of the measure are planned across Australia. (JL)

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From : wileyonlinelibrary.com/journal/ajag

- 238/124 National standards, local risks: the geography of local authority funded social care, 2009-10 to 2015-16; by David Phillips, Polly Simpson, Institute for Fiscal Studies - IFS. London: Institute for Fiscal Studies, April 2017, 51 pp.
A significant number of adults with mental or physical ill-health or disability require support with routine activities of daily living (ADLs) e.g. cooking, cleaning and dressing themselves - or to ensure their safety and welfare (and the safety and welfare of others). That is, they require some form of 'social care'. In this report, the authors examine the extent to which the level of local authority (LA) social care spending per adult varied around England in 2015-16, and the extent to which these spending differences correlated with local demographic and socio-economic characteristics. They assess local relative spending needs for adult social care as of the last official assessment in 2013-14. They also consider how social care spending changed between 2009-10 and 2015-16, a 6-year period during which LAs saw an average real-terms cut to their overall budget for local services of 20%. They find that, since 2009-10, cuts have been much larger, on average, in London (18%) and the metropolitan districts (16%) than in the rest of the country. Outside these areas, cuts have been larger in the north of England than the south, on average. This report was funded by the Health Foundation, and also received co-funding from the the Economic and Social Research Council (ESRC) Centre for the Microeconomic Analysis of Public Policy (CPP). (RH)
From : <https://www.ifs.org.uk/publications/9122>
- 238/125 The prevalence and dynamics of social care receipt; by Rowena Crawford, George Stoye, Institute for Fiscal Studies - IFS. London: Institute for Fiscal Studies, February 2017, 69 pp.
The long-term care needs of the older population are increasingly important issues for policymakers and society as a whole. This report uses data for 2014-2015 from the English Longitudinal Study of Ageing (ELSA), a large-scale survey of people aged 50+ living in England, to examine the prevalence of social care and the changes to the needs and care receipt of individuals aged 65+ across time and between different birth cohorts. Specifically, it describes for a given point in time, who receives help, what type of help is received, how many hours of help are received from different sources, and the role of local authorities and private finance. The authors consider how the receipt of care and assistance differs across different date-of-birth cohorts; the characteristics associated both with the new receipt of assistance and with the end of assistance; and the potential implications in the context of an ageing population. They find some evidence of later generations having reduced care needs (which has fed through into lower prevalence of help with particular activities for these cohorts). While the role of family (particularly partners) in care provision is acknowledged, changes over time in family composition will need to be considered when thinking about the extent to which informal care will meet future needs. Appendices give further information on the ELSA data, describe the potential need for care among the older population, and provide additional tables. This report was funded by the Health Foundation, and also received co-funding from the the Economic and Social Research Council (ESRC) Centre for the Microeconomic Analysis of Public Policy (CPP). (RH)
From : https://www.ifs.org.uk/uploads/publications/comms/R125_The%20prevalence%20and%20dynamics%20of%20social%20care%20receipt.pdf
- 238/126 Social care: a prefunded solution; by Danail Vasilev, Reform. London: Reform, June 2017, 42 pp.
The Commission on Funding of Care and Support, (launched in 2010 and overseen by Sir Andrew Dilnot) recommended a cap on social care costs, a version of which the Coalition Government accepted and scheduled implementation for 2016. After the May 2015 general election, reform was postponed until 2020. Following the Budget and then the general election in 2017, another consultation (Green Paper) is being proposed. This paper from Reform makes the case for replacing the current 'pay-as-you-go' (PAYG) approach to financing later-life care with a pre-funded social insurance arrangement. Under Reform's proposal, working-age people would contribute a percentage of their income into a Later Life Care Fund (LLCF). These pooled savings would then be managed privately, before being used to fund the care costs of those contributing. This report describes how pre-funding and its implementation would work. In its conclusion, the report notes that, under significant financial strain, local authorities have cut the number of people receiving state-funded social care support; and partly as a result, unmet needs are on the rise.
From : <http://www.reform.uk/wp-content/uploads/2017/06/Social-care-a-prefunded-solution.pdf>
- 238/127 Social work intervention with adults who self-neglect in England: responding to the Care Act 2014; by Ann Anka, Pernille Sorensen, Marian Brandon, Sue Bailey.: Emerald. Journal of Adult Protection, vol 19, no 2, 2017, pp 67-77.
The purpose of this paper was to report on findings from an evaluative research study which looked at a timed intervention model of practice comprising of up to 24 weeks of intensive meetings with adult service users set up by one local authority in England, to prevent and delay the need for care and support. A particular focus was on adults who hoard. The study employed a mixed-methods design, consisting of interviews with service users, social workers, social work managers and stakeholders from external services and agencies. It included a costing analysis of

staff time and an analysis of goals of service users and 'satisfaction with life' self-report questionnaires, completed at pre- and post-intervention stages. There was evidence that social workers used strengths, relationship-based and outcome-based focused approaches in their work. The techniques used by social workers to engage, achieve change and assess effectiveness with service users varied. These techniques included the use of photographs to enable the service user to map and assess their own progress over time, encouraging hoarders to declutter and reclaim their living space. The service users valued the time the social workers spent with them and the way that they were treated with sensitivity and respect. This study focused on one local authority in England with no comparison group. This, and the small sample size, meant that statistical generalisations could not be made and only limited conclusions could be drawn from the quantitative data. (JL)

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SOCIAL NETWORKS

(See 238/38, 238/81)

THERAPY

(See 238/91)

TRANSPORT

238/128

Older male and female drivers in car-dependent settings: how much do they use other modes, and do they compensate for reduced driving to maintain mobility?; by Mark J King, Bridie J Scott-Parker.: Cambridge University Press.

Ageing and Society, vol 37, no 6, July 2017, pp 1249-1267.

Among the societal and health challenges of population ageing is the continued transport mobility of older people who retain their driving licence, especially in highly car-dependent societies. While issues surrounding loss of a driving licence have been researched, less attention has been paid to variations in physical travel by mode among the growing proportion of older people who retain their driving licence. It is unclear how much they reduce their driving with age, the degree to which they replace driving with other modes of transport, and how this varies by age and gender. This paper reports research conducted in the state of Queensland, Australia, with a sample of 295 older drivers (>60 years). Time spent driving is considerably greater than time spent as a passenger or walking across age groups and genders. A decline in travel time as a driver with increasing age is not redressed by increases in travel as a passenger or pedestrian. The patterns differ by gender, most likely reflecting demographic and social factors. Given the expected considerable increase in the number of older women in particular, and their reported preference not to drive alone, there are implications for policies and programmes that are relevant to other car-dependent settings. There are also implications for the health of older drivers, since levels of walking are comparatively low. (RH)

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238/129

Seat belt repositioning and use of vehicle seat cushions is increased among older drivers aged 75 years and older with morbidities; by Julie Brown, Kristy Coxon, Cameron Fong ... (et al).: Wiley. Australasian Journal on Ageing, vol 36, no 1, March 2017, pp 26-31.

Good seat belt fit and positioning is important for crash protection. Older drivers experience problems in achieving good seat belt fit and often reposition seat belts and/or use seat cushions. Comfort influences these behaviours. This work examined the impact of functional morbidities on belt positioning and accessory use and whether comfort mediates this relationship. Mediation analysis was used to examine the relationship between morbidities affecting physical function, comfort, belt repositions and seat cushion use among 380 drivers aged 75 years and older. Study findings showed that musculoskeletal morbidities increase the likelihood of seat belt repositioning and comfort partially mediates this relationship. Morbidities of any type also increase the likelihood of seat cushion use but comfort plays no role in this relationship. The authors argue that greater awareness among older drivers is needed to ensure that behavioural modifications do not impair their crash protection. (JL)

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238/130

A systematic review of intervention approaches for driving cessation in older adults; by Mark J Rapoport ... (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 32, no 5, May 2017, pp 484-491.

The aim of this study was to review literature on interventions aimed at facilitating driving

cessation in older adults with and without dementia. A literature search was performed using a range of databases from 1994 to 2014. Two independent raters screened articles for inclusion and extracted study data. Articles were only included where they directly addressed the topic of intervention approaches to facilitate the process of driving cessation in older adults or to support the adaptation of older adults who had to stop driving and included a control group. Of an initial 477 unique records identified, 111 pertained to driving cessation in older adults, and only three articles were controlled trials of intervention approaches related to driving cessation. One article described an intervention for retired drivers with dementia, while another was aimed at caregivers of drivers with dementia, and the third included retired and retiring drivers without dementia. Outcomes such as reduced depressive symptoms, increased trips out of home and efficacy in dealing with the driving cessation process were positive, but the specific outcome measures and magnitude of effects varied across studies. Although the results summarised in this review pointed toward potentially promising effects of interventions for facilitating driving cessation in older adults, the findings must be interpreted with caution given the significant methodological limitations of the studies, including small samples, participant attrition, lack of blinding, and non-validated outcome measures. (JL)

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