

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 239/104)

- 239/1 Development and implementation of online training modules on abuse, neglect, and exploitation; by Farida K Ejaz, Miriam Rose, Georgie Anetzberger.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 29, nos 2-3, March-July 2017, pp 73-101.
Online training for care managers to identify, report and prevent abuse, neglect and exploitation was developed for a demonstration involving the dually eligible Medicare and Medicaid population. It was composed of three modules covering background, screening, and reporting abuse. Of 453 enrollees, 273 completed at least one module and 212 completed all three. Pre- and post-training surveys for each module were used to examine changes in the proportion of correct answers for each question, using the related-samples Cochran's Q statistic. Improvements in knowledge from pre- to post-training were evident in modules covering background on abuse and reporting abuse, but not in the module about communication principles and screening for abuse. Its content may have already been familiar to the trainees, who were primarily social workers and nurses. Lessons learned are being used to adapt the training for a wider audience to increase public awareness of abuse. (JL)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 239/2 Elder abuse decision support system: field test outcomes, abuse measure validation, and lessons learned; by Kendon J Conrad, Madelyn Iris, Pi-Ju Liu.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 29, nos 2-3, March-July 2017, pp 134-156.
The Elder Abuse Decision Support System was designed to meet the critical need for improved methods for assessment and substantiation of elder mistreatment, using a web-based system with standardised measures. Six Illinois agencies participated in the field test. One-year pre/post analyses assessed substantiation results, using Illinois' standard investigation procedure as a comparison. Pre/post acceptability was assessed with caseworkers in focus groups with adult protective service staff. Validity of measures was assessed using Cronbach's alpha and receiver operator characteristic curve analyses with final substantiation decision as a criterion. Increased substantiation of abuse was found. Regarding acceptability, the two systems were found to have differing strengths and weaknesses. Outcome measures had high validity estimates, while focus groups indicated directions for improvement. This study was a successful proof of concept that data collected in the field would be useful for clinical purposes as well as for research. (JL)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 239/3 A systematic review on community-based interventions for elder abuse and neglect; by Gwendolyn Fearing, Christine L Sheppard, Lynn McDonald ... (et al.): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 29, nos 2-3, March-July 2017, pp 102-133.
Elder abuse and neglect is a societal issue that requires prevention and intervention strategies at the practice and policy level. A systematic review on the efficacy of community-based elder abuse interventions was undertaken to advance the state of knowledge in the field. A search for peer-reviewed literature between 2009 and 2015 was carried out across four databases. Two raters independently reviewed all articles, assessed their methodological quality, and used a modified Sackett Scale to assign levels of evidence. 4,905 articles were identified, nine of which were selected for inclusion. Although there was Level-1 evidence for psychological interventions, only one study on strategies for relatives (START) led to a reported decrease in elder abuse. There was Level-4 evidence for conservatorship, an elder abuse intervention/prevention program (ECARE), and a multidisciplinary intervention, in which one study yielded significant decreases in elder abuse and/or neglect. The remaining three were classified as Level-5 evidence for elder mediation and multidisciplinary interventions. There are limited studies with high levels of evidence for interventions that decrease elder abuse and neglect. The scarcity of community-based interventions for older adults and caregivers highlights the need for further work to elevate the quality of studies. (JL)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 239/4 What's in a word?: The importance of the concept of "values" in the prevention of abuse of older people in care homes; by Steve Moore.: Emerald.
Journal of Adult Protection, vol 19, no 3, 2017, pp 130-145.
The purpose of this paper was to present some of the findings from an empirical, mixed methods research project that revealed the importance of the personal value frameworks held by individual staff in the prevention of abuse of older people in private sector care homes. Semi-structured interviews were undertaken with a sample of 36 care home personnel, including proprietors, care managers and care staff. A significant number of respondents identified the importance of personal

value frameworks among staff providing care as a potential contributory factor in the prevention of abuse of older people. Though the research drew upon the experiences of only 36 care home personnel through interviews, data suggest that the personal evaluations of staff towards those in their care is a significant contributory factor to the occurrence of abuse. This research has identified individual staff value frameworks as a causal factor in the occurrence of abuse. The research also confirms that perceptions of 'values' among respondents directly involved in the provision of care are at odds with common understandings of 'values' often cited elsewhere in connection with staff recruitment and training as a means of preventing the occurrence of abuse. (JL)

ISSN: 14668203

From : <http://www.emeraldinsight.com/loi/jap>

239/5

Who speaks up for Ines Fonseca?: Representing violence against vulnerable subjects and the ethics of care in fictional narrative about Alzheimer's disease : *Ahora tocad musica de baile* (2004) by Andres Barba; by Raquel Medina.: Cambridge University Press.

Ageing and Society, vol 37, no 7, August 2017, pp 1394-1415.

This paper studies one of the first cultural texts dealing entirely with Alzheimer's disease (AD) to appear in Spain, Andrés Barba's 2004 novel '*Ahora tocad música de baile*'. The paper argues that the significance of Barba's novel rests on two important issues: the ethics of representation of violence against vulnerable subjects, and the ethics of care. The paper analyses how these two issues allow Barba to create a story in which the verbal and physical abuse to which the person living with Alzheimer's disease is subjected places the reader, on the one hand, as a voyeur or witness of the abuse; and on the other, as interpreter, and ultimately judge, of the fine line that separates euthanasia, assisted suicide and murder. The open ending of the novel defers all ethical and moral judgement to the reader. The paper examines how the novel offers a monolithic perspective about Alzheimer's disease, in which care is presented as a burden. In fact, this study shows that the novel's multi-layered structure and polyphonic nature places the emphasis on stigmas, stereotypes and negative metaphors around Alzheimer's disease, as found in contemporary social discourses. (RH)

ISSN: 0144686X

From : cambridge.org/aso

AGEING (GENERAL)

239/6

"Do not go gentle": gerontology and a good old age: [46th] Annual Conference, Wednesday 5 July - Friday 7 July 2017: [abstract handbook]; by British Society of Gerontology - BSG; Centre for Innovative Ageing, Swansea University. Swansea: British Society of Gerontology; Swansea University, 2017, 228 pp.

Abstracts of symposia presentations and papers presented at the conference presentations, organised in alphabetical order of chair's name for symposia, and (first named) author for oral presentations. There are also abstracts for the poster presentations. Themes covered at the conference included: environment and ageing; social and supportive relationships; participation and inclusion; cognition and dementia; cultural gerontology; health and social care; the arts and older people; and minority and diverse populations. (RH)

From : <http://www.swansea.ac.uk/bsg17/>

239/7

A meta-analysis of the correlates of successful aging in older adults; by Sin-Hyang Kim, Sihyun Park.: Sage.

Research on Aging, vol 39, no 5, June 2017, pp 657-677.

Successful ageing (SA) is a concept that remains without a consensus definition. The purpose of the current study was to explore the components of SA by systematically reviewing factors correlated with SA. The study also compared the relative strength of the components by using the meta-analytic method. A meta-analysis was conducted to quantitatively synthesise the correlates of SA from three online databases: PubMed, CINAHL, and SCOPUS. The correlates were categorised into four domains: (1) avoiding disease and disability, (2) having high cognitive/mental/physical function, (3) actively engaging in life, and (4) psychologically well adapted in later life. The domain 'psychologically well adapted in later life' showed the strongest association with SA. The findings of this study were meaningful in terms of examining the strength of the correlations between the domains and overall SA and, further, providing evidence for building interventions for older people. (JL)

ISSN: 01640275

From : journals.sagepub.com/home/roa

AGEISM AND AGE DISCRIMINATION

(See Also 239/40)

- 239/8 Finding the frame: an empirical approach to reframing aging and ageism; by Julie Sweetland, Andrew Volmert, Moira O'Neil, FrameWorks Institute. Washington, DC: FrameWorks Institute, February 2017, 38 pp (A FrameWorks research report).
The authors suggest that ageing is misunderstood in America, and that such misperception creates obstacles to productive practices and policies. In order to effect change, the field of ageing needs to advance a set of core ideas that creates the shifts in public understanding essential to building the political will towards a more age-integrated society. This report is in four sections, and outlines the major findings of the Strategic Frame Analysis and its implications for communications, advocacy, and outreach on ageing.
First - Anticipating Public Thinking - outlines how Americans mentally perceive ageing, and pinpoints where these patterns of thinking are likely to challenge efforts to advance an informed public conversation. Second, Communication Traps, cautions advocates against reframing strategies that seem plausible, but are likely to have unintended consequences. Third, Redirections, outlines a series of thoroughly tested communications tools and techniques for reframing ageing and ageism. Lastly, Moving Forward, offers concluding thoughts and a call to action. (RH)
From : http://frameworksinstitute.org/assets/files/aging_elder_abuse/aging_research_report_final_2017.pdf
- 239/9 Perceptions of health-care professionals' treatment of older people; by Rafat Hussain, Hal Kendig, Kate O'Loughlin, Lisa Cannon.: Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 102-106.
There is a common perception that older people in health care systems often face covert and, at times, overt ageism. The present study presented preliminary findings from a large-scale nationally representative survey in Australia of people regarding trends in perceptions of ageism by health care professionals. In the survey, respondents of different age groups were asked whether they thought that older people were treated better, worse or about the same as younger people by doctors, nurses and other health professionals. Nearly two-thirds of respondents perceived no discrimination towards older people compared to younger people, but 21% considered treatment to be more favourable and 16% perceived worse treatment. Overall the findings suggest that most people do not perceive health care professionals as having ageist attitudes and, of the remainder, perceive slightly more positive than negative treatment. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

ARTS, CRAFT AND MUSIC

- 239/10 Arts and cultural activity: a vital part of the health and care system; by Paul L Cann.: Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 89-95.
This article, which focuses on both the UK and Australia, discusses how arts and cultural activities are a vital part of a health and care system and have potential to fulfil the theme of active ageing. The changing nature of care provision in response to demographic change, fiscal pressure and increasingly consumerist attitudes on the part of care users, is considered. Selected examples of how participation in arts and cultural activities increases not only well-being but also health outcomes are then outlined. The article highlights the potential of 'cultural commissioning' and within that 'arts on prescription' - public funding of arts-related activities for people with care needs - and advocates investment in arts and cultural activities to better meet the demands of health, social care and aged care. Concluding remarks are made, and a way forward is suggested. (JL)
ISSN: 14406381 From : <http://onlinelibrary.wiley.com/doi/10.1111/ajag.12438/full>
- 239/11 A poet's stories; by John Killick.: Hawker Publications.
Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 26-27.
It is 20 years since John Killick published his first book of poems inspired by conversations with people with dementia. Recently, he has been looking back on these formative experiences. In this article he shares some of the poems which have resulted. (RH)
ISSN: 13518372 From : www.careinfo.org

- 239/12 Quilting as a generative activity: studying those who make quilts for wounded service members; by Cheryl Cheek, Robin G Yaure.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 1, 2017, pp 39-50.
A qualitative study of 24 quilters examined their experiences of creating and delivering quilts to wounded service members who served in the Iraq and Afghanistan conflicts. Using Erikson's (1963) perspective on generativity and Baumeister and Vohs's (2002) theory of motivation as

theoretical frameworks, along with McCracken's (1988) five-step analysis model, the authors looked at the part motivation played in this process. The results were that respondents wanted to supply quilts in response to their own family histories of military involvement, to support friends or acquaintances with family in the military, and to make a difference to those who seemed young and badly wounded. Some respondents described being affected by the reactions of quilt recipients, and of healing from their own traumas and grief. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>

- 239/13 Role of art centres for Aboriginal Australians living with dementia in remote communities; by Melissa Lindeman, Paulene Mackell, Xiaoping Lin ... (et al.): Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 128-133.
The objective of this study was to explore the role art centres in remote communities play for Aboriginal and Torres Strait Islander Australians living with dementia. A comprehensive literature search was undertaken with no restrictions on articles regarding year of publication. Art programmes were found to be of benefit to both people living with dementia and their carers, particularly when programmes were administered in environments that were culturally revered. Findings indicated that remote art centres play a key role in maintaining traditions, culture and practices unique to Aboriginal and Torres Strait Islanders, but there is a gap in knowledge regarding how they cater for the needs of people with dementia. Addressing this gap will be helpful in remote areas where prevalence of dementia is up to five times that of non-Aboriginal people, and there are limited health and support services. Further research is required to explore strengths and gaps of current practices. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

ATTITUDES TO AGEING

(See Also 239/8, 239/72, 239/111, 239/112, 239/115, 239/123)

- 239/14 Men's perceptions and attitudes toward their wives experiencing menopause; by Juliana Reale Cacapava Rodolpho, Bruna Cid Quirino, Luiza Akiko Komura Hoga, Patrícia Lima Ferreira Santa Rosa.: Taylor and Francis.
Journal of Women and Aging, vol 28, nos 4-6, July-December 2016, pp 322-333.
Men's perceptions, experiences and attitudes toward their wives experiencing natural menopause are explored. For this research conducted at a primary care unit in Sao Paulo, Brazil, the authors interviewed 20 men, using oral history methods. Descriptive categories of experiences were explored in relation to: misconceptions about menopause overcome through coexistence and recognition of women's perspectives; recognition of women's needs and efforts to provide support; coping with changes in marital relations and need to start a new time in couple's life; and existence of several needs as husbands of women experiencing menopause. A better understanding by men about the changes experienced by menopausal women fosters the development of a better emotional support for their wives, which improves the quality of marital relations. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 239/15 Older adults' online dating profiles and successful aging; by Mineko Wada, William Bennett Mortenson, Laura Hurd Clarke.: Cambridge University Press.
Canadian Journal on Aging, vol 35, no 4, December 2016, pp 479-490.
This study examined how relevant Rowe and Kahn's three criteria of successful ageing were to older adults' self-portrayals in online dating profiles: low probability of disease and disability, high functioning, and active life engagement. In this cross-sectional study, 320 online dating profiles of older adults were randomly selected and coded based on the criteria. Logistic regression analyses determined whether age, gender and race/ethnicity predicted self-presentation. Few profiles were indicative of successful ageing due to the low prevalence of the first two criteria; the third criterion, however, was identified in many profiles. Native Americans were significantly less likely than other ethnic groups to highlight the first two criteria. Younger age predicted presenting the first criterion. Women's presentation of the third criterion remained significantly high with age. The findings suggest that the criteria may be unimportant to older adults when seeking partners, or they may reflect the exclusivity of this construct. (JL)
ISSN: 07149808 From : journals.cambridge.org/cjg
- 239/16 There's a cream for that: a textual analysis of beauty and body-related advertisements aimed at middle-aged women; by Teri Del Rosso.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 2, 2017, pp 185-197.
The magazine advertising strategies and tactics used by health and beauty products to target middle-aged women are explored. Advertisements found in the April 2013 issues of Shape, Fitness, and Women's Health were analysed using intersectionality, to determine how these advertisements are presenting messages pertaining to age, gender and sexuality, and how these messages can "other" and marginalise certain identities. The findings suggest that advertisement

strategies implement pseudoscience, heteronormativity, hegemonic beauty and body ideals to establish an idealised version of middle-aged womanhood. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>

BEREAVEMENT

(See 239/129)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 239/13, 239/24, 239/30, 239/85)

- 239/17 Special issue: advancing minority aging research; by Roland J Thorpe Jr, Keith E Whitfield (eds).: Sage.
Research on Aging, vol 39, no 4, April 2017, pp 471-475.
America is undergoing a number of demographic transitions that will impact on society. By 2050 it is projected that there will be a decline in the proportion of White people but an increase in the proportion of Black, Asian and Hispanic people. As a result, these population projections will yield an increase in the number of ethnic older adults. These shifts require that minority ethnic ageing be placed at the forefront of research, practice and policy agendas at the local, state and national levels. This special issue contains an introduction followed by four articles which between them aim to stimulate discourse about minority ageing using a life-course perspective. Topics covered include: African American families' responses to mild cognitive impairment; biopsychosocial risk factors for falls among older African Americans; Black-White differences in pathways to late-life functional limitations; and variability in late-life functional limitations among White, Black and Hispanic older adults. (JL)
ISSN: 01640275
From : journals.sagepub.com/home/roa

CARE MANAGEMENT

- 239/18 Effects on leisure activities and social participation of a case management intervention for frail older people living at home: a randomised controlled trial; by Marianne Granbom, Jimmie Kristensson, Magnus Sandberg.: Wiley.
Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1416-1429.
Frailty causes disability and restrictions on older people's ability to engage in leisure activities and for social participation. The objective of this study was to evaluate the effects of a 1-year case management intervention for frail older people living at home in Sweden in terms of social participation and leisure activities. The study was a randomised controlled trial with repeated follow-ups. The sample, comprising of 153 participants, was consecutively and randomly assigned to intervention or control groups. The intervention group received monthly home visits over the course of a year by nurses and physiotherapists working as case managers, using a multifactorial preventive approach. Data collections on social participation, leisure activities and rating of important leisure activities were performed at baseline, 3, 6, 9 and 12 months, with recruitment between October 2006 and April 2011. The results did not show any differences in favour of the intervention on social participation. However the intervention group performed leisure activities in general, and important physical leisure activities, to a greater extent than the control group at the 3-month follow-up. A statistically significantly greater proportion of participants from the intervention group had an increased or unchanged number of important social leisure activities that they performed for the periods from baseline to 3 months. Even though statistically significant findings in favour of the intervention were found, more research on activity-focused case management interventions is needed to achieve clear effects on social participation and leisure activities. (JL)
ISSN: 09660410
From : wileyonlinelibrary.com/journal/hsc

CARERS AND CARING

(See Also 239/38, 239/136)

- 239/19 Care coordination for older people: an exploratory framework; by Jane Hughes, Helen Chester, Caroline Sutcliffe (et al).: Emerald.
Quality in Ageing and Older Adults, vol 16, no 3, 2015, pp 130-139.
The authors present a framework for examining variation in care coordination arrangements for older people. A multi-method approach was adopted, combining analysis of secondary data and primary data. There were two stages: the development of the framework and its constituent

attributes and indicators; and its validation from two perspectives: a meeting with managers and focus groups with practitioners. It was informed by: an existing generic framework; subsequent policy guidance; data from an English national survey; previous research; and international literature. The framework comprises 19 attributes, each with indicators measuring performance relating to: organisational arrangements influencing service delivery; the performance of core tasks of care coordination; and differentiation within the process to distinguish between responses to different levels of need. Care coordination arrangements in England are characterised by diversity. This paper provides a framework for evaluating local arrangements, thereby highlighting strengths and where improvements are needed. It offers a means to promote programme fidelity. As such, it has utility for both service commissioners and providers. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

- 239/20 Health status, health behaviours and anxiety symptoms of older male caregivers: findings from the Concord Health and Ageing in Men Project; by Chen-Chun Shu, Robert G Cumming, Hal L Kendig ... (et al): Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 151-157.
The objective of this study was to explore differences between older male Australian caregivers and non-caregivers on health status, health behaviours and well-being, including symptoms of anxiety. Data were collected through self-completed questionnaires and face-to-face interviews with 1,705 community living men aged 70 years or more in the Concord Health and Ageing in Men Project. 11% of the men in the survey were caregivers, of whom 81.7% were looking after their wives or partners. The caregivers did not have worse physical health or more depressive symptoms than non-caregivers, but being a caregiver was associated with increased likelihood of reporting anxiety symptoms. Caregivers had similar levels and frequencies of leisure activities but did more housework than non-caregivers. Higher anxiety levels were the main adverse health condition in older male caregivers. Strategies to assist minimising anxiety for caregivers should be a target of interventions. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

- 239/21 Longitudinal effects on self-determination in the RCT "Continuum of care for frail elderly people"; by Christina Ekelund, Kajsa Eklund.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 3, 2015, pp 165-176.
An intervention "Continuum of care for frail elderly people" was designed to create an integrated care from the hospital emergency department (ED) to home. This paper evaluates longitudinal effects in terms of self-determination in daily life for community-living frail older Swedish people. In a non-blinded, controlled trial, participants (aged 80+, or 65-79 years with at least one chronic disease and dependent in at least one daily activity) were randomised to the intervention group or a control group with follow-ups at three, six and 12 months. The intervention involved collaboration between a nurse with geriatric competence at the ED, the hospital wards and a multi-professional team in the community with a case manager as the hub. The intervention's person-centred approach involved the older person in all decisions. Analyses were made on the basis of the intention-to-treat principle, and outcome measure experienced self-determination in daily life measured by Impact on Participation and Autonomy for Older persons (IPA-O). The analysis was made using Svenssons' statistical method. There were significant differences in favour of the intervention at three months in self-determination concerning activities at home, and at three and six months concerning social relationships. Self-determination seems to deteriorate over time in both groups; and the intervention "Continuum of care for frail elderly people" seemed to slow the rate of decline in two dimensions: activities in and around the house at three-month follow-up; and at three and six months concerning social relationship. Thus, the intervention has the means to support them in exercising self-determination and ageing in place, a valuable benefit both for the individual and for society. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

- 239/22 State of caring 2017; by Carers UK. London: Carers UK, June 2017, 32 pp.
More than 7,000 people shared their experiences of what it is like to be carers in 2017. Carers UK's latest calculation of the value of unpaid care that carers give to the UK is £132 billion, almost equivalent to the value of health spending (£134 billion). Three quarters of carers (73%) responding to this survey feel that the Government does not understand or value their contribution. This survey focuses on the impact of caring on carers' health and well-being; problems with having and funding a break from caring; accessing practical support with caring; experiences of carers' assessments; experiences of hospital discharge; costs of caring; and juggling caring and work. The survey found that 40% of unpaid carers have not had a break in over a year, whilst 25% had not received a day away from caring in five years. It shows that, two years after the Care Act 2014 put in place stronger duties on local authorities to support carers, these new rights are not improving

the lives of many carers in England. There is an urgent need for a cross-government plan setting out how improved support for carers will be achieved. Recommendations focus on: raising Carer's Allowance from £62.70 per week; a sustainably funded settlement for social care and the NHS; ensuring that carers can juggle work and care; providing funding to enable carers to take the breaks they need; a more 'carer friendly' NHS; and ensuring we are better prepared for caring and that carers can get support early to look after their own health and well-being. (RH)

From : Carers UK, 20 Great Dover Street, London SE1 4LX. Link to download: <http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017>

239/23

User-oriented elderly care: a validation study in two different settings using observational data; by Ali Kazemi, Petri J Kajonius.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 3, 2015, pp 140-152.

User-oriented care, defined as individualised assisting behaviours, is the dominant approach within care of older people today. Yet, there is little known about its conceptual structure. This paper proposes that user-oriented care has a bi-partite structure which may be decomposed into the two dimensions of task and relation. Care workers were "shadowed" (i.e. observed) at their work (n=391 rated interactions). User-oriented care was assessed along ten process quality indicators targeting the acts of caregiving (i.e. task focus, relation focus, involvement, time-use, body language, autonomy, respect, warmth, encouragement, and information) in two care settings, i.e. home care and nursing home. Observations added up to 45 hours. Principal component analyses confirmed the proposed two-factor structure of user-oriented care. Specifically, the user-oriented care indicators loaded on two distinct factors, i.e. task and relation. The underlying structure of user-oriented care revealed to be invariant across the two settings. However, the results revealed interesting structural differences in terms of explained variance and the magnitude of factor loadings in the home care and nursing home settings. Differences also emerged specifically pertaining to the indicators of autonomy and time-use. These findings suggest that user-oriented behaviour may to some extent denote different acts of caregiving and what may be called task- and relation-orientation may be loaded with different meanings in these two care settings. This is the first study investigating user-oriented behaviour in the context of older people's care using a quantitative observational approach. The authors propose that the observed differences between the two care settings are primarily not due to better care work in home care, but due to some inherent differences between these two contexts of care (i.e., better health and living at home). (RH)

ISSN: 14717794

From : www.emeraldgroupublishing.com/qaoa.htm

COMMUNITY CARE

(See Also 239/84)

239/24

Community care for indigenous older people: an update; by Melissa A Lindeman, Kate Smith, Dina LoGiudice, Mark Elliott.: Wiley.

Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 124-127.

This brief paper highlights some important messages in the literature pertaining to community care for older Aboriginal Australians. Such literature has been scarce until relatively recently. These key messages are particularly important as aged care sector reforms are implemented. The authors highlight significant research findings concerning health, care preferences and service delivery challenges for the provision of community care for this population group. In order to be successful, they argue, a service needs to be relevant. To be relevant, services need to take a community development approach in their development and ongoing management. (JL)

ISSN: 14406381

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

DEATH AND DYING

(See 239/47)

DEMENTIA

(See Also 239/5, 239/103, 239/110)

239/25

Bedlam or bliss?: Recognising the emotional self-experience of people with moderate to advanced dementia in residential and nursing care; by Beatrice Godwin, Fiona Poland.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 235-248.

The authors examine the self-experience of people with moderate to advanced dementia. While people with dementia are widely assumed to lose their sense of self, emotions are preserved long into dementia; and some can still discuss their lives, enabling exploration of respondents' own

self-conceptualisation of experience. A mixed methods design with Interpretative Phenomenological Analysis approach used semi-structured empathetic interviews with ten people, purposively sampled, living in long-term residential or nursing care, to explore their experience and continuing goals. Supplementary information from family and others was used to contextualise core data. Data analysis identified emerging themes and super-ordinate concepts. Sustained well-being and resistant ill-being emerged as major themes. Findings demonstrated continuity in sense of self, moral awareness and diversity of emotional reactions to living with dementia, associated with their emotional capital. Research limitations/implications: The sample was small and limited to well- and moderately-funded care homes. How to provide such support in less well funded homes needs further research, as do reasons for resistant ill-being in advanced dementia. The findings suggest that everyday care of people with advanced dementia may sustain their sense of self, well-being and emotional capital. By empathically facilitating in-depth expression of individuals' feelings and views, this research illuminates the personal self-experience of advanced dementia, which has hitherto been little explored. (RH)

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From : www.emeraldgrouppublishing.com/qaoa.htm

239/26

Critical reflections from the millennials on the global action against dementia legacy events; by Kristine Newman, Laura Booi.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 3, 2015, pp 177-182.

The authors share information regarding the Global Action Against Dementia Legacy, to critically reflect on the views of the Canadian Young Leaders of Dementia, and to strengthen the impact of their voices in the global discussion surrounding dementia. This paper offers a critical reflection and review of the innovative intergenerational discussions and solutions offered by younger Canadians, specifically the Millennial Generation. The paper provides insights about how change and solutions in dementia actions may be established through intergenerational collaboration. Researchers are encouraged to make room for the voices of younger, less established generations in both discussions and research related to dementia. The younger generations will provide future direction to the Global Action Against Dementia Legacy, so it is time to hear their voice too. Thus, this paper draws on developments in the Canadian context, to highlight the potential of encouraging a less usual, intergenerational approach to developing engagement, research and solutions in dementia. (RH)

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239/27

Dementia prevention, intervention, and care; by Gill Livingston, Andrew Sommerlad, Vasiliki Orgeta (et al), Lancet Commission on Dementia Prevention, Intervention, and Care; Division of Psychiatry, University College London - UCL.

The Lancet, 20 July 2017, 62 pp.

Dementia is the greatest global challenge for health and social care in the 21st century, with about 47 million people living with dementia in 2015, a number projected to triple by 2050. Acting now on dementia prevention, intervention and care will vastly improve living and dying for individuals with dementia and their families. Partnered by University College London (UCL), the Alzheimer's Society UK, the Economic and Social Research Council (ESRC) and Alzheimer's Research UK, the Lancet Commission on Dementia Prevention, Intervention, and Care met to consolidate emerging knowledge about what can work, and what individuals should do to prevent and manage dementia. The Commission recommends active treatment of hypertension in middle aged (45-65 years) and older people (age 65+) without dementia to reduce dementia incidence. Interventions for other risk factors including more childhood education, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity might have the potential to delay or prevent a third of dementia cases. Other key messages discussed are: treating cognitive symptoms; tailoring dementia care to the individual, incorporating support for family carers; care for family carers to reduce the risk of depression; planning for the future (in respect of decision-making); protecting people with dementia; managing neuropsychiatric symptoms; and consideration of end of life care. While technological interventions have the potential to improve care delivery, these should not replace social contact.

Price: FOC, but login required

From : DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)31363-6](http://dx.doi.org/10.1016/S0140-6736(17)31363-6)

239/28

Temporal trends in dementia incidence since 2002 and projections for prevalence in England and Wales to 2040: modelling study; by Sara Ahmadi-Abhari, Maria Guzman-Castillo, Piotr Bandosz (et al).

BMJ 2017;358:j2856, 05 July 2017, 11 pp.

For this study, researchers used six waves of data across the years 2002-2013 from the English Longitudinal Study of Ageing (ELSA), a representative study of men and women aged 50+. The aim was to estimate calendar trends in dementia incidence, correcting for bias due to loss to follow-up of study participants, a joint model of longitudinal and time-to-event data was fitted to

ELSA data. To forecast future dementia prevalence, the probabilistic Markov model IMPACT-BAM (IMPACT-Better Ageing Model) was developed. IMPACT-BAM models transitions of the population aged 35+ through states of cardiovascular disease, cognitive and functional impairment, and dementia, to death. The model enables prediction of dementia prevalence, while accounting for the growing pool of susceptible people as a result of increased life expectancy and the competing effects due to changes in mortality, and incidence of cardiovascular disease. In ELSA, dementia incidence was estimated at 14.3 per 1000 person years in men, and 17.0 per 1000 person years in women aged 50+ in 2010. Dementia incidence declined at a relative rate of 2.7% (95% confidence interval 2.4% to 2.9%) for each year during 2002-13. Using IMPACT-BAM, the researchers estimated there were approximately 767,000 (95% uncertainty interval 735,000 to 797,000) people with dementia in England and Wales in 2016. Despite the decrease in incidence and age-specific prevalence, the number of people with dementia is projected to increase to 872,000 in 2020, 1,092,000 in 2030, and 1,205,000 in 2040. A sensitivity analysis without the incidence decline gave a much larger projected growth, of more than 1.9 million people with dementia in 2040. Although age-specific dementia incidence is declining, the number of people with dementia in England and Wales is likely to increase by 57% from 2016 to 2040. This increase is mainly driven by improved life expectancy. (OFFPRINT.) (RH)

From : <https://doi.org/10.1136/bmj.j2856>

DEMENTIA CARE

(See Also 239/11, 239/13, 239/27, 239/46, 239/128)

- 239/29 Care records that value the quality of experience; by Jackie Pool, Libby Lawrence.: Hawker Publications.
Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 32-34.
Quality care requires quality records. The authors explain their concept of enriched care reporting as an effective method of reflecting the experience of care home residents. (RH)
ISSN: 13518372
From : www.careinfo.org
- 239/30 Culture and ethnicity: a community of practice; by Julia Botsford.: Hawker Publications.
Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 18-20.
"Communities of practice" are a popular way to promote mutual learning. The author and colleagues describe how the activities of the Culture and Ethnicity Community of Practice are making a difference to the work of Admiral Nurses. (RH)
ISSN: 13518372
From : www.careinfo.org
- 239/31 Educating a health service workforce about dementia: a qualitative study; by Lesley Baillie, Eileen Sills, Nicola Thomas.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 119-130.
A qualitative study that investigated staff perspectives on an ethnodrama ("Barbara's Story") which was used to educate an entire health service workforce and to promote a person-centred approach to care is reported. The study used a qualitative, longitudinal design with focus groups held with clinical (nurses, allied health professionals, medical) and non-clinical staff. In Phase 1, there were ten focus groups (67 participants) and one individual interview. In Phase 2 there were 16 focus groups (77 participants) and three individual interviews. Barbara's Story raised awareness of dementia, engaged staff emotionally, and prompted empathetic responses and improved interactions. The project's senior leadership, whole organisation and mandatory approach were well-supported, with a perceived impact on organisational culture. The project helped to embed practice developments and initiatives to support person-centred care. Barbara's Story is now well-integrated into the organisation's practices, supporting its sustainability in use. Whilst there are increasing resources for educating about dementia, there are fewer evaluations, particularly for large-scale educational initiatives, and a lack of focus on long-term effects. The study findings indicate that education about dementia can be delivered to a whole workforce in a sustainable manner, to prompt empathy, raise awareness, support person-centred care and impact on individual behaviour and organisational culture. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaoo.htm
- 239/32 No substitute for human touch?: Towards a critically posthumanist approach to dementia care; by Nicholas Jenkins.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1484-1498.
This paper develops a sociological critique of the pre-eminence of humanism in dementia care policy and practice. Throughout the centuries, humanism has served as something of a

double-edged sword in relation to the care and treatment of people living with progressive neurocognitive conditions. On the one hand, humanism has provided an intellectual vehicle for recognising people with dementia as sentient beings with inalienable human rights. On the other hand, humanist approaches have relied upon and reinforced normative understandings of what it means to be human, understandings that serve to position people with dementia as deficient. Two posthumanist approaches to dementia care policy and practice are explored: transhumanism and critical posthumanism. The former seeks, primarily, to use advances in 21st-century technologies to eradicate dementia. The latter seeks to de-centre anthropomorphic interpretations of what it means to be a person with dementia, so as to create space for more diverse human-non-human relationships to emerge. The paper concludes with some tentative suggestions as to what a critically posthumanist approach to dementia care policy and practice might look like, as we move closer towards the middle of the 21st century. (RH)

ISSN: 0144686X

From : cambridge.org/aso

239/33 A response framework with untruths as last resort; by Edward O'Connor, Ian James, Roberta Caiazza.: Hawker Publications.

Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 22-25.

Sometimes the truth causes distress, but is it right to lie to a person with dementia? The report 'What is truth? An inquiry about truth and lying in dementia care' (Mental Health Foundation, 2016) sets out the pros and cons of using untruths. The authors describe a practical framework which allows "therapeutic lies" as a last resort. (RH)

ISSN: 13518372

From : www.careinfo.org

239/34 Supporting communication in semantic dementia: clinical consensus from expert practitioners; by Jacqueline Kindell, Karen Sage, Madeline Cruice.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 3, 2015, pp 153-164.

This paper aims to gain consensus regarding the clinical priorities and tasks required in supporting communication needs in those living with semantic dementia and their families, by specialist speech and language therapists (SLTs), working in clinical practice within dementia care settings in the UK. A group of six SLTs specialising in dementia care and with experience of working with individuals with semantic dementia and their families used a nominal group technique, followed by further exploration and refinement of issues; also used was a modified Delphi technique.

The findings demonstrate a broader scope of practice than is evident within the research literature with this client group. Therapists identified a range of psychosocial issues for both those with semantic dementia and their families, in particular finding ways to support activity and participation in conversation, and to explore barriers and facilitators within the communication environment. This represents the first study to explore everyday practice in this rarer dementia. The information gathered will be of use to a variety of health and social care professions interested in supporting those with semantic dementia and their families. (RH)

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From : www.emeraldgroupublishing.com/qaoa.htm

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 239/126)

DIGNITY

239/35 Preserving dignity in later life; by Jose Manuel Sao Jose.: Cambridge University Press.

Canadian Journal on Aging, vol 35, no 3, September 2016, pp 332-347.

This article examines how older people who receive social care in the community experience loss of dignity and how they preserve their dignity. Qualitative research revealed that loss of dignity is a major concern for these people and that they preserve their dignity differently, ranging from actively engaging with life to detaching themselves from life. It is argued that in later life, preserving dignity while receiving social care differs from preserving dignity in the context of health care, especially health care provided in institutional settings. Furthermore, preserving dignity in later life, while receiving social care, is a complex process, depending not only on performing activities and individual action and responsibility, but also on other actions, some of them involving a certain inactivity/passivity, and interactions with others, especially caregivers. This article offers some insights to developing better policies and care practices for promoting dignity in the context of community-based social care. (JL)

ISSN: 07149808

From : journals.cambridge.org/cjg

DISABILITY

(See Also 239/135)

- 239/36 Design and development of a robotic self-transfer device for wheelchair users; by R Hari Krishnan, S Pugazhenthii.: Emerald.
Journal of Enabling Technologies, vol 11, no 2, 2017, pp 59-72.
Wheelchair users face great difficulty in transferring themselves from one surface to another, for example from wheelchair to a toilet commode. In such cases a caregiver's assistance may be required, but it affects one's dignity. The purpose of this paper was to develop a robotic self-transfer device aimed at offering privacy and independence to people with lower limb disabilities in performing daily activities. The device, attached to a powered wheelchair, was useful in transferring a user from a wheelchair to a toilet commode or any other surface following simple and natural transfer procedure without the need of any caregiver. The user could achieve transfer by operating joysticks. The device employed two linear actuators and a motor to accomplish the transfer. Trials were carried out to test the performance of the device by involving potential beneficiaries. The device could successfully transfer the participants from a wheelchair to a chair with less effort in less than a minute. The results of the trials showed that the participants felt comfortable in using the device. It was also found that the device was superior to other existing transfer systems in terms of comfort and operation. The existing self-transfer systems are alternative solutions that serve the purpose of mobility coupled with self-transfer. Instead of developing an alternative mobility solution, this paper proposes a novel design of a self-transfer device that can be used as an attachment to a wheelchair. (JL)
ISSN: 23986263
From : www.emeraldinsight.com/loi/jet
- 239/37 Mobility changes during the first years of retirement; by Jessica Berg.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 131-140.
Mobility is an important aspect of well-being, activity and participation. Retiring from paid work is a transition in later life when people need to adjust to a new daily structure and fill the day with activities other than work. Life-course transitions influence demands for mobility and choice of travel mode as people adapt to new circumstances and learning processes. This paper explores how mobility strategies develop during the first years of retirement. A qualitative analysis was conducted, based on initial interviews with 27 retired people during their first year of retirement and again, about three years later. Important changes during the first years of retirement included illness or a decline in physical health. Mobility had become a means of achieving certain goals after an illness, such as learning to walk, being able to drive, or enjoying the time that was left. While some enjoyed not having commitments, others experienced difficulties in filling the day. The results indicate four dimensions of mobility: means of carrying out activities which are needed and desired; resources for creating activities; a leisure activity in itself; and subordinate to staying at home. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaoa.htm

EDUCATION AND TRAINING

(See Also 239/1, 239/31, 239/61)

- 239/38 Exploring experiences of Personal Support Worker education in Ontario, Canada; by Christine Kelly.: Wiley.
Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1430-1438.
There is growing attention to the training and education of Personal Support Workers, or PSWs, who work in community, home and long-term care settings supporting older people and people with disabilities. In Ontario, Canada, amid a volatile policy landscape, the provincial government launched an effort to standardise PSW education. Using qualitative methods, this study considered the question: What are the central educational issues reflected by students, working PSWs and key informants, and are they addressed by the PSW programme and training standards? Phase one was a public domain analysis completed between January and March 2014 and updated for major developments after that period. Phase two, completed between August 2014 and March 2015, included 15 key informant interviews and focus group discussions and mini-phone interviews with 35 working PSWs and current PSW students. According to the participants, the central educational issues are: casualisation of labour that is not conveyed in educational recruitment efforts, disconnect between theory and working conditions, overemphasis on long-term care as a career path, and variability of PSW education options. While the standards should help to address the final issue, they do not address the other key issues raised, which have to do with the structural organisation of work. Thus there is a disconnect between the experiences of students, PSWs and key informants and the policy decisions surrounding this sector. This is particularly significant as

education is often touted as a panacea for issues in long-term and community care. In fact the curriculum of some of the PSW programmes, especially those in public college settings, is robust. Yet the underlying issues will remain barring a structural overhaul of the organisation of long-term and community care sectors founded on a social revaluing of older people and the gendered work of care. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

EMPLOYMENT

- 239/39 Addressing the ageing workforce: a critical examination of legal policy objectives and values in the United Kingdom; by Alysia Blackham.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1362-1393.
Population ageing is a key challenge confronting European policy makers. Ageing is a complex issue, requiring a value-driven approach to law and policy. However, there has been limited consideration of what values are driving ageing law and policy in the European Union, or if these values are appropriate. Drawing on an empirical study of United Kingdom (UK) government policy documents (mostly since 2008), this paper identifies and critiques the primary values and objectives driving ageing law and policy in the field of employment. It is argued that the values driving UK law and policy are often contested, contradictory and under-defined, and there has been limited thought given to how they should be prioritised in the event that they conflict. Thus, there is a serious need to reconsider policy makers' approaches to age and employment, and to clarify better the key values on which law and policy rest. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X16000313>
- 239/40 Age discrimination in the workplace: the more things change ...; by Kate O'Loughlin, Hal Kendig, Rafat Hussain, Lisa Cannon.: Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 98-101.
Research carried out by the Australian Human Rights Commission (AHRC) has shown that age discrimination in the workplace is still rife in Australia, in spite of there being age discrimination legislation in place both at a national level (Age Discrimination Act 2004) and within states and territories. The need for legislation and the appointment of an official Age Discrimination Commissioner are indicative of the systemic nature of these ageist attitudes and behaviours and the pervasiveness of the problem. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 239/41 Gender, work, and aging; by Cara Tannenbaum ... (et al.): Cambridge University Press.
Canadian Journal on Aging, vol 35, no 3, September 2016, pp 405-411.
This article describes the Healthy and Productive Work Strategic Signature initiative, jointly led and funded by the Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council of Canada (SSHRC). The initiative aims to build capacity to study and develop interventions aimed at accommodating the health needs of older workers, caregivers, people with disabilities and workers with mental health challenges. It also aims to apply a sex and gender lens to these issues in order to address gender equality and improve health outcomes for different groups of workers. (JL)
ISSN: 07149808
From : journals.cambridge.org/cjg
- 239/42 The impact of health and education on future labour force participation among individuals aged 55-74 in the United States of America: the MacArthur Foundation Research Network on an Aging Society; by David H Rehkopf, Nancy E Adler, John W Rowe.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1313-1337.
Chronic disease, mobility limitations and low physical functioning are determinants of an earlier age of retirement. Therefore, long-term population trends in relation to these factors may have an impact on the proportion of individuals near usual retirement age who continue to work. The authors aim was to develop a projection model that accounts for trends in these factors, in order to estimate the proportion of the population aged 55-74 with the capacity to participate in the labour force. They used logistic regression models to quantify how chronic disease, mobility and functional status predict labour force participation among individuals aged 55-59. Next, they obtained estimates of the population prevalence of each of these predictors for the years 2010-2050. They then used estimated coefficients from the logistic regression models to predict the age-specific probability of capacity for work up to the age of 74. They find that population capacity for work depends on trends in disability and on level of education. Future population capacity for work depends on trends in functional limitations, primarily in the population with lower levels of education. Changes in functional limitations, in the environment, technology and

social policy targeted towards individuals with lower levels of education could result in mitigation of future decreasing capacity for work in the population near retirement age. (RH)
ISSN: 0144686X
From : cambridge.org/aso

- 239/43 Older workers and federal work programs: the Korean senior employment program (KSEP); by Eunhee Choi.: Taylor and Francis.
Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 308-324.
Federal older worker programmes are attracting attention, due to the growing number of older workers across the world. They are uniquely situated to provide out-of-market work opportunities to older job seekers, who often find their age a barrier to securing desirable jobs. In 2004, the Korean government established its own programme, the Korean Senior Employment Program (KSEP); however, literature for international readers on this innovative program is lacking. This article aims to provide an in-depth description of KSEP and a brief comparison between the Senior Community Service Employment Program in the U.S. and KSEP. The unique characteristics of KSEP include having the dual programme foci on supplemental income and social participation; expanding work opportunities in the private sector beyond community-based jobs; accepting participants who are financially disadvantaged, as well as those with a high desire for social participation regardless of their income; and broadening work opportunities for those with professional skills beyond repetitive, simple and temporary jobs. This article may offer helpful insights to older worker advocates from various countries in creating or modifying their programmes. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>
- 239/44 Work after age 65: a prospective study of Australian men and women; by Tazeen Majeed, Peta M Forder, Meredith Tavener ... (et al.): Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 158-164.
This study looked at hours in paid work for Australian men and women aged over 65, focusing on associations between work and education. Data were analysed separately for men and women, from baseline and first follow-up surveys of the 45 and Up Study. Generalised estimating equation models were used to identify associations between work, education and other factors over time. The odds of doing paid work was found to increase with higher education level and decreased with time, age, poorer physical function and having health conditions (high blood pressure, diabetes, stroke and breast cancer). Un-partnered women were more likely to work in later life than partnered women. This study quantifies the importance of education and health factors in determining continued participation of Australian men and women in paid work in later life. These factors need to be considered for policies aiming to increase workforce participation beyond 65 years of age. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 239/45 Work, health and the commodification of life's time: reframing work-life balance and the promise of a long life; by Simon Biggs, Michael McGann, Dina Bowman, Helen Kimberley.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1458-1483.
How to respond to an ageing society has become an increasingly important question, for employers, workers and policy makers. The authors critically engage with that debate, arguing that future approaches to the relationship between work and age should take into account multiple influences on older worker behaviour, including the combination of economic, lifecourse and personal priorities. They consider the international consensus that has emerged about the primacy of work as the solution to what to do with a long life. They then address the uncertain nature of work as it affects older workers, and discuss the commodification of time in relation to a productivist approach to demographic ageing and the attitudes of older workers themselves. A tension is noted between pressures for continuity and discontinuity within the adult life-course; this tension is often eclipsed within a policy discourse that tends to focus on continuity as a route to social legitimacy. Thinking about life-time as a meta-narrative, a tension between existential life priorities and commodification may help to explain the ease with which 'live longer, work longer' policies both dominate and obscure the potential of a long life. Finally, the authors examine the implications for work-life balance and suggest this needs to be radically rethought when addressing the purpose of a longer working life and the promise of a long life in general. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X16000404>

END-OF-LIFE CARE

- 239/46 Dying well with an intellectual disability and dementia; by Kathryn Service, Karen Watchman.: Hawker Publications.
Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 28-31.
As more people with learning disabilities live into old age, the prevalence of dementia in this group is increasing. The authors and colleagues examine the challenges to dementia practice presented by intellectual disability. (RH)
ISSN: 13518372
From : www.careinfo.org
- 239/47 The stigma experienced by terminally ill patients: evidence from a Portuguese ethnographic study; by Ana Patricia Hilario.: Taylor and Francis.
Journal of Social Work in End-of-Life and Palliative Care, vol 12, no 4, October-December 2016, pp 331-347.
The aim of this study was to offer an understanding of the ways in which terminally ill patients may face discrimination due to their visibly altered body. An ethnographic approach was adopted and fieldwork was conducted over 10 months in 2 in-patient hospice units in Portugal. Participant observation was complemented by 50 in-depth interviews with terminally ill patients, family members, and hospice staff. The stigma experienced by terminally ill patients derived mostly from the behaviour of peers, extended family members, and friends toward their visibly altered body. There was no evidence that these patients were discredited by their immediate family when they became visibly unwell, unlike what has been reported in previous studies. This finding could be related to the strong familial culture of Portuguese society. (RH)
ISSN: 15524256
From : <http://www.tandfonline.com>

EPIDEMIOLOGY

(See 239/28, 239/126)

FALLS

- 239/48 Acceptance of seniors towards automatic in home fall detection devices; by Florian Feldwieser, Michael Marchollek, Markus Meis ... (et al): Emerald.
Journal of Assistive Technologies, vol 10, no 4, 2016, pp 178-186.
Falls are one of the highest-cost factors of healthcare within the older population. Various approaches for automatic fall detection exist. However little is known about older people's acceptance of these systems. The purpose of this paper was to investigate the acceptance of automatic fall detection devices as well as the technological commitment and the health status in community-dwelling adults with a predefined risk of falling. Older people with a risk of falling were equipped with either an accelerometer or an accelerometer with an additional visual and optical fall detection system in a sub-group of the study population for a period of eight weeks. Pre- and post-study questionnaires were used to assess attitudes and acceptance towards the technology. In total, 14 subjects with a mean age of 75.1 years completed the study. Acceptance toward all sensors was high and subjects were confident in their ability to handle technology. Medical assessments showed only very mild physical and no mental impairments. Measures that assured subjects' privacy protection were welcomed. Sensor technology was as unobtrusive as possible. Privacy protection and uncomplicated use of the fall detection equipment led to high acceptance by older people with high-technical commitment and good health status. Issues to further improve acceptance could be identified. Future research on different populations is necessary. (JL)
ISSN: 17549450
From : www.emeraldgroupublishing.com/jat.htm

FAMILY AND INFORMAL CARE

(See Also 239/82, 239/142)

- 239/49 The effects of familism on intended care arrangements in the process of preparing for future care among one-child parents in urban China; by Yajun Song, Elsie C W Yan, Silvia Sorensen.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1416-1434.
Guided by Sørensen and Pinquart's model of preparation for future care, this study investigated the relationship between familism and intended care arrangements. Ordinal logistic regression was performed on a sample of 516 urban Chinese one-child parents aged 45-65 with an equal gender ratio, to examine the associations between five care expectations: familism (filial obligation and

child gender) and future care planning constructs (awareness, information gathering and avoidance). Awareness and information gathering were positively associated with service-focused care arrangements. Avoidant planners were more inclined to rely on adult children. Participants with a stronger filial obligation had greater expectations for ageing at home with the aid of a spouse, siblings or helper. Child gender was not significantly associated with intended care arrangements. The model of preparation for future care was useful when predicting service-focused care arrangements. Familism was a powerful predictor of family-focused care arrangements. Females were more likely to rely on children, regardless of child gender but less likely to rely on spouses and siblings. The study enriches researchers' understanding of urban Chinese older adults' intended care arrangements in the context of fading familism and single-child families. (RH)

ISSN: 0144686X

From : cambridge.org/aso

FRAILITY

(See Also 239/18)

239/50 Prevalence of frailty and associated factors in Korean older women: the KLoSA study; by Young Ko, Kyungwon Choi.: Taylor and Francis.

Journal of Women and Aging, vol 29, no 1, 2017, pp 15-25.

The authors used data was used from the third wave of the Korean Longitudinal Study of Ageing (KLoSA) conducted in 2005, to identify the prevalence of frailty in older women (age 60+) and its associated factors. The level of frailty was moderate or severe in 20.2% of the women. Age, socioeconomic status and depressive symptoms were significantly associated with all levels of frailty. Sensory function and grip strength were associated with both mild and moderate or severe frailty. The only factors associated with moderate or severe frailty were marriage status and regular exercise. Understanding the risk factors of frailty may help health care providers to deliver tailored interventions to prevent this condition and its adverse outcomes. (RH)

ISSN: 08952841

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

239/51 Screening for frailty in Canada's health care system: a time for action; by John Muscedere ... (et al): Cambridge University Press.

Canadian Journal on Aging, vol 35, no 3, September 2016, pp 281-297.

As Canada's population ages, frailty _ with its increased risk of functional decline, deterioration in health status and death _ will become increasingly common. The physiology of frailty reflects its multisystem, multi-organ origins. About a quarter of Canadians over age 65 are frail, increasing to over half in those older than 85. Canada's health care system is organised around single-organ systems, impairing its ability to treat people with multiple disorders and functional limitations effectively. In order to address frailty, there is a need to recognise when it occurs, increase awareness of its significance, develop holistic models of care and generate better evidence for its treatment. Recognising how frailty impacts lifespan will allow for integration of care goals into treatment options. Different settings in the Canadian health care system will require different strategies and tools to assess frailty. Given the magnitude of challenges frailty poses for the health care system as currently organised, policy changes will be essential. (JL)

ISSN: 07149808

From : journals.cambridge.org/cjg

GERONTOLOGY (GENERAL)

239/52 The ageing of British gerontology: learning from the past to inform the future: [portrait photographs of the participants]; by Sukey Parnell, Ageing of British Gerontology Project, Keele University. [Keele]: [Keele University, Centre for Social Gerontology], [2017], 56 pp.

The Ageing of British Gerontology Project (2015-17) is an oral and socio-cultural history of the evolution of this inter- and multidisciplinary field of study. Using filmed interviews, the Project's Research Team (Miriam Bernard, Mo Ray and Jackie Reynolds) has aimed to gain insights from 50 people who have been active in building the gerontological knowledge base since the establishment of the British Society of Gerontology (BSG) in 1971. Professional photographer and gerontologist Sukey Parnell has taken portrait photographs of the participants for this publication, which have also been displayed at the Ageing of British Gerontology Exhibition, which was launched at the 46th Annual Conference of the British Society of Gerontology (BSG), hosted by Swansea University, 5-7 July 2017. The Project was funded by the Leverhulme Trust, and supported by BSG and the Centre for Policy on Ageing (CPA). (RH)

From : www.sukeyparnell.com Project website: <https://www.keele.ac.uk/abg/>

GOVERNMENT AND POLICY

- 239/53 After the EU Referendum: policy priorities for older people; by Jane Vass, Age UK. London: Age UK, September 2016, 9 pp.
Following the Leave vote in the European Union (EU) Referendum on 23 June 2016, this paper sets out some possible implications for older people. The paper refers to those areas of public policy where the EU has particularly touched older people's lives: equality and human rights; health and care services; state pensions and benefits; private pensions; financial services; consumer protection; housing and energy; older British citizens abroad; and older non-British EU citizens living in the UK. It identifies Age UK's priorities in relation to these issues, and recommends the impartial briefings produced by the House of Commons Library (see: <http://www.parliament.uk/business/publications/research/eu-referendum/>). The paper concludes that Age UK is keen to collaborate internationally, in both research and policy; and notes that the Government has guaranteed research funding for EU-funded projects signed before the 2016 Autumn Statement. Longer-term, Age UK hopes to see cross-European research into ageing continue. (RH)
From : http://www.ageuk.org.uk/documents/en-gb/for-professionals/policy/communities-and-inclusion/after_the_referendum_sept_16.pdf?dtrk=true
- 239/54 The coalition government and ageing policy: a critique; by David Sinclair.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 3-13.
The author provides a detailed review of the Conservative / Liberal Democrat Coalition's recent policy towards ageing. Localism has become increasingly important, with reforms to health, planning and care emphasising the importance of localised action. The "nudge" of pensions auto-enrolment will increase the number of people saving for old age. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm
- 239/55 Grey Pride: priorities for a minister for older people; by Jane Ashcroft.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 62-64.
The author argues the case for there to be a UK Minister for Older People, supported by the work of a Commissioner for Older People. She draws on the work of the UK Grey Pride campaign, to compare trends in demography and expectations with health and social service provision. With hospital "bed blocking" reportedly costing £20 million per month and limited responses to older peoples' needs for appropriate housing, care and resources, the Grey Pride campaign has received widespread support with 30 organisations backing their campaign for a Minister for Older People. A Minister could help prioritise coordinated use of resources to make them more efficient and to help manage older peoples' expectations. A Commissioner for Older People could investigate the accessibility and quality of care for older people. This viewpoint article thus identifies how no UK government administration to date has demonstrated its explicit commitment to prioritising older peoples' needs. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm
- 239/56 Health and social care for older people: progress, problems and priorities; by Richard Humphries.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 27-31.
The principal challenges facing the health and care system in England arising from an ageing population are described; and the Coalition Government's track record in tackling these. The author offers a perspective on the priorities likely to be faced by the incoming government in relation to health and social care for older people. He does so by assessing key policy documents and legislation, and interpreting published data on trends in health and social care activity and expenditure. His main finding is that an ageing population requires a fundamental shift towards a new model of care that offers better coordinated care and promotes independence and healthy ageing. The Care Act 2014 is a significant achievement and NHS spending has been protected; but resulting cuts to local government budgets have led to sharp reductions in social care for older people. The next incoming government will need to address a deepening financial crisis in health and care system; the increasingly unsustainability of means tested and rationed social care alongside universal free health care; and the need to make faster progress in developing a new models of integrated care closer to home. The issues raised in this paper affect older people as voters, tax payers, and as existing or potential users of health and social care services. As a group, they will attract significant attention from political parties during the election campaign. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

- 239/57 Marketisation of Nordic eldercare: is the model still universal?; by Linda Moberg.: Cambridge University Press.
Journal of Social Policy, vol 46, no 3, July 2017, pp 603-621.
The objective of this article is to analyse whether the increased reliance on marketisation in the provision of social care challenges the universality of eldercare in Sweden, Denmark, Finland and Norway. The study focuses on national reforms for contracting out and user choice of provider, analysing their consequences for four universalistic dimensions: (i) equal inclusion, (ii) public funding, (iii) public provision and (iv) comprehensive usage. The findings suggest that, although need-based inclusion and public funding remain key principles in all four countries, there is an increased reliance on private provision in Sweden, Denmark and Finland. In addition, the introduction of topping-up services challenges the dimension of comprehensive usage, by enabling users with economic resources to turn to the private market to increase the comprehensiveness and quality of their care. (RH)
ISSN: 00472794
From : cambridge.org/JSP
- 239/58 Work, pensions and poverty: a better deal under the next government; by Claire Turner.: Emerald. Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 22-26.
The author explores how the next government (from May 2015) could develop a better deal in relation to work, pensions and poverty. Her paper argues that given the changing face of poverty, the next government should focus on creating better jobs, if it is really to encourage people to work longer and save more for retirement. Furthermore, it could do more to support those who are currently under-saving for retirement. The paper draws on evidence from a number of recent qualitative and quantitative Joseph Rowntree Foundation (JRF) research reports and government statistical data. The paper suggests policy recommendations for the next government, focused on creating better jobs and helping those on lower incomes to increase their pension pots. This includes: ensuring that the minimum wage is set with regard to the changing price of essentials and changing average earnings; raising awareness of the Living Wage and playing a leadership role; industrial strategies for low-paid sectors; mid-life career reviews and increased rights for those aged 60 and over; the redistribution of tax relief on pension contributions; and the auto-escalation of workplace pensions. This paper thus looks at the issue of an ageing society, work and pensions through a poverty lens. (RH)
ISSN: 14717794
From : www.emeraldgrouppublishing.com/qaqa.htm

GRANDPARENTS

- 239/59 The impact of caring for grandchildren on grandparents' physical health outcomes: the role of intergenerational support; by Jing Zhou, Weiyu Mao, Yura Lee, Iris Chi.: Sage. Research on Aging, vol 39, no 5, June 2017, pp 612-634.
Little longitudinal data exist on grandparent caregivers and few studies have examined their physical health outcomes. This study examined the effect of caring for grandchildren on grandparents' physical health and the role of intergenerational support from adult children. Longitudinal data derived from a survey on the well-being of older adults in China were used to conduct path analysis of previous grandparent caregivers (versus noncaregivers) and repeated grandparent caregivers (versus noncaregivers). The final sample was 799 grandparents aged 60 or older living in rural China. Three aspects of intergenerational support were measured: financial, emotional, and instrumental support. Repeated grandparent caregivers had better self-rated health (SRH) and fewer limitations than noncaregivers. Previous grandparent caregivers had better SRH compared to noncaregivers. Emotional support mediated the relationship between caregiving and SRH among repeated caregivers. Findings suggest that any caregiving experience (previous or repeated) provides health benefits to grandparents. (JL)
ISSN: 01640275
From : journals.sagepub.com/home/roa
- 239/60 What are the issues affecting grandparents in Britain today?; by Sam Smethers.: Emerald. Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 37-43.
The Chief Executive of Grandparents Plus provides an overview of the role that grandparents play in family life in Britain today. She focuses on demographic change and the grandparental caring contribution for both children and older adults, by drawing on a wide range of sources. The research presented suggests that grandparents are playing an increasingly important role in family life, and that their caring contribution makes a material difference to maternal employment rates. It also suggests that those who step into the parenting role face particular challenges which need to be addressed. Further research into the significance of the grandparent-grandchild relationship is needed, together with the caring contribution of those who provide intensive support to families in times of crisis, both in terms of the impact that has on the grandparents but also the difference it makes to parents and children. One key practical implication is the need for a formal childcare

infrastructure in the UK which does not assume that grandparents will always be there to provide childcare for working parents on the scale they do today. Grandparents are living longer, so more of them will have longer-lasting relationships with their grandchildren. But mothers are also ageing, and so gradually over time the age at which we become grandparents will also be pushed back. This may in turn mean that grandparents in 20 years time may be less involved in childcare in any case. (RH)

ISSN: 14717794

From : www.emeraldgrouppublishing.com/qaoa.htm

HEALTH AND WELLBEING

(See Also 239/45, 239/64, 239/85, 239/92, 239/102, 239/106, 239/108, 239/109, 239/122, 239/126)

- 239/61 Effectiveness of coaching for enhancing the health of menopausal Japanese women; by Kaoru Fujimoto.: Taylor and Francis.

Journal of Women and Aging, vol 29, no 3, 2017, pp 216-229.

The author conducted and evaluated a coaching intervention aimed at encouraging menopausal women's engagement in goal-oriented actions, self-efficacy enhancement, menopausal symptom alleviation, and quality of life improvement. The study was a randomised controlled trial (RCT) comprising Japanese women aged 40-60 who were not receiving hormone therapy (HRT). The intervention group received leaflets and three monthly coaching sessions. Instruments included the Simplified Menopausal Index, Medical Outcome Study 36-Item Short Form Health Survey, and goal achievement scale. Participants were measured pre-intervention, immediately post-intervention, and three months post-intervention. A 3-month coaching intervention to enhance menopausal women's health increased their self-efficacy. This effect was not maintained 3 months post-intervention. (RH)

ISSN: 08952841

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

- 239/62 The Wellbeing, Health, Retirement and the Lifecourse project: [final report]; by Wellbeing, Health, Retirement and the Lifecourse project (WHERL); Pensions Policy Institute - PPI. London: Pensions Policy Institute - PPI, June 2017, 84 pp (+ correction slips for Charts 12, 13 and 37).

WHERL is a 3-year interdisciplinary consortium on wellbeing, health, retirement and the lifecourse, which has brought together academics from King's College London, University College London (UCL), the University of Manchester and the University of Toronto, as well as stakeholders from the Department for Work and Pensions (DWP) and Age UK.

This final report of the project brings together cross-cutting factors from the research, and uses charts and graphs to illustrate points. It draws out the implications for policy and inequalities, starting with the labour market experiences from young adulthood to the mid-fifties, and how these affect the likelihood that individuals remain in employment up to and beyond State Pension Age (SPA). Possible tensions between paid and unpaid activities of older adults, including paid work, volunteering, informal care, civic engagement and looking after the home are considered from a life-course perspective. Also examined are physical and mental health and their effects on work in later life; and pension accumulation and gender, particularly how women can be left more vulnerable to having an inadequate income in retirement. WHERL has been funded by the Economic and Social Research Council (ESRC) and Medical Research Council (MRC) cross-research Lifelong Health and Wellbeing (LHW) programme under the Extending Working Lives call (ES/LS002825/1). (RH)

From : Pensions Policy Institute, King's College London, Virginia Woolf Building, 1st Floor, 22 Kingsway, London WC2B 6LE.

<http://www.pensionspolicyinstitute.org.uk/publications/reports/the-wellbeing,-health,-retirement-and-the-lifecourse-project>

HEALTH CARE

(See Also 239/9, 239/51, 239/56)

- 239/63 Care transitions as street-level work: Providers' perspectives on the dilemmas and discretions of older people's transitions across acute, sub-acute and primary care; by Michele Foster, Desley Harvey, Rachel Quigley, Edward Strivens.: Emerald.

Journal of Integrated Care, vol 25, no 3, 2017, pp 196-207.

Quality care transitions of older people across acute, sub-acute and primary care are critical to safety and cost, which is the reason interventions to improve practice are a priority. Yet given the complexity of providers and services involved it is often difficult to know the types of tensions that arise in day-to-day transition work or how front-line workers will respond. To that end, this innovative study differs from the largely descriptive studies by conceptualising care transitions

as street-level work in order to capture how transition practice takes shape within the complexities and dynamics of the local setting. In this paper data were collected from 23 hospital health professionals and community service providers across primary, sub-acute and acute care through focus groups. A thematic analysis and interrogation of themes using street-level concepts derived three key themes. The themes of risk logics and dilemmas of fragmentation make explicit both the local constraints and opportunities of care transitions and how these intersect to engender a particular logic of practice. By revealing the various discretionary tactics adopted by front-line providers, the third theme simultaneously highlights how discretionary spaces might represent both possibilities and problematics for balancing organisational and patient needs. The study contributes to the knowledge of street-level work in health settings and specifically, the nature of transition work. Importantly, it benefits policy and practice by uncovering mechanisms that could facilitate and impede quality transitions in discrete settings. (JL)

ISSN: 14769018

From : <http://www.emeraldinsight.com/loi/jica>

HEALTH EXPECTANCY

239/64

An overview of lifestyles and wider characteristics linked to healthy life expectancy in England: June 2017: a compilation of statistics for areas with high or low healthy life expectancy ...; by Office for National Statistics - ONS.: Office for National Statistics, June 2017, 46 pp.

This compilation brings together information about aspects of health-related lifestyles and the broader economic and social circumstances of people living in areas with the highest and lowest healthy life expectancy (HLE) at birth. The State Pension Age Review Working Group identified the stark contrast in life expectancy and HLE experienced by residents living in some parts of the UK compared to others. Phenomena explored are: employment and economic activity; disability and health conditions; educational attainment and other aspects of socioeconomic position; smoking prevalence; obesity; consequences of alcohol misuse; physical activity; diet; and preventable mortality. The compilation draws on published data from a number of sources covering different samples and time periods, the main one being the Public Health Outcomes Framework (see: <https://www.gov.uk/government/collections/public-health-outcomes-framework>). For details of indicator definitions and their data sources, the reader is directed to the Public Health Outcomes Framework data tool (see <http://www.phoutcomes.info/>). (RH)

From: <https://www.ons.gov.uk/releases/investigatinglifestylefactorstounderstandthedifferencesinhealthylifeexpectancyinengland>

HEALTH SERVICES

(See 239/31, 239/63)

HOSPITAL DISCHARGE

239/65

Hospital discharge: lost opportunities to promote or maintain older people's mental health; by Tarran Haskey Macmillan.: Emerald.

Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 189-197.

The impact of hospital discharge on the wider well-being of older people and their carers is explored, along with its implications for mental health. This paper is based on research from the Healthwatch England Special Inquiry into hospital discharge ('Safely home', 2015). It focuses on the experiences of 1,300 older people; most of the research was undertaken by the local Healthwatch network. The 58 local Healthwatch who submitted evidence on the experiences of older people as part of the inquiry were autonomous in how they carried out the research. The results were analysed using a qualitative framework. This paper examines these issues in detail through case studies collected regarding older people; and it exposes the impact poor discharge can have on physical and mental well-being for older patients. The paper presents a number of issues which have implications for policy and practice in both health and social care, and the integration of the two services. Older people often felt they were not ready for discharge, due to not feeling involved in planning of their discharge, being discharged without the information they need, and having difficulties accessing aftercare support. This paper examines the impact these issues can have on the mental health and well-being of older people, their carers and specifically patients with dementia both during and after discharge from hospital. Through examination of these issues the discharge process can be viewed from the perspective of the individual, and start to conceptualise where the hospital discharge process could further support older people's mental health and well-being. (RH)

ISSN: 14717794

From : www.emeraldgroupublishing.com/qaoa.htm

- 239/66 Predicting discharge to institutional long-term care following acute hospitalisation: a systematic review and meta-analysis; by Jennifer Kirsty Harrison, Katherine E Walesby, Lorna Hamilton ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 547-558.
Moving into long-term institutional care is a significant life event for any individual. Predictors of institutional care admission from the acute hospital setting have not been systematically reviewed. The aim of the current study was to establish predictive factors for discharge to institutional care following acute hospitalisation. The authors conducted a systematic review searching a range of databases during September 2015. The review included observational studies of patients admitted directly to long-term institutional care following acute hospitalisation where factors associated with institutionalisation were reported. From 9,176 records, 23 studies were included. Studies were heterogeneous, with the proportions discharged to a care home 3-77% (median 15%). Eleven studies of moderate to low quality were included in the quantitative synthesis. The need for institutional long-term care was associated with age, female sex, dementia and functional dependency. Discharge to long-term institutional care following acute hospitalisation is common, but current data do not allow prediction of who will make this transition. Potentially important predictors evaluated in community cohorts have not been examined in hospitalised cohorts. Understanding these predictors could help identify individuals at risk early in their admission, and support them in this transition or potentially intervene to reduce their risk. (JL)
ISSN: 10062801
From : <https://academic.oup.com/ageing>
- 239/67 Telephone follow-up calls for older patients after hospital discharge; by Ebony Lewis, Sarah Samperi, Christopher Boyd-Skinner.: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 544-546.
Recurrent readmission to hospital by frail older people places a strain on health systems and the individual. Registered nurses with experience in emergency department, intensive care and aged care conducted telephone follow-up calls to patients or bereaved family members after an acute hospital admission. During follow-up calls, many patients reported feelings of loneliness and social isolation post-discharge. It was also found that patients may not be aware of support services available in the community. Telephone follow-up calls after discharge are a potentially cost-effective strategy to identify these patients and potentially provide comfort and timely referrals where needed. (JL)
ISSN: 10062801
From : <https://academic.oup.com/ageing>

HOUSING

(See Also 239/75, 239/89)

- 239/68 Ageing in squalor and distress: older people in the private rented sector: older people who privately rent their homes; by Age JK. London: Age UK, October 2016, 15 pp.
The number of older people renting in the private sector is set to rise in the coming years. This Age UK report reveals the reality of life for people aged 65+ at the bottom of the private rented sector. Information is based on frequently raised subjects of telephone calls to the charity's advice line about problems with privately rented accommodation. Age UK finds that many older private tenants are living in appalling conditions with disinterested landlords and negligent letting agents. (RH)
From : <https://www.housinglin.org.uk/Topics/type/Ageing-in-squalor-and-distress-older-people-in-the-private-rented-sector-Older-people-who-privately-rent-their-homes/>
- 239/69 Differential health and social needs of older adults waitlisted for public housing or housing choice vouchers; by Paula Carder, Gretchen Luhr, Jacklyn Kohon.: Taylor and Francis.
Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 246-260.
Affordable housing is an important form of income security for low-income older people. This article describes characteristics of older people on waiting lists for either public housing or a housing choice voucher (HCV; previously Section 8) in Portland, Oregon. 358 people (32% response rate) completed a mailed survey with questions about demographics, health and housing status, food insecurity, and preference for housing with services. Findings indicate that many older people on waiting lists experienced homelessness or housing instability, poor health, high hospital use, and food insecurity. Public housing applicants were significantly more likely to report lower incomes, homelessness and food insecurity than HCV applicants. The article concludes with policy implications for housing and health agencies that serve low-income older people. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>

- 239/70 Housing: the unacknowledged key to our ageing challenge?; by Clare Tickell, Gillian Connor.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 32-36.
Dame Clare Tickell and Gillian Connor of the Hanover Housing Association examine the strategic role of housing for older people, and how it can address some of the key challenges facing politicians. The paper aims to encourage decision-makers and service providers to collaborate in new ways locally. The paper argues that housing for older people is rising up the political agenda, but as a niche issue rather than one of strategic and economic importance. A multi-agency and outcomes-based approach to older people's wellbeing, based on place-shaping principles, needs to be mainstreamed locally. Older people have not escaped the impact of austerity measures; and this has heightened the need for a range of high quality housing options, in supportive communities, in later life. Good housing options for older people could resolve the key issues vexing politicians, but there are obstacles to older people accessing such options. The paper suggests a radical, systemic approach is required to ensure better outcomes for older people and, in turn, to generate savings for the public purse. (RH)
ISSN: 14717794
From : www.emeraldgrouppublishing.com/qaqa.htm
- 239/71 Housing futures: Vol 5: Platinum generation; by Octopus Healthcare; Strutt and Parker. London: Octopus Healthcare; Strutt and Parker, [2017], 13 pp.
A survey conducted 16-30 January 2017 by One Poll with 1,000 UK respondents aged 65+ (mainly the current "baby boomer" generation) also uses results from the Strutt and Parker 'Housing futures' historical survey. This short report identifies six distinct groups who are considering moving into retirement housing in line with their future aspirations. The platinum generation is an ageing population with high expectations of life for retirement, which "presents challenges and opportunities for the property sector". The report states that "retirement housing with communal spaces, facilities and events helps to reduce isolation". It also identifies 12 main reasons why those aged 65+ decide to look for a new home: needing more support; lower maintenance; more accessible; a smaller house; reducing outgoings; smaller garden; better security; closer to family; close to amenities; the house needs updating; retirement; and wanting a different location. The report is best viewed on screen rather than printed out. (RH)
From : https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/Platinum_Generation_Final.pdf
- 239/72 Imagined bodies: architects and their constructions of later life; by Christina Buse, Sarah Nettleton, Daryl Martin, Julia Twigg.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1435-1457.
This is a sociological analysis of how architects imagine the ageing body when designing residential care homes for later life, and the extent to which they engage empathetically with users. Drawing on interviews with architectural professionals based in the United Kingdom, the authors offer insight into the ways in which architects envisage the bodies of those who they anticipate will populate their buildings. Deploying the notions of 'body work' and 'the body multiple', their analysis reveals how architects imagined a variety of bodies in nuanced ways. These imagined bodies emerge as they talked through the practicalities of the design process. Moreover, their conceptions of bodies were also permeated by prevailing ideologies of caring. Although it was that architects sought to resist dominant discourses of ageing, they nevertheless reproduced these discourses. Architects' constructions of bodies are complicated by the collaborative nature of the design process, where there is an incessant juggling between the competing demands of multiple stakeholders, each of whom anticipate other imagined bodies and seek to shape the design of buildings to meet their requirements. These findings extend a nascent sociological literature on architecture and social care, by revealing how architects participate in the shaping of care for later life as 'body workers', but also how their empathic aspirations can be muted by other imperatives driving the marketisation of care. (RH)
ISSN: 0144686X
From : cambridge.org/aso

HOUSING WITH CARE

- 239/73 Live-in care workers in sheltered housing for older adults in Israel: the new sheltered housing law; by Esther Iecovich.: Taylor and Francis.
Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 277-291.
Supportive housing schemes were historically aimed to provide group accommodation for older adults. With the ageing of residents, facilities were required to enable them to receive care services to allow them to age in place. Thus, different countries and different facilities developed different models of housing with care, reflecting cultural and policy diversities. Despite all of the different models, there are many commonalities among the supportive housing schemes across countries. These include provision of dwelling units and care services provided either by the facility or by

external agencies. This article aims to: describe the historical development of the ever-evolving supportive care housing phenomena; point at variations in models of housing and care within the international context; and present a new Israeli model that enables residents to privately hire live-in care workers to meet their care needs. This is a unique model in the international context that has not been reported before. The article describes the main ideas of the new model and discusses the challenges that it raises, and pinpoints the unresolved issues associated with the presence of live-in care workers employed by residents of sheltered housing that should be addressed. (RH)

ISSN: 08959420

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

239/74

Transition from community dwelling to retirement village in older adults: cognitive functioning and psychological health outcomes; by Carol Holland, Alexis Boukouvalas, Stuart Wallis (et al.): Cambridge University Press.

Ageing and Society, vol 37, no 7, August 2017, pp 1499-1526.

Supported living and retirement villages are becoming significant options for older adults with impairments, with independence concerns or for forward planning in older age, but evidence as to psychological benefits for residents is sparse. This study examined the hypothesis that the multi-component advantages of moving into a supported and physically and socially accessible 'extra-care' independent living environment will impact on psychological and functioning measures.

The study was supported by the ExtraCare Charitable Trust as part of a longitudinal project. It used an observational longitudinal design, whereby 161 new residents were assessed initially and three months later, and compared with 33 older adults staying in their original homes. Initial group differences were apparent, but some reduced after three months. Residents showed improvement in depression, perceived health, aspects of cognitive function and reduced functional limitations, while controls showed increased functional limitations (worsening). Ability to recall specific autobiographical memories - known to be related to social problem solving, depression and functioning in social relationships - predicted change in communication limitations, and cognitive change predicted changes in recreational limitations. Change in anxiety and memory predicted change in depression. Findings suggest that older adults with independent living concerns who move to an independent but supported environment can show significant benefits in psychological outcomes and reduction in perceived impact of health on functional limitations in a short period. Targets for focused rehabilitation are indicated, but findings also validate development of untargeted general supportive environments. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16000477>

INCOME AND PERSONAL FINANCE

(See Also 239/79, 239/133)

239/75

Housing equity withdrawal: perceptions of obstacles among older Australian home owners and associated service providers; by Therese Jefferson, Siobhan Austen, Rachel Ong (et al.): Cambridge University Press.

Journal of Social Policy, vol 46, no 3, July 2017, pp 623-642.

Housing wealth dominates the asset portfolios of the older population in Australia and many other countries. Given the anticipated spike in fiscal costs associated with population ageing, there is growing policy interest in housing equity withdrawal (HEW) to finance living needs in retirement. This paper sheds light on homeowners' perceptions of the obstacles associated with two forms of HEW: mortgage equity withdrawal (where the in situ home owner increases his/her housing-related debt), and downsizing (where housing equity is released by moving to a lower-valued property). The authors uncover a series of age-specific barriers impeding older Australians' use of these forms of HEW through qualitative analysis of semi-structured interviews conducted with home owners and professional service providers in related areas of policy and practice. To that end, the authors recommend the development of a range of safeguards that will minimise the risk exposure and other obstacles associated with HEW for older home owners. (RH)

ISSN: 00472794

From : cambridge.org/JSP

INFORMATION

(See 239/136)

INTERGENERATIONAL ISSUES

(See Also 239/26, 239/59, 239/82)

- 239/76 Attitudes towards intergenerational equity: preliminary Australian evidence; by Hal Kendig, Kate O'Loughlin, Rafat Hussain, Lisa Cannon.: Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 107-111.
Australia is facing the distinct possibility that future generations could have worse lifelong economic prospects than their parents' generation now entering later life - i.e. the so-called 'baby boomer' generation. The post-World War II baby boom cohort includes many who accumulated substantial wealth during the economic boom of the 1980s. However there is growing evidence that these opportunities have been less available to very old people - i.e. those born before WW2 and during the 1930s Depression - as well as younger generations now entering adulthood. This article reports on national attitudes in Australia towards intergenerational equity and related policy responses drawing on a national survey. Overall findings revealed consistent views across all age groups that the baby boom generation has been advantaged in terms of their lifetime economic opportunities relative to the generation that came before them and also to the younger generation today. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 239/77 Do people favour policies that protect future generations?: Evidence from a British survey of adults; by Hilary Graham, Martin Bland, Richard Cookson (et al.): Cambridge University Press.
Journal of Social Policy, vol 46, no 3, July 2017, pp 423-445.
Long-range temporal choices are built into contemporary policy-making, with policy decisions having consequences that play out across generations. Decisions are made on behalf of the public who are assumed to give much greater weight to their welfare than to the welfare of future generations. Researchers at the University of York investigate this assumption. They briefly discuss evidence from sociological and economic studies, before reporting the findings of a British survey of people's intergenerational time preferences based on a representative sample of nearly 10,000 respondents (the Health of Populations and Ecosystems, or HOPE project, funded by the ESRC). Questions focused on two sets of policies: (i) health policies to save lives; and (ii) environmental policies to protect against floods that would severely damage homes, businesses and other infrastructure. For both sets of policies, participants were offered a choice of three policy options, each bringing greater or lesser benefits to their, their children's and their grandchildren's generations. For both saving lives and protecting against floods, only a minority selected the policy that most benefited their generation; the majority selected policies bringing equal or greater benefits to future generations. The study raises questions about a core assumption of standard economic evaluation, pointing instead to concern for future generations as a value that many people hold in common. (RH)
ISSN: 00472794 From : cambridge.org/JSP
- 239/78 Empowering eFacilitators for intergenerational dialogue; by TRANS eScouts. [s.l]: TRANS eScouts, [2013], 4 pp.
In 2012, the methodology for an intergenerational learning approach (specifically digital inclusion) between younger and older people was developed and implemented in Bulgaria, Germany, Italy, Poland and Spain. "TRANS eScouts - Empowering eFacilitators for intergenerational dialogue" was a 24-month project designed to transfer this learning approach to Croatia, Latvia and Lithuania as part of the European Communities (EC) Lifelong Learning Programme. This pamphlet outlines the project's activities and results. The partner organisations were Telecentar (Croatia: www.telecentar.com), LIKTA - Latvian Information and Communications Technology Association (Latvia: www.likta.lv/EN/) and Association Langas (Lithuania: www.langasiateiti.lt/). (RH)
From : <http://escouts2.eu/>
- 239/79 Is giving or receiving psychologically beneficial to older mothers in South Korea?: Importance of marital status; by Yun-Suk Lee.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 2, 2017, pp 137-149.
In order to understand intergenerational financial transfers and subjective well-being for older mothers, this study argues that marital status is an important factor to be considered. Using the first wave of the Korean Longitudinal Study of Ageing (KLoSA), this study finds that married older mothers report higher levels of life satisfaction when they provide economic support; but widowed older mothers feel higher levels of life satisfaction when they receive economic support. Also, regular or irregular financial support appears to also matter in the associations between financial support and life satisfaction. These findings suggest that married and widowed older mothers have different viewpoints about the parent-child relationship. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>

239/80

Never had it so good?: Boom time for older people; by Angus Hanton, Liz Emerson.: Emerald. Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 18-21.

Although it may be welcome, increased longevity has far-reaching implications for the social contract between generations. These include eye-watering costs for health and social care, intense pressure on the old-age dependency ratio, changing power relations in politics and voting, and increasing pressure on in-work families. In a period of austerity, policy makers have chosen to protect older generations' benefits, and have paid for this by slashing benefits for the young, despite growing evidence that wealth distribution has changed, with older generations becoming wealthier than once thought. This discussion paper maintains that age alone can no longer be used as a proxy for need, and aims to discuss these issues. It uses original quantitative research and analysis undertaken by the Intergenerational Foundation (IF) (www.if.org.uk), which includes Freedom of Information (FoI) requests to government departments. It brings together the think tank's research into demographics, ageing, policy, government debt and liabilities, benefit reform and spending patterns, in order to investigate the changing distribution of wealth across the generations. It is clear that with changing distributions of wealth that age alone can no longer be used as a proxy for need. While older generations are becoming wealthier, younger generations are becoming increasingly burdened by debt, with poorer prospects and being asked to maintain the current status quo. (RH)

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From : www.emeraldgroupublishing.com/qaoo.htm

INTERNATIONAL AND COMPARATIVE

(See Also 239/17, 239/24, 239/26, 239/42, 239/43, 239/49, 239/50, 239/57, 239/94, 239/100, 239/101, 239/120, 239/121, 239/131)

239/81

Ageing and changing patterns in familial structure for older persons in India: a decomposition analysis; by Preeti Dhillon, Laishram Ladusingh, Gopal Agrawal.: Emerald. Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 83-96.

At the turn of the twenty-first century, India is facing rapid population ageing, coupled with consequential socio-economic development changes. Against the backdrop of such changes, its traditional familial support system of living arrangements for older persons is swiftly changing, undergoing rapid transition towards nuclear family systems. This paper aims to discuss these issues. It examined, first, the changing trends and patterns in joint family systems defined in terms of households with older persons and total households; and second, socio-economic and demographic determinants of changes in the proportion of nuclear households with older adults. The decomposition analysis segregated the contribution of determinants of the change in nuclear households with older people into three different components: propensity, composition, and interaction. The study used data from three successive rounds of the National Family Health Survey. Results indicate that a lower proportion of households with older people were nuclear, compared to total households. However, for both types of households, nuclear households increased by nine percentage points during 1992-2006. Households with older people that were headed by old aged persons, illiterates or females, situated in urban area, not owned agriculture land, lower affluent level, and from Southern India were at most risk of being nuclear than their counterparts. This study provides ample evidence of the increase in nuclear familial structure for older people in the course of population ageing. Population ageing, urbanisation and increase in education, primarily contributed to the increase in nuclear family households of older persons. (RH)

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From : www.emeraldgroupublishing.com/qaoo.htm

239/82

Can concern for the long-term care of older parents explain son preference at birth in India?; by Yoshihiko Kadoya, Mostafa Saidur Rahim Khan.: Taylor and Francis. Journal of Women and Aging, vol 29, no 3, 2017, pp 254-266.

The authors examine whether concern for the long-term care of older parents is the primary reason for son preference in India. Controlling for important socioeconomic factors that are believed to affect son preference, they find that concern for long-term care is the principal cause of son preference in India. Sons serve as the primary caregivers to aged parents, while daughters are mostly engaged in caring for parents-in-law. This trend is more acute in rural than in urban areas. This study also finds a strong implication of the filial relationship for the long-term care of aged parents. (RH)

ISSN: 08952841

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

- 239/83 Responsibility for child and elderly care: who should cover the costs? A comparison of Baltic and Nordic countries; by Livia Garacia-Faroldi, Veronica de Miguel-Luken, Luis Ayuso.: Wiley. Social Policy and Administration, vol 51, no 4, July 2017, pp 638-658. Using data from the International Social Survey Programme (2012), this study compares public attitudes towards who should cover the costs of caring for children and older people in five Nordic countries (Finland, Sweden, Norway, Iceland and Denmark) and two Baltic ones (Latvia and Lithuania). The study found interesting differences between both groups of nations: citizens from Baltic countries consider the role of the family more important than their counterparts in Nordic countries. Results show Latvians holding the most familistic views in terms of covering costs, and Swedish people the least. Individual socio-demographic variables are less important than national contexts in explaining these attitudes. The article finds important variations among the social-democratic countries and, surprisingly, in the case of childcare, Sweden shows higher differences to Denmark than to Latvia and Lithuania. This finding suggests that the social-democratic bloc in this respect is more heterogeneous than what is generally thought. (JL) ISSN: 01445596
From : wileyonlinelibrary.com/journal/spol
- 239/84 Shanghai: front-runner of community-based eldercare in China; by Lin Chen, Wen-Jui Han.: Taylor and Francis. Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 292-307. Facing dramatic growth in its population of older people, Shanghai, China's economic centre, has strategically exercised decentralised policy-making power to develop community-based service centres for older people. A growing number of older people have been using such services, particularly dining services, since 2007. The authors discuss the evolution in community-based eldercare services in Shanghai, using dining services as an example. They also compare these service centres in Shanghai to multipurpose senior centres in the United States, to offer policy recommendations for Shanghai and China's growing eldercare industry. Tailored policy recommendations are discussed. (RH) ISSN: 08959420
From : <http://www.tandfonline.com>
- 239/85 Well-being of older Aboriginal Australians: the importance of 'keeping spirit strong'; by Kate Smith, Lianne Gilchrist.: Wiley. Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 112-113. This article briefly examines Aboriginal Australian world views on spirituality and well-being, particularly where the ageing population are concerned. (JL) ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

LEGAL ISSUES

(See 239/90, 239/104)

LEISURE

(See Also 239/18)

- 239/86 The experience of high-frequency gambling behavior of older adult females in the United Kingdom: an interpretative phenomenological analysis; by Julie Pattinson, Adrian Parke.: Taylor and Francis. Journal of Women and Aging, vol 29, no 3, 2017, pp 243-253. The prevalence of older adult female gambling participation and gambling disorder is increasing in the UK; but there is a paucity of published research for us to understand possible risk factors for frequent gambling in this demographic. This study aimed to identify and explore motivations and patterns of gambling behaviour in high-frequency older adult female gamblers in the UK, from the perspective of the individual and in the context of their experience of ageing. Ten UK older adult female high-frequency gamblers (mean age 70.4 years) were recruited via stratified purposive sampling. Data was collected via semi-structured interviews and analysed using interpretative phenomenological analysis. Three core themes representative of the experience of this phenomenon emerged from the transcripts, including filling voids, emotional escape and overspending. The present study has provided a contextualised understanding of motivating factors and several age-related vulnerabilities that may account for high gambling frequency in this population. (RH) ISSN: 08952841
From : <http://www.tandfonline.com>

239/87 Understanding tourist behaviour of senior citizens: lifecycle theory, continuity theory and a generational approach; by Elisa Alen, Nieves Losada, Pablo de Carlos.: Cambridge University Press.
Ageing and Society, vol 37, no 7, August 2017, pp 1338-1361.
Global demographic changes and older people's increasing participation in leisure tourism activities have prompted governments and tourism providers in many developed regions to identify seniors as a priority market. Yet the lack of theory related to senior tourism poses a major hurdle to continued research in this field, especially with regard to the application of evolving age theories. Few studies analyse the relevance or motivations of senior tourists. This study investigates the tourism behaviour of older Spanish travellers, including both their motivations and their tendency to travel. To develop a theoretical framework, this article relies on three theories to explain older people's travel behaviour: lifecycle theory, continuity theory and generational theory. (RH)
ISSN: 0144686X
From : cambridge.org/aso

LGBT

239/88 "Could we hold hands?": older lesbian and gay couples' perceptions of long-term care homes and home care; by Charles Furlotte ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 35, no 4, December 2016, pp 432-446.
This qualitative study looked at the expectations, concerns and needs regarding long-term care (LTC) homes and home care services of 12 older lesbian and gay couples living in Canada. Study findings reflected four major themes: discrimination, identity, expenditure of energy and nuanced care. Discrimination involved concerns about covert discrimination; loss of social buffers as one aged; and diminished ability to advocate for oneself and one's partner. Identity involved anticipated risk over disclosing one's sexual identity; the importance of being identified within a coupled relationship; and the importance of access to reference groups of other gay seniors. The study concludes that partners were burdened by the emotional effort expended to hide parts of their identity, assess their environments for discrimination and to placate others. Nuanced care involved a mutual level of comfort experienced by participants and their health care providers. These themes inform understandings of LTC homes and home care services for lesbian and gay older couples. (JL)
ISSN: 07149808
From : journals.cambridge.org/cjg

239/89 Connected communities: LGB older people and their risk of exclusion from decent housing and neighbourhoods; by Dylan Kneale.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 107-118.
The author explores the way in which the housing and neighbourhood accessibility and neighbourhood connectedness of older lesbian, gay and bisexual (LGB) people aged 50 and over, differ compared to non-LGB older people. He uses data collected from 5,442 respondents to the English Longitudinal Study of Ageing (ELSA), including 260 identified as LGB, as well as theories around social exclusion to explore these issues. Little evidence is uncovered of a link between being LGB and experiencing exclusion from decent housing, public transport or neighbourhood amenities. Significant differences were uncovered in levels of home ownership and the numbers who reported having seen a friend the previous day, the likelihood of which were both lower for LGB people compared to non-LGB people. All analyses are subject to caveats around the size of the sample and the method of identifying LGB older people. The findings could suggest older LGB people may be less likely to have property wealth from which to draw down in retirement. Furthermore, the findings on older LGB people being less likely to have seen a friend the previous day, may suggest a need for more opportunities to be made available for LGB people to maintain their social networks closer to home, to offset the risk of social isolation. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaoa.htm

239/90 Exploring the Care Act's potential for anti-discriminatory practice with lesbian, gay, bisexual and trans older people; by John Crossland.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 97-106.
The planning and provision of care for older people in the lesbian, gay, bisexual and trans (LGBT) communities is an increasing challenge to traditional welfare systems. This paper explores the potential of the newly implemented Care Act 2014 in England for developing an anti-discriminatory approach. It draws on existing research and conceptual literature to identify how key provisions of the new Act can be interpreted in light of current knowledge. Overall, the provisions of the Care Act lend themselves well to positive interpretation in relation to the needs of older LGBT people and their support networks. A potential tension, however, arises in the locality focus of the legislation that could constrain good practice with geographically dispersed

communities. There is also a need to challenge both heteronormative and ageist assumptions that lead to older LGBT people remaining unrecognised. Applied with imagination and commitment, the provisions of the Act could enable new forms of person-centred care to emerge to support older LGBT people. Social workers are in a key position to influence how the Care Act is interpreted and applied in practice, and can act as change agents for a societal move towards older LGBT people having greater choice and control over their well-being. (RH)
ISSN: 14717794 [From : www.emeraldgroupublishing.com/qaoa.htm](http://www.emeraldgroupublishing.com/qaoa.htm)

239/91 In the margins or the mainstream? Future directions and innovations in providing inclusive accommodation and support for older LGBTI adults: special issue: guest editorial; by Paul Willis, Trish Hafford-Letchfield, Antony Smith (eds.): Emerald.
Quality in Ageing and Older Adults, vol 17, no 1, 2016, pp 1-5.
In recent years, the health, social and economic well-being of older people who identify as lesbian, gay, bisexual, transsexual and intersex (LGBTI) has been receiving increased attention from public bodies, third sector organisations and academics. This special issue of Quality in Ageing and Older Adults comprises six articles on the theme, 'Future directions and innovations in providing inclusive accommodation and support for older LGBTI adults', complemented by LGBT themed film and book reviews. (RH)
ISSN: 14717794 [From : www.emeraldgroupublishing.com/qaoa.htm](http://www.emeraldgroupublishing.com/qaoa.htm)

239/92 Strong, healthy, energized: striving for a healthy weight in an older lesbian population; by Ashley Tomisek, Brendan Flinn, Tanya Balsky, Cindy Gruman and Allison M Rizer.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 3, 2017, pp 230-242.
The US Office on Women's Health funded five pilot healthy weight intervention studies for lesbian and bisexual (LB) women, which included a program called Strong. Healthy. Energized (SHE). SHE was a 12-session program, targeted toward LB women age 60+, which focused on exercise (including a pedometer to track steps), nutrition, stress management, and group discussions. The program enrolled 39 participants. Waist circumference decreased by 3.7% across the group (p .01). Participants with the lowest one-third baseline step count saw a marked step increase. This intervention was effective in improving health behaviours and short-term health outcomes for older LB women. (RH)
ISSN: 08952841
[From : http://www.tandfonline.com](http://www.tandfonline.com)

LIFE-LONG LEARNING

(See Also 239/61)

239/93 Quality improvement through the paradigm of learning; by Trish Hafford-Letchfield, Peter Lavender.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 195-207.
Achieving meaningful participation and co-production for older people in care requires radical approaches. This paper explores an innovation where learning interventions were introduced into care settings, and older people were matched to community-based learning mentors to develop partnerships. The authors explore how the concept of learning might be used as a paradigm to raise the quality of care in institutionalised setting, using a co-productive and relationship-based approach to promote well-being. A structured evaluation drew on qualitative data captured from interviews with 25 older people and 22 learning mentors, to reflect on the potential benefits and challenges involved when introducing learning interventions in care settings. This was contextualised alongside data captured from 10 stakeholders, including a care home manager, social care and education commissioners, trustees and project staff, to assess the interdisciplinary contribution of lifelong learning to quality improvement. It is found that introducing learning interventions to older people within care settings promoted participation, advocacy and relationship-based care, which in turn helped to create a positive culture. Given the current challenges to improve quality in care services, drawing on a paradigm of learning may encourage older people to retain their independence, as care homes strive towards a person-centred approach. Promoting social activities and leisure using learning was found to foster closer working relationships between older people and the wider community. These had a levelling effect through reciprocity, using an asset based approach. There were benefits for the care provider, as the partnerships formed enabled people to raise both individual and collective concerns about care and support. Raising and sustaining the quality of support for older people requires input from the wider public sector beyond health and social care. Purposeful engagement with other disciplines, such as learning and leisure offers the potential to realise a more sustainable model of user choice, person-centred support and user involvement. Being engaged through learning can nourish membership in the community for marginalised populations such as older people living in care homes. (RH)
ISSN: 14717794 [From : www.emeraldgroupublishing.com/qaoa.htm](http://www.emeraldgroupublishing.com/qaoa.htm)

- 239/94 Université du troisième âge: les besoins en formation continue des personnes âgées francophones au Nouveau-Brunswick; by Suzanne Dupuis-Blanchard, Danielle Theriault, Lise Mazerolle.: Cambridge University Press.
Canadian Journal on Aging, vol 35, no 4, December 2016, pp 423-431.
This article in French looks at how continuing education is the ideal mechanism to allow retired people to maintain their autonomy and health for as long as possible. Despite the importance of education in human development, very few studies have been identified on the need for continued education for older adults. This quantitative descriptive study aimed to increase understanding of the interests and needs of older people related to continuing education in French-speaking New Brunswick. It also aimed to identify the perceptions of participants with regard to the benefits, challenges and preferences of older people for continuing education. Study results indicated that the main interests of participants were for training in technology (computers), gardening and health matters. Given the lack of research in this domain, these results will be useful for future planning of continuing education initiatives for older people. (JL)
ISSN: 07149808
From : journals.cambridge.org/cjg

LONELINESS AND SOCIAL ISOLATION

- 239/95 Addressing isolation: the importance of integration and the role of institutions; by Jonathan Yates.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 58-61.
The author highlights the importance of integration in tackling isolation in later life, proposes institutions as a key factor in forming intergenerational friendships, and assesses the key conditions which need to be established. The institutions he has in mind range from schools and churches, to organisations such as trade unions, working men's clubs, the Women's Institute (WI), the Guides, and Scouts. Assessment is based on work on social contact theory by Professor Miles Hewstone, amongst others, as well as case studies, research from Age UK and the Social Integration Commission. Isolation can be seen as part of the broader issue of a failure of social integration. A lack of integration in earlier life results in networks which are not age-diverse. This results in isolation in later life. Institutions are key in preventing this, as they allow for the formation of intergenerational friendships and trust. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm
- 239/96 Integrative review of older adult loneliness and social isolation in Aotearoa/New Zealand; by Valerie A Wright-St Clair, Stephen Neville, Vanessa Forsyth ... (et al): Wiley.
Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 114-123.
The objective of this study was to conduct an integrative review of empirical studies of loneliness for older people in New Zealand. Loneliness is a risk factor for older people's poor physical and cognitive health, serious illness and mortality. A national survey showed loneliness rates vary by gender and ethnicity. A systematic search of health and social science databases was conducted. Of 21 scrutinised articles, nine were eligible for inclusion and subjected to independent quality appraisal. One qualitative and eight quantitative research articles were selected. Overall results showed that reported levels and rates of loneliness vary across age cohorts. Loneliness was significantly related to social isolation, living alone, depression, suicidal ideation, being female, being Maori and having a visual impairment. Qualitatively, older Korean immigrants experienced loneliness and social isolation, along with language and cultural differences. Amongst older New Zealanders loneliness is commonly experienced by particular ethnic groups, highlighting a priority for targeted health and social services. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

- 239/97 Two-waves dyadic analysis of marital quality and loneliness in later life: results from the Irish Longitudinal Study on Ageing; by Jeffrey E Stokes.: Sage.
Research on Aging, vol 39, no 5, June 2017, pp 635-656.
This study looked at dyadic reports of marital quality and loneliness over a two-year period among 932 older married couples resident in Ireland. Data from the first two waves of the Irish Longitudinal Study on Ageing (2009-2013) were analysed to determine whether husbands' and wives' marital quality and loneliness at baseline predicted both spouses' loneliness two years later. Two-wave lagged models tested the cognitive perspective on loneliness, the induction hypothesis and actor-partner interdependence. Results indicated that perceptions of negative marital quality at baseline were related with greater loneliness two years later, supporting the cognitive perspective. Further, both spouses' reports of loneliness at baseline were related with loneliness two years later, supporting the induction hypothesis. Partners' reports of marital quality were not related with future loneliness, failing to support actor-partner interdependence. The study

discusses the implications of these findings for theory, practice and future research concerning intimate relationships and loneliness in later life. (JL)
ISSN: 01640275
From : journals.sagepub.com/home/roa

- 239/98 Understanding and alleviating loneliness in later life: perspectives of older people; by Mary Pat Sullivan, Christina Rita Victor, Michael Thomas.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 168-178.
There is extensive empirical literature that has sought to establish the prevalence of, and risk factors for, loneliness and social isolation in later life. Traditional empirical gerontological approaches have characterised loneliness as a linear experience that is both pathological and easily relieved with external intervention. This paper explores the potential of qualitative interview data to reveal the possible complexities in understanding loneliness, including conceptual considerations for the dynamic and multi-dimensional aspects of loneliness. The authors draw on two different studies, where the purpose was to qualitatively examine the meaning of loneliness in the lives of 37 older people and how they understood loneliness in the context of their daily life. (The first study was part of the Economic and Social Research Council (ESRC) Growing Older (GO) Programme.) Interviews with "lonely" older people revealed that loneliness is a complex and dynamic experience. The authors also identified a range of internal and external factors that contribute to vulnerability for loneliness as well as resources to alleviate it. The dynamic and multi-dimensional characteristics of loneliness in older people may help explain why community-based interventions to diminish it may be so challenging. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

- 239/99 A world of social interaction for all; by Laura Ferguson.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 44-53.
The actions needed and organisations to make a difference to the problem of loneliness in old age are considered. This paper draws on the work of the Campaign to End Loneliness in collaboration with hundreds of organisations worldwide, to document what has been done so far. It provides exemplars and imagined case studies based on collected experience, to identify potential relevant actions. Many organisations worldwide are recognising the need to support older peoples' connections and abilities to engage with their communities. However, these need to be better mapped and coordinated. Innovative work is already being done to tackle loneliness needs to be more systematically supported and promoted. This paper therefore identifies how much has already changed in terms of recognising and addressing loneliness, but that a more comprehensive approach to support is needed. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

LONG TERM CARE

- 239/100 Long-term care in Denmark and Lithuania: a most dissimilar case; by Virginija Poskute, Bent Greve.: Wiley.
Social Policy and Administration, vol 51, no 4, July 2017, pp 659-675.
By comparing the systems and development in Lithuania and Denmark, this article probes into differences and similarities in two countries with very different welfare states belonging to different welfare regimes and having very diverse economic and historical development of a specific social policy area _ i.e. long-term care (LTC) for older people. Despite differences, there are also similarities in the understanding of what LTC is and could be in the future, given the economic pressure on welfare states. So despite being a country-based case analysis of a specific social service field, at the outset, seemingly dissimilar, the analysis also shows similarities especially in the expectation of the role of the civil society, and that older people will want to stay as long as possible in their own home. There is also expected pressure from demographic change, and, especially, a possible pressure on women as they, more often than men, provide informal care and will have a higher risk of living alone when they become older. Lastly, the use of rehabilitation and re-enablement is a central parameter for a possible reduction in the pressure on spending as well as improving quality of life for older people. (JL)
ISSN: 01445596
From : wileyonlinelibrary.com/journal/spol

- 239/101 Long-term care in Spain: difficulties in professionalizing services; by Sara Morena-Colom, Carolina Recio Càceres, Teresa Torns Martín, Vicent Borràs Català.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 3, 2017, pp 200-215.
Since 2006, Spanish law has recognised care as a subjective right, and regulations are being designed to create a framework for its professionalisation. Nowadays, the family remains the most important group of providers who care for their older relatives, and women remain the main

informal caregivers. Why do families resist using public long-term care services and professional carers included in the new law? This article aims to analyse the difficulties in professionalising the long-term care system in Spain. It highlights sociocultural factors as an obstacle to professionalisation of long-term care services in addition to political and economic factors. The results show qualitative data about expectations, preferences and discourses that women caregivers have in relation to their responsibilities. The empirical material includes 25 interviews with different profiles of caregivers and six focus groups with family caregivers. The article suggests that the Spanish ideal of care is a problem for the professionalisation of services, because the family remains as the main provider of care without specific skills, knowledge or abilities. (RH)
ISSN: 08952841

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

239/102

The role and influence of micro-cultures in long-term care on the mental health and wellbeing of older people: a scoping review of evidence; by Rasa Mikelyte, Alisoun Milne.: Emerald.

Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 198-214.

Micro-culture is defined in this article as "a distinctive culture shared by a small group that is based on location or within and organisation". The authors explore evidence about the role played by micro-cultures in long-term care (LTC) settings in shaping residents' mental health and wellbeing.

A scoping review included database searches of academic and grey literature, using pre-determined combinations of key terms and specific inclusion and exclusion criteria. The review followed Arksey's and O'Malley's methodological framework (2005). Micro-cultures (localised, distinctive cultures of a small group of people) in LTC are complex, multi-faceted and multi-directional; they include social dynamics as well as structural and environmental factors. Although much work has been done on the nature of micro-cultures, limited work has focused on LTC for older people. Initiatives to promote the mental health and well-being of residents rarely consider micro-cultures in any holistic way; they tend to be taken into account either as part of a contextual backdrop, or as a unidirectional process often equated with the concept of "care culture" or "organisational culture". The role played by micro-cultures in influencing the mental health and well-being of older people living in LTC settings is significantly under-researched. The findings of this review suggest that their complexity and multidimensionality challenges researchers. (RH)

ISSN: 14717794

From : www.emeraldgrouppublishing.com/qaqa.htm

MENTAL CAPACITY

239/103

A processual consent methodology with people diagnosed with dementia; by Tessa Hughes, Maria Castro Romero.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 222-234.

This paper aims to develop an approach within the guidance of the Mental Capacity Act 2005, to meaningfully include people diagnosed with dementia (PDwD) in research endeavours. As part of a broader study of self-authored narratives of care experiences, PDwD were involved in the development and implementation of a process method of consent, in which consent conversations were contextual, responsive and ongoing, and were audited with the use of field diaries. The authors found that working within people's relational contexts (i.e. care staff and family), eight participants with a range of dementia diagnoses and care needs made and verbally communicated research-related decisions. A desire to participate was consistently conveyed across research encounters, regardless of the extent of memory problems. Participants also demonstrated keen awareness of the links between memory problems, rights and inclusion, alongside a sense of personal identity and the capacities to clearly communicate this. A process model of consent encouraged formal reflection upon ethical and pragmatic complexities, and is relevant to people diagnosed with dementia making both care- and research-related decisions. Further work is needed, to include people with a broader range of communication support needs. This research demonstrates substantial possibilities for eliciting and responding to the views of people with dementia diagnoses (previously excluded from research). Results open opportunities for genuine long-term research and care partnerships with PDwD for practice, service and policy development. (RH)

ISSN: 14717794

From : www.emeraldgrouppublishing.com/qaqa.htm

239/104

Replacing DoLS: proposals appraised; by David Jolley.: Hawker Publications.

Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 16-17.

The Law Commission has been working since 2014 to identify a better way of complying with Article 5 of the European Convention on Human Rights (ECHR), which relates to the right to Liberty. The Commission has published 'Mental capacity and deprivation of liberty' (Law Com No 372; HC 2016/17 1079), which proposes replacing the Deprivation of Liberty Safeguards

(DoLs) with Liberty Protection Safeguards. This article explains how what is proposed will be cheaper and more manageable than the system currently in place. (RH)
ISSN: 13518372
From : www.careinfo.org

MENTAL HEALTH

(See Also 239/25, 239/79, 239/98)

- 239/105 Engage your brain: GCBH recommendations on cognitively stimulating activities; by Global Council on Brain Health - GCBH. [Washington, DC]: Global Council on Brain Health, 2017, 28 pp.
The Global Council on Brain Health (GCBH) is an independent organisation created by AARP in collaboration with Age UK, to provide trusted information on how we can all maintain and improve our brain health. Members of the Council met in Washington, DC on 19th-21st March 2017, to examine the impact of cognitively stimulating activities on brain health for adults age 50 and older. They examined the evidence on whether engaging in cognitively stimulating activities has been shown to: (1) influence people's brains in a positive way; (2) help maintain or improve people's cognition; or (3) help people function better in everyday life. The experts also looked at some of the common myths about ageing brains, and described why they were false. This paper summarises the consensus reached by the experts, and what led them to their recommendations. It also identifies gaps in our knowledge about these activities and cognition, offers practical tips, provides a glossary of terms used in the document, and lists resources for additional information. (RH)
From : http://www.aarp.org/content/dam/aarp/health/brain_health/2017/07/gcbh-cognitively-stimulating-activities-report.pdf
- 239/106 Explaining age differences in women's emotional well-being: the role of subjective experiences of aging; by Anne E Barrett, Erica L Toothman.: Taylor and Francis.
Journal of Women and Aging, vol 28, nos 4-6, July-December 2016, pp 285-296.
The authors examine explanations for the "paradox" of older women's better emotional well-being compared with younger women. They consider the role of subjective experiences of ageing in a society that devalues older women. Using a sample of 872 women from the National Survey of Midlife Development in the United States (1995-1996 and 2004-2006), they examine the role of five components of the subjective experience of ageing in explaining older women's better emotional well-being compared with younger women: age identity, conceptions of the timing of middle age, ageing attitudes, ageing anxieties and self-assessed physiological changes. They find that, compared with women aged 50-54, those aged 35-39 report lower positive affect, and those 25-49 report higher negative affect. These patterns are partially explained by younger women's greater anxiety about declines in health and attractiveness, and older women's more youthful identities. This study underscores the value of considering the implications of our ageist and sexist society for women's emotional well-being across adulthood. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>
- 239/107 Improving mental health in later life: the role of service user involvement; by David Crepaz-Keay.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 179-188.
This paper aims to describe service user involvement, explain some of the key issues that define, affect or protect mental health in later life and show how involvement may contribute to better mental health in later life. The author reviews existing definitions of involvement and mental health in later life; provides a more detailed review of some examples of involvement at a range of levels; and illustrates how these could have a positive impact on mental health. Active involvement and engagement at all levels offers significant opportunities for older people to protect and improve their own mental health and the mental health of society as a whole. This research does not set out to promote any particular intervention or involvement technique. The examples given have been evaluated in a variety of ways. Service user involvement should be considered as an important potential contributor to mental health in later life. This paper encourages people in later life to be considered as a community resource rather than a problem that needs to be solved. It brings together existing research, with a focus on the relationship between involvement and individual and collective mental health. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

239/108 Special issue on mental health and well-being later in life; by Alisoun Milne, Toby Williamson (eds): Emerald.
Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 153-156.
There has been a tendency to portray mental health and well-being later in life in somewhat negative ways. The five articles in this special issue of Quality in Ageing and Older Adults aim to provide some different perspectives. The articles cover: an older individual's positive emotional state and sense of self in the fourth age; the alleviation of loneliness in later life; service user involvement in improving mental health; ensuring patients' mental health after discharge from hospital; and a review of evidence on the role of micro-cultures on long-term residents' mental health and well-being. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaoo.htm

239/109 Sustaining the self in the "fourth age": a case study; by Denise Tanner.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 3, 2016, pp 157-167.
The lived experience of someone in advanced age ("Harriet") across a 15 year time period is explored, to illuminate from her perspective the factors that support and jeopardise mental well-being in the fourth age. The paper is based on unstructured narrative interviews with "Harriet", who was originally interviewed for a previous research study 15 years ago. At that time she was aged 82; she is now aged 97. This paper explores themes of change and continuity in her experience of ageing, with a view to re-evaluating the model of sustaining the self-developed in the earlier study and comparing the findings with current conceptions of the fourth age. Harriet's previous efforts to remain independent have been replaced by an acceptance of dependency and diminished social relationships and activity. However, she retains significant threads of continuity with her earlier life, and employs cognitive strategies that enable contentment. Her experience of advanced old age fits conceptions of neither the third nor fourth age, indicating the need for more sophisticated and nuanced understandings. This paper thus renders visible those factors that have promoted and/or undermined a nonagenarian woman's mental well-being, and in generating insights that can be applied more generally to experiences of advanced age. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaoo.htm

NEIGHBOURHOODS AND COMMUNITIES

(See 239/89)

OLDER OFFENDERS

239/110 Dementia: Learning lessons bulletin; by Prisons and Probation Ombudsman.: Prisons and Probation Ombudsman, July 2016, 8 pp (Fatal incident investigations, issue 11).
Those aged 60+ comprise the fastest-growing segment of the prison population, which increased by 125% between 2004 and 2014. This ageing of the prison population has led to an increase in deaths from natural causes in prisons, and increasing social care needs of older, infirm prisoners. This has been recognised in the Care Act 2014, parts of which came into force in April 2015. The Act makes local authorities responsible for assessing and meeting the eligible social care needs of adult prisoners. Although prisons will need to make referrals first, the aim is to bring the delivery of social care in prisons in line with the care of those in the community. This Learning Lessons Bulletin uses four case studies (generally pre-dating the Act), to identify lessons learned from investigations into deaths of prisoners with dementia by the Prisons and Probation Ombudsman. It aims to help Prison Service staff deal more effectively with this group of prisoners; and to explore the experience of prisoners with dementia, and the challenges facing prisons in providing them with appropriate care and support. (RH)
From : <http://www.ppo.gov.uk/document/learning-lessons-reports/>

OLDER WOMEN

(See Also 239/16, 239/61, 239/86, 239/92, 239/121, 239/129, 239/137)

239/111 "It's a great benefit to have gray hair!": The intersection of gender, aging, and visibility in midlife professional women's narratives; by Ulpuokka Isopahkala-Bouret.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 3, 2017, pp 267-277.
Midlife professional women's ageing experiences, especially the experiences of changing physical appearance, are examined in this study. A discursive-narrative approach is used to analyse interviews of women working in senior professional and managerial jobs in Finland. The decline narrative is not enough to capture the experiences of these women; noticeable signs of ageing can indeed have a positive connotation. After looking older and less attractive (in a stereotypical sense), women are no longer being subjected to a sexualised gaze and are taken more seriously.

Ageing opens up possibilities for "doing" gender differently and transcending rigid gender dichotomies and relationships. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>

- 239/112 Body image, aging, and identity in women over 50: the Gender and Body Image (GABI) study; by Sara M Hofmeier (et al.): Taylor and Francis.
Journal of Women and Aging, vol 29, no 1, 2017, pp 3-14.
Information from the 2010 Census in the United States found that women over 50 then comprised 17.2% of the total population. In the last decade, the authors have observed an increase in the number of middle-aged and older women presenting for eating disorder treatment, and a rise in the prevalence of obesity in women age 60+. The authors conducted a qualitative study across the United States of 1,849 women aged 50+, to capture the thoughts, feelings and attitudes that women at middle age have about their bodies and the experience of ageing. Via an open-ended question online survey, four primary themes emerged: (a) the physical and psychological experience of ageing; (b) the injustices, inequities and challenges of ageing; (c) the importance of self-care; and (d) a plea for recognition of the need to maintain a contributory role in society. Results from this Gender and Body Image (GABI) study highlight the complexities of women's psychological and physical aspects of ageing, and point toward important topics worthy of further study in this growing population. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>
- 239/113 Midlife and older women's experiences and advice about sex with men, risk behaviors, and HIV prevention education; by Joanne Altschuler.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 1, 2017, pp 63-74.
This article reports on older women's experiences and advice on condom use, male-female relationships, HIV risk, and prevention education. It reports on findings from five written, open-ended questions with 110 ethnically and economically diverse women aged 40-80 years in the Greater Los Angeles Area. Analysis revealed four themes: (a) gap between condom use advice and condom use behaviour; (b) invisibility with age; (c) negative expectations of men; and (d) desire for education that breaks the silence on sex. The article discusses the meaning of the findings as they relate to current knowledge about HIV prevention education and midlife and older women; it offers recommendations for research and education. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 239/114 Older women and sexuality: narratives of gender, age, and living environment; by Sarah Jen.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 1, 2017, pp 87-97.
Little research has explored the intersection of ageing and sexuality. This qualitative study is informed by a life course approach and narrative gerontology methods. Semi-structured interviews were conducted with 13 women age 55 and older in the Seattle area, to explore the effects of gender, ageing and living environment on past and current sexual experiences. Sub-themes from each major theme are discussed, including: messages about and perceived effects of gender; perceived effects of ageing; and perceived effects of living environment. Findings support the use of dynamical systems theory to study women's sexual experiences. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 239/115 Older women's negative psychological and physical experiences with injectable cosmetic treatments to the face; by Sandi Berwick, Aine Humble.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 1, 2017, pp 51-62.
Seven women (aged 43-64, four in Canada, three in the United States) who had negative or mixed emotions about having Botox and/or facial filler injections to the face to reduce signs of ageing were interviewed about the impact of the procedures. Impacts ranged from disappointment to all-encompassing, lingering physical and psychological effects. Some women felt abandoned by the medical industrial complex when they turned to it for help with their symptoms. A feminist phenomenological analysis focused on corporeal, temporal and relational existential modes of being. The authors describe these women's bodily experiences variously as commodified, fractured, abandoned, reflective or transformed. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 239/116 Proud to be a woman: womanhood, old age, and emotions; by Monika Wilinska.: Taylor and Francis.
Journal of Women and Aging, vol 28, nos 4-6, July-December 2016, pp 334-345.
This article takes its starting point in the discussions regarding intersecting discourses of gender and age, and the lived experience of older women. The aim is to discuss the experience of womanhood among older women, and to demonstrate their active role in creating spaces for

themselves and their friends and affecting each other. The study is based on narrative interviews with female members of the University of the Third Age (U3A) and women in Poland. The main findings describe older women who actively engage with discourses of gender to embark on positive constructions of womanhood. They create their own spaces for women's activism that are filled with positive emotions mobilised to support each other. This article discusses such findings and their relevance to the study of old age and gender. As a result, it serves as an invitation to think and feel differently about older women and their experience of womanhood. (RH)

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

239/117

Stressful and positive experiences of women who served in Vietnam; by Anica Pless Kaiser, Joyce Wang, Eve H Davison, Crystal L Park, Jeanne Majer Stellman.: Taylor and Francis.

Journal of Women and Aging, vol 29, no 1, 2017, pp 26-38.

Experiences of women who served during the Vietnam War have been described in interviews or anecdotal reports, but rarely in empirical literature. Potential positive (versus negative) aspects of service or its impact on well-being are seldom considered. The authors describe stressful and positive experiences reported by approximately 1,300 female military personnel, Red Cross workers, and others deployed to Vietnam. Prominent stressful (e.g. negative living or working conditions) and positive (e.g. interpersonal relationships) themes and differences based on trauma history, Vietnam experiences, and group membership are explored. The authors evaluate associations between themes and psychological well-being. Findings provide insight into experiences of this understudied group of women. (RH)

ISSN: 08952841

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

PARTICIPATION

239/118

An introduction to co-production for the Ambition for Ageing Programme; by Anna Goulding, Manchester Institute for Collaborative Research on Ageing - MICRA.: The Manchester Institute for Collaborative Research on Ageing (MICRA), [December 2016], 75 pp.

The Ambition for Ageing programme is a £10 million Big Lottery funded project to develop an approach to building age friendly communities and to tackle social isolation amongst older people in Greater Manchester. In the context of this programme, co-production involves a partnership between older people, their families and communities, and statutory and non-statutory organisations. This guide looks at the principles, approaches and rationales that inform co-production in practice. It outlines some small-scale co-production case studies on: culture change in care homes; health promotion with older Aboriginal women; photographing the lived experience of chronic pain; grandparent caregivers; developing stroke services; and creative engagement and resilience. (RH)

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<http://www.micra.manchester.ac.uk/connect/news/news-archive/2016/headline-522927-en.htm>

PENSIONS AND BENEFITS

239/119

Can't wait to get my pension: the effect of raising the female state pension age on income, poverty and deprivation; by Jonathan Cribb, Carl Emmerson, Institute for Fiscal Studies - IFS. London: Institute for Fiscal Studies, 2017, 28 pp (IFS working paper W17/10).

The earliest age at which women can receive a state pension in the UK (the state pension age - SPA) has been increasing since 2010. The authors use data from the Family Resources Survey (FRS) and a difference-in-differences methodology, exploiting the gradual increase from age 60 in 2010 to age 63 in 2016, to estimate the impact of the reform on women's incomes, income poverty rates and measures of material deprivation. On average, they find that increased earnings partially offset the loss of state pension income, leaving affected women's household incomes on average £32 per week lower due to the reform. Proportionally, the reduction in household income is larger for lower-income women. These reductions in income lead to the absolute income poverty rate of women aged 60-62, who are now under the state pension age, increasing by 6.4 percentage points. However, the increased risk of poverty does not persist after the point at which they reach the state pension age. Moreover, the authors find no evidence that increasing the state pension age increases the probability of women reporting being deprived of important material items, at least for the items observed in our data. This potentially suggests that they have smoothed their consumption, and avoided increased levels of material deprivation, despite the large reduction in income caused by the reform. Funding by the Joseph Rowntree Foundation (JRF) is acknowledged, also support from the Economic and Social Research Council (ESRC) through the Centre for the Microeconomic Analysis of Public Policy at IFS (grant reference ES/M010147/1). (RH)

From : <https://www.ifs.org.uk/uploads/publications/wps/WP201710.pdf>

- 239/120 Costs of extending the noncontributory pension program for elderly: the Mexican case; by Emma Aguila, Neily Mejta, Francisco Perez-Arce (et al.): Taylor and Francis.
Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 325-343.
Population ageing, coupled with high poverty rates among older people and a lack of access to social security benefits or traditional support systems, have led governments in low- and middle-income countries to introduce non-contributory pension programmes for older people. This article reviews a non-contributory pension program introduced in Mexico in 2007 that has since expanded greatly. The authors use a variety of sources to estimate current and future costs of this programme. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>
- 239/121 Non-contributory benefits, pension re-reforms and the social protection of older women in Latin America; by Camila Arza.: Cambridge University Press.
Social Policy and Society, vol 16, no 3, July 2017, pp 361-375.
Gender inequalities are a key issue for most pension systems in Latin America. Contributory pension schemes that link benefit entitlements to work and earnings tend to reflect in the benefits they offer the gender gaps that prevail in the labour market. This deepened with the implementation of individual private accounts as part of structural pension reforms in a number of countries. This article evaluates how recent pension policies, including measures geared to coverage expansion and so-called pension 're-reforms', have addressed gender gaps in pensions in four Latin American countries. It shows that the expansion of non-contributory pensions and a greater emphasis on redistribution are important for the protection of older women in a context of gendered labour markets and the unequal distribution of paid and unpaid work between women and men. Looking at the cases of Argentina, Bolivia, Brazil and Chile, the article identifies progress but also the persistence of gender gaps in pensions; and emphasises the need for further measures to promote adequate social protection for older women. (RH)
ISSN: 14747464
From : cambridge.org/sps
- 239/122 Pension insecurity and wellbeing in Europe; by Javier Olivera, Valentina Ponomarenko.: Cambridge University Press.
Journal of Social Policy, vol 46, no 3, July 2017, pp 517-542.
This paper studies pension insecurity in a sample of non-retired individuals aged 50 years or older from 18 European countries. The authors capture pension insecurity, with the subjective expectations on the probability that the government will reduce the pensions of the individual before retirement, or will increase the statutory retirement age. The authors argue that changes in economic conditions and policy affect the formation of such probabilities, and through this, subjective well-being. In particular, they study the effects of pension insecurity on subjective well-being with pooled linear models, regressions per quintiles and instrumental variables. They find a statistically significant, stable and negative association between pension insecurity and subjective well-being. Their findings reveal that the individuals who are more affected by pension insecurity are those who are further away from their retirement, have lower income, assess their life survival as low, have higher cognitive abilities, and do not expect private pension payments. (RH)
ISSN: 00472794
From : cambridge.org/JSP

PERSONALISATION

- 239/123 Being self in later life: maintaining continuity in the face of change; by Gareth O'Rourke.: Emerald.
Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 141-150.
This paper aims to build on existing knowledge of personalisation through an improved understanding of how the use of personalised social care services can support older people's sense of self. It contains perspectives that are helpful to the development of personalisation policy and practice, and to the future commissioning of social care services. The research involved a qualitative study with eight participants in two local authority areas in England. A series of three in-depth interviews conducted with each participant over a four to six week period explored their experience of using (in one case refusing) a direct payment to meet their social care needs. Ethical approval was obtained prior to the start of fieldwork via the research ethics committee of the author's home university. Two inter-related themes emerge from the findings. First, that the locus of personalisation resides within the interpersonal dynamics of helping relationships; participants experienced personalisation when carers helped to meet needs in ways that validated their narrative of self. Second, whilst the experience of personalisation is not strongly related to consumer choice, it is important that older people are able to exercise control over and within

helping relationships. This is a small-scale qualitative study conducted with only eight participants. Whilst it offers valid insights into what constitutes personalisation and the processes by which it was achieved for the participants, caution is required in applying the findings more generally. With the exception of one case, the study is focused exclusively on first person accounts of older people. Future studies might usefully be designed to incorporate the accounts of other involved parties such as family members and paid carers. The paper provides an alternative way of approaching personalisation of social care services for older people, by exploring it in terms of its impact on self. It identifies the development of accommodations of "special requirements of Self" in helping relationships as a key mechanism of personalisation. This offers a balance to the current focus on consumer choice and control through the development of market like mechanisms. (RH)

ISSN: 14717794

From : www.emeraldgrouppublishing.com/qaoa.htm

PHYSICAL ACTIVITY

239/124

Determinants of engagement in leisure-time physical activity: dialogue with senior athletes; by Naoko Yamada, Jinmoo Heo.: Cambridge University Press.

Canadian Journal on Aging, vol 35, no 4, December 2016, pp 513-525.

The Senior Games in the United States are amateur athletic competitions for the over 50s, offering an opportunity for older adults to engage in physical activity. This article looked at factors determining whether older adults engage in the Senior Games and related leisure-time physical activity through examining their salient beliefs. The study conducted 10 in-depth interviews with older adults who have participated in the said games. Underpinned by the planned behaviour theory's framework, the research explored three types of beliefs: advantages and disadvantages (behavioural beliefs), social support and pressure (normative beliefs), and facilitators and impediments (control beliefs). Interview respondents were found to engage in the Senior Games and related physical activity to the extent that they associated various intangible advantages with the games and valued psychological satisfaction. They viewed their peers and families as supporting and approving of their engagement and recognised the physical capabilities required, and structural constraints necessary, to engage in the games and related activity. With these findings, pertinent beliefs can be combined with interventions designed to encourage leisure-time physical activities by older adults. (JL)

ISSN: 07149808

From : journals.cambridge.org/cjg

POLITICS AND CAMPAIGNING

(See Also 239/53)

239/125

Standing up for today's and tomorrow's pensioners; by Dot Gibson.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 14-17.

The National Pensioners' Convention (NPC) aims to challenge the case for current government policies to raise the age of retirement from paid work, and to diversify routes to and amounts of pensions entitlement. This paper by the NPC's General Secretary aims to discuss these issues by drawing on evidence and arguments presented in the National Pensioners' Convention Manifesto about the relative affluence of socio-economic class groups and their length of life after age 65. In contrast to government claims of simplifying pensions by introducing single-tier state pensions, three different pension schemes will coexist for many years, and in many cases these will provide less than current entitlements. Other universal pensioner benefits such as concessionary travel and winter fuel payments are now also the target of financial cost savings. Access to home care and residential care is increasingly restricted by service cuts and wider means testing. The National Pensioners' Convention Manifesto argues that the standard of care and support for older people needs to be guaranteed to be set above current poverty levels, to be linked to price and consumer indices and earnings; for universal pensioner benefits to be maintained; and for a National Health and Care Service to be free at the point of use, funded through taxation, and for standards to be improved through a legally binding Dignity code. This commentary expresses the views of a non-party campaigning organisation run by pensioners themselves, to highlight their case for ways in which they may gain increased rather than decreased support for maintaining active living in later life. (RH)

ISSN: 14717794

From : www.emeraldgrouppublishing.com/qaoa.htm

PUBLIC HEALTH

- 239/126 Health profile for England; by Public Health England.: Public Health England, 13 July 2017, various.
Are we living longer, and are the extra years spent in good or bad health? 'Health profile for England' combines Public Health England (PHE) data, and knowledge on the health of the population in England in 2017. It summarises and interprets current trends in health outcomes in England, particularly in relation to life expectancy, healthy life expectancy, morbidity and mortality. It explores the impact of risk factors on these health outcomes and considers how England compares with other developed countries. It summarises inequalities in outcomes and the impact of the social determinants of health. The 7 chapters can be read alone or as a series: 1. Life expectancy, healthy life expectancy and years lived in poor health; 2. Major causes of death and how they have changed; 3. Trends in morbidity and risk factors; 4. European comparisons; 5. Health inequalities; 6. Social determinants of health; and 7. Emerging health protection issues. Data from this 'Health profile for England' have been used to inform the Marmot Indicators published by UCL Institute of Health Equity. (RH)
From : <https://www.gov.uk/government/publications/health-profile-for-england>

RELATIONSHIPS (PERSONAL)

- 239/127 Peer bullying in seniors' subsidised apartment communities in Saskatoon, Canada: participatory research; by Donna Goodridge ... (et al.): Wiley.
Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1439-1447.
Given that 'home' is the major physical-spatial environment of many older adults and that home, social and neighbourhood environments are well-recognised to impact both the ability to age in place and quality of life in this population, a better understanding of the nature of social interactions within seniors' communal living environments is critical for health promotion. This paper describes a two-phase participatory research study examining peer bullying by older adults conducted in April and May 2016. Responding to needs expressed by tenants, the objectives of this study were to identify the nature, prevalence and consequences of peer bullying for tenants of two low-income senior apartment communities. In collaboration with the local Older Adult Abuse Task Force, a screening survey on bullying was distributed to all tenants. Findings indicated that 39% of tenants had witnessed peer bullying and 29% had experienced bullying by peers. An adapted version of a youth bullying survey was administered in follow-up face-to-face interviews with 13 tenants. The most common forms of peer bullying were deliberate social exclusion and hurtful comments. The majority of respondents indicated that bullying was a problem for seniors and that bullies hurt other people. Outcomes of bullying included feelings of dejection and difficulties conducting everyday activities. (JL)
ISSN: 09660410
-From : wileyonlinelibrary.com/journal/hsc

REMINISCENCE

- 239/128 Music Mirrors reminiscence resource; by Amy Semple, Heather Edwards.: Hawker Publications.
Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 14-15.
The authors report on Music Mirrors, which offers a low cost, digitally portable reminiscence resource for gathering musical memories in one place. (RH)
ISSN: 13518372
From : www.careinfo.org

RESEARCH

- 239/129 Conducting longitudinal research with older widows: exploring personal communities through multiple methods; by Tracy Collins.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 2, 2017, pp 102-114.
The author reports on the process of undertaking a longitudinal multiple methods study with older women experiencing the transition of later-life widowhood. Three qualitative in-depth interviews were conducted with 26 older widows in North Staffordshire. Interviews included the use of personal community diagrams to identify the structure of personal communities and Christmas and Christmas cards, to further explore social relationships and practices during transition. Examples of cases are given, to illustrate the findings derived from the methods employed. The cases demonstrate the diverse and often paradoxical nature of social relationships within similar networks. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>

239/130 A guide to research with care homes; by Rebekah Luff, Anna Laybourne, Zara Ferreira, Julienne Meyer.: Emerald.
Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 186-194.
A growing older population with complex care needs, including dementia, are living in care homes. It is important to support researchers in conducting ethical and appropriate work in this complex research environment. This paper discusses key issues in care homes research, including examples of best practice. The intention is to inform researchers across disciplines, leading to more sensitive and meaningful care home research practice. Experienced care homes researchers were invited to provide methodological insights and details not already reported in their publications. These have been analysed, creating key themes and linked to project publications. The need for reflexivity was a key finding. In particular, researchers need to: appreciate that the work is complex; see participants as potential research partners; and consider how cognitive and physical frailty of residents, staffing pressures and the unique environments of care homes might impact upon their research. Other challenges include recruitment and consenting people who lack mental capacity. Therefore, as the care homes research landscape continues to develop and grow, there is still limited reflection and discussion of methodological issues; and there is a need for a "safe space" for researchers to discuss challenges. This review is an updated methodological guide for care homes researchers, which highlights current gaps in the mechanisms for continuing to share best research practice. (RH)
ISSN: 14717794
From : www.emeraldgroupublishing.com/qaqa.htm

239/131 Using community-based participatory research to address Chinese older women's health needs: toward sustainability; by E-Shien Chang, Melissa A Simon, XinQi Dong.: Taylor and Francis.
Journal of Women and Aging, vol 28, nos 4-6, July-December 2016, pp 276-284.
Although community-based participatory research (CBPR) has been recognised as a useful approach for eliminating health disparities, less attention is given to how CBPR projects may address gender inequalities in health for immigrant older women. This article aims to share culturally sensitive strategies and lessons learned from the PINE study_a population-based study of US Chinese older adults that was strictly guided by the CBPR approach. Working with Chinese older women requires trust, respect and understanding of their unique historical, social and cultural positions. The authors also discuss implications for developing impact-driven research partnerships that meet the needs of this vulnerable population. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>

RESIDENTIAL AND NURSING HOME CARE

(See Also 239/4, 239/66, 239/88, 239/93, 239/130, 239/143)

239/132 Advancing care: research with care homes; by Kristina Staley, Tara Lamont, Tannaze Tinati, Tansy Evans, National Institute for Health Research - NIHR; NIHR Dissemination Centre.: National Institute for Health Research, July 2017, 44 pp (Themed review).
More than 400,000 older people live in 19,000 independently owned care homes in the UK. The National Institute for Health Research (NIHR) has funded this themed research review, which focuses on studies wholly or partly funded by the NIHR on three main themes relating to the care of care home residents. First, Living well, on maintaining good health and quality of life, also considers routine health checks, preventing avoidable health problems. improving nutrition, and finding better ways to reduce depression and pain and manage incontinence. Second, Ageing Well, concerns managing long-term conditions associated with ageing, particularly finding ways to improve the care of those living with dementia; identifying the needs of ageing residents with multiple serious conditions; and strategies to reduce medication errors, and avoid hospital admissions.
Lastly, Dying Well, on ensuring a good quality end of life, looks at preferred place of death, supporting the very old at the end of life, and end of life care of people with dementia. Summaries of the studies and associated references are provided. Further areas of study to build on what has been learned to date are suggested, given a new and relatively undeveloped research base. (RH)
From : <http://www.dc.nihr.ac.uk/themed-reviews/advancing-care.htm>

239/133 Behind the headlines: the 'top up' stealth tax on older people in state-funded residential care; by Age UK. London: Age UK, July 2017, 12 pp.
For residents whose care home fees are paid by their local authority, top-up fees are intended to provide flexibility to enable older people to choose a more expensive care home. Such top-ups are paid at the express request of the older person, usually by a relative or friend. This report outlines examples of some of the 250+ cases involving care home fee top ups dealt with by Age UK's national information line in the past year on these themes: inadequate choice of care homes at the council rate so that families feel there is no option but to pay a top up fee; care homes improperly

demanding top ups directly from families; hospital discharges held up by requirements for top ups that families cannot fund; increases in care home fees, forcing residents to pay or to move out; and care homes demanding top ups when self-funders run out of money. (RH)
From : http://www.ageuk.org.uk/Documents/EN-GB/Press%20releases/Behind_the_headlines_top_up_fees.pdf?dtrk=true

239/134

The effectiveness of environment assessment tools to guide refurbishment of Australian residential aged care facilities: a systematic review; by Samantha Neylon, Caroline Bulsara, Anne-Marie Hill.: Wiley.

Australasian Journal on Ageing, vol 36, no 2, June 2017, pp 135-143.

The objective of this study was to determine the applicability of environment assessment tools in guiding minor refurbishments of Australian residential aged care facilities. Studies conducted in residential aged care settings using assessment tools which addressed the physical environment were eligible for inclusion in a systematic review. Given that these studies were limited, tools which had not yet been used in research settings were also included. Tools were analysed using a critical appraisal screen. 43 publications met the inclusion criteria. Ten environment assessment tools were identified, of which four addressed all seven minor refurbishment domains of lighting, colour and contrast, sound, flooring, furniture, signage and way finding. Only one had undergone reliability and validity testing. There are four tools which may be suitable to use for minor refurbishment of Australian residential aged care facilities. Data on their reliability, validity and quality are limited. (JL)

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RESILIENCE

239/135

People dependent of support in daily activities perceives reduced self-determination: a cross-sectional study with community-dwelling older people; by Isabelle Ottenvall Hammar, Synneve Dahlin Ivanoff, Katarina Wilhelmson, Kajsa Eklund.: Emerald.

Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 208-221.

The authors used a cross-sectional study to explore the relationship of self-determination with degree of dependence in daily activities among community-dwelling people aged 80+ with a varied degree of dependence in daily activities. Self-determination in daily life was assessed with the statements from the Impact on Participation and Autonomy - Older persons (IPA-O); the degree of dependence in daily activities was assessed with the activities of daily living (ADL) staircase. Data were analysed using Fisher's exact test, and the relative risk with a 95 per cent confidence interval was used to explore the risk of perceiving reduced self-determination in daily life. Compared to the independent people, the perceived self-determination was significantly lower among those dependent in instrumental activities of daily living (IADLs), and those dependent in personal activities of daily living (P-ADL). Reduced self-determination was most pronounced in people requiring help with P-ADL. The following key features could be applied to strengthen the community-dwelling older people's self-determination: incorporating a dialogue where self-determined questions are raised; adopting a person-centred approach between the people involved; and acknowledging older people's capabilities - what they are able to do and to be, and what they value. This study highlights the need to integrate a self-determined dialogue into healthcare, where the older person and the professional focus on self-determined questions. (RH)

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From : www.emeraldgroupublishing.com/qaoa.htm

RESPIRE CARE

239/136

Information-sharing with respite care services for older adults: a qualitative exploration of carers' experiences; by Linda C McSwiggan ... (et al).: Wiley.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1404-1415.

Respite services play an important role in supporting older adults and their carers. When an older person is unable to fully represent themselves, provision of respite care relies on effective information-sharing between carers and respite staff. This study aimed to explore, from carers' perspectives, the scope, quality and fit of information-sharing between carers, older people and respite services. An explorative, cross-sectional qualitative study involving a purposive sample of 24 carers, recruited via carer support groups and community groups in voluntary organisations, was undertaken in North East Scotland. Data were collected from August 2013 to September 2014, with participants taking part in a focus group or individual interview. Data were analysed systematically using the Framework Approach. The multiple accounts elicited from carers identified how barriers and facilitators to information-sharing with respite services changed over time across three temporal phases: 'Reaching a point', 'Trying it out' and 'Settled in'. Proactive information-sharing about accessibility and eligibility for respite care, and assessment of carers' needs in their own right, were initially important; as carers and older people moved on to try

services out, time and space to develop mutual understandings and negotiate care arrangements came to the fore; then, once shared expectations had been established, carers' chief concerns were around continuity of care and maintaining good interpersonal relationships. The three temporal phases also impacted on which modes of information-sharing were available to, and worked best for, carers as well as on carers' perceptions of how information and communication technologies should be utilised. This study highlights the need for respite staff to take proactive, flexible approaches to working with carers and to make ongoing efforts to engage with carers, and older people, throughout the months and years of them utilising respite services. Information and communication technologies have potential to enhance information-sharing but traditional approaches will remain important. (JL)

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RETIREMENT

- 239/137 Apprehensive about retirement: women, life transitions, and relationships; by Ariel Sherry, Jennifer M Tomlinson, Meika Loe (et al.): Taylor and Francis.
Journal of Women and Aging, vol 29, no 2, 2017, pp 173-184.
Understanding women's attitudes toward retirement is crucial for being able to help them to adjust to this transition. The present study uses interviews and questionnaires to understand retirement ambivalence and the role that close (marital) relationships play in women's retirement experiences. Findings indicate that women have mixed feelings about retirement; they are both excited and fearful. They particularly enjoy the freedom and control this transition brings, but are also moderately fearful of retirement, especially about shifting relationships. A better-quality relationship correlates with greater satisfaction and less fear. Such insights can be used to help women prepare for this major transition.
ISSN: 08952841 [From : http://www.tandfonline.com](http://www.tandfonline.com)

SENSORY LOSS

- 239/138 "Why would I want to go out?": age-related vision loss and social participation; by Debbie Laliberte Rudman ... (et al.): Cambridge University Press.
Canadian Journal on Aging, vol 35, no 4, December 2016, pp 465-478.
Social participation, a key determinant of healthy ageing, is often negatively impacted by age-related vision loss (ARVL). This grounded theory study aimed to understand social participation as a process negotiated in everyday life by older adults with ARVL. Interviews, audio diaries and life space maps were used to collect data with 21 older adults in two Ontario cities. Inductive data analysis resulted in a transactional model of the process of negotiating social participation in context. This model depicted how environmental features and resources, skills and abilities, and risks and vulnerabilities transacted with values and priorities to affect if and how social participation occurred within the context of daily life. The findings pointed to several ways that research and services addressing the social participation of older adults with ARVL need to expand, particularly in relation to environmental features and resources, risk and the prioritisation of independence. (JL)
ISSN: 07149808 [From : journals.cambridge.org/cjg](http://journals.cambridge.org/cjg)
- 239/139 The needs and aspirations of older people with vision impairment: report for the Thomas Pocklington Trust; by Sheila Peace, Jeanne Katz, Caroline Holland, Rebecca Jones, Faculty of Health and Social Care, Open University; Thomas Pocklington Trust. Milton Keynes; London: Open University; Thomas Pocklington Trust, October 2016, 79 pp.
There is a growing body of national and international literature concerning vision impairment (VI) and growing older. This report summarises the views of older people with vision impairment living in a variety of domestic environments across England. They were recruited through contacts in VI voluntary organisations, including those supporting people from Black and Asian minority ethnic groups. The focus is on the everyday experiences of those with more complex vision impairment alongside other health and welfare issues that can be disabling in later life. The report's findings cover housing and living arrangements (including adaptations to accommodation and use of assistive technology); coping with activities of daily living (ADLs) and spending the day at home; getting out and about and a vision-friendly environment; formal and informal support; health and well-being and quality of life. (RH)
[From : http://www.pocklington-trust.org.uk/wp-content/uploads/2016/11/Full-Report_Understanding-the-Lives-of-Older-People-with-Vision-Impairment.pdf](http://www.pocklington-trust.org.uk/wp-content/uploads/2016/11/Full-Report_Understanding-the-Lives-of-Older-People-with-Vision-Impairment.pdf)
- 239/140 Understanding the lives of older people with vision impairment; by Thomas Pocklington Trust. London: Thomas Pocklington Trust, October 2016, 8 pp (Research findings, 53).
This Research Findings brief presents the key findings of a study aimed at garnering diverse views from some of the oldest old and those from a variety of cultural backgrounds, showing how everyday lives are personally and socially interdependent. It summarises research commissioned

by Thomas Pocklington Trust to investigate the needs and aspirations of older people with various eye conditions living in community settings in England. The research was conducted by Sheila Peace, Jeanne Katz, Caroline Holland and Rebecca L Jones from the Open University. A large print version (14 pp) of this report is also available. (RH)

From : <http://www.pocklington-trust.org.uk/project/understanding-lives-older-people-vision-impairment/>

SEXUALITY

(See 239/15, 239/113, 239/114)

SOCIAL CARE

(See Also 239/56, 239/57)

239/141

The state of adult social care services 2014 to 2017: findings from CQC's initial programme of comprehensive inspections in adult social care; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, July 2017, 52 pp.

The Care Quality Commission (CQC) reports on what it has found about the quality of care across the whole range of adult social care services in England that it regulates and how this affects service users. This report is based on more than 33,000 inspections of around 24,000 different locations published October 2014 to May 2017. It aims to give an in-depth review of services based on CQC's initial programme of comprehensive inspections. Overall, 77% of services were rated good and 2% outstanding; however, 19% require improvement, and 2% were inadequate. Of key questions asked of all services, "safe" and "well-led" have the poorest ratings (around a quarter require improvement or are inadequate), on "caring", 92% were rated good and 3% outstanding. While community social care services (such as supported living and Shared Lives) were rated best overall, nursing homes remain the biggest concern. Generally, smaller services designed to care for fewer people were rated better than larger services. The report explains how high quality care is exemplified by the characteristics of leadership, culture and focus on person-centred care. It also explains CQC's enforcement procedures on poor care; and looks at how services respond to the initial inspection programme in terms of improvement. While the report estimates that adult social care services contribute £20 billion to the economy and employ 1.4 million people, it comments on challenges faced by the sector including: an ageing population with increasing needs; difficulties in recruiting and retaining staff; rising costs; and concerns about funding to meet these costs, and a reliance on those who pay for their own care. The quantitative findings from CQC's ratings data are illustrated with qualitative information and examples from a sample of inspection reports. (RH)

From : http://www.cqc.org.uk/sites/default/files/20170703_ASC_end_of_programme_FINAL2.pdf

239/142

Unmet need for care: final report: independent research funded by NIHR School for Social Care Research; by Margaret Blake, Claire Lambert, Zarina Siganporia, Ipsos MORI. [London]: Ipsos MORI, July 2017, 68 pp.

In 2015, the National Institute for Health Research School for Social Care Research (NIHR SSCR) funded research to explore unmet needs among older adults living in their own homes. This project has been carried out by Ipsos MORI and NatCen Social Research in collaboration with Age UK and Independent Age. The research uses secondary analysis of survey data for 2011-13 from the English Longitudinal Study of Ageing (ELSA) and Health Survey for England (HSE), along with 24 in-depth interviews with people with care needs during spring 2017. It explores and measures the nature and prevalence of unmet need for social care in England, focusing on people who have difficulty with daily living or mobility, also a reluctance to admit to having unmet needs. It identifies factors which predict development of unmet need, and looks at the impact of unmet needs on mental health, well-being, quality of life, and health and dignity. Among barriers to needs going unmet are: costs, affordability and willingness to pay for care and support; lack of or difficulty in accessing information and advice; problems interacting with local authorities; and wanting to be independent and not be a burden. The quantitative research showed that more than half of those with care needs had unmet need for at least some of their need. While the qualitative research indicated that people's basic needs were being met, the interview evidence uncovered areas of hidden, unmet need such as lack of social contact and being unable to pursue hobbies and interests as a result of their care needs. (RH)

From : <https://www.ipsos.com/sites/default/files/2017-07/unmet-need-for-care-full-report.pdf>

SOCIAL NETWORKS

(See 239/18, 239/81, 239/97, 239/99, 239/138)

SOCIAL SERVICES

- 239/143 Rebalance without the balance: a research note on the availability of community-based services in areas where nursing homes have closed; by Denise A Tyler, Mary L Fennell.: Sage. Research on Aging, vol 39, no 5, June 2017, pp 597-611.
Policies to 'rebalance' funding away from nursing homes and toward home and community-based services (HCBS) in the United States have encouraged national trends of nursing home closure and an expansion of the HCBS industry. These changes are unfolding without a clear understanding of what services are available at the local level. The purpose of this study was: (1) to describe the current distribution of community-based services (CBS) in areas where nursing homes have closed and (2) to examine differences in availability of CBS using local market and population characteristics as regressors in a multinomial logistic model. The authors collected data on and geocoded CBS facilities and then used ArcGIS to define a five-mile radius around all nursing homes that closed between 2006 and 2010 and compared these local market areas. In rural areas, availability of CBS does not appear to compensate for nursing home closures. Policies encouraging HCBS may be outpacing availability of CBS, especially in rural areas. (JL)
ISSN: 01640275
From : journals.sagepub.com/home/roa

SUICIDE

- 239/144 Deploying an ecological model to stem the rising tide of firearm suicide in older age; by Brian P Kaskie, Carol Leung, Mark S Kaplan.: Taylor and Francis. Journal of Aging and Social Policy, vol 28, no 4, October-December 2016, pp 233-245.
In the United State, a central objective of the Surgeon General's National Strategy for Suicide Prevention is to focus on older adults. The authors review individual risk factors for suicide in late life, and then introduce an ecological model to expand conceptualisation of older person suicide. First, they look at the role of firearms, provide evidence that firearm availability increases the means of suicide in older people, and that gun access policies can contribute to reducing risk. Next, they focus on primary care providers, documenting how older adults often come into contact with these professionals before ending their lives, and how these providers could take a more active role in mediating individual-level risk factors. They then turn their attention to the intersection between gun access and primary care, and consider how advancing standards of care concerning gun access and suicide risk might be an effective policy alternative for blocking the pathway to suicide among older adults. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>

TRANSPORT

- 239/145 Older driver safety: a survey of psychologists' attitudes, knowledge, and practices; by Janet Love, Holly Tuokko.: Cambridge University Press. Canadian Journal on Aging, vol 35, no 3, September 2016, pp 393-404.
Using an online survey, this study examined the knowledge, attitudes and practices with respect to older driver safety concerns of clinical psychologists from across Canada who self-identified as working with at least some drivers over 60 years of age. 84 psychologists completed the survey, and many were aware of issues relevant to older driver safety, although only about half reported that assessing fitness to drive was an important issue in their practice. The majority (75%) reported that they would benefit from education concerning evaluation of fitness to drive. The primary recommendation emerging from this investigation was to increase efforts to inform and educate psychologists about driving-related assessment and regulatory issues in general, and specifically with respect to older adults. As the population ages, it is of growing importance for all health care providers to understand the influence of mental health conditions _ including cognitive impairment and dementia _ on driving skills. (JL)
ISSN: 07149808
From : journals.cambridge.org/cjg

VOLUNTEERING AND THE VOLUNTARY SECTOR

- 239/146 An age of opportunity for the voluntary sector; by Lynne Berry.: Emerald. Quality in Ageing and Older Adults, vol 16, no 1, 2015, pp 54-57.
This paper aims to put the issue of ageing on the agenda of the English voluntary sector; and to support the development of strategies about resourcing, supporting, governing and making relevant the voluntary sector for the next 20 years. An independent Commission hosted by New Philanthropy Capital and the International Longevity Centre (ILC-UK) (funded by the Big Lottery and the Prudential Methodology) issued a discussion paper, created by the Commissioners and based on futures work, an evidence review, and national and international seminars and

conferences. It finds that our ageing society has the potential to lead the voluntary sector into a viable future, by building bridges between generations and communities, by expanding the resources available to it through rethinking its workforce (both paid and unpaid), and by inspiring and delivering a more integrated and committed sense of social obligations and mutuality - if it embraces "The Age of Opportunity". The Commission on the Voluntary Sector and Ageing takes as its basic premise that if we can grasp the potential, we can invest the skills and resources available to us to create a thriving, relevant and creative place for the voluntary sector and civil society. The Commission is setting a challenge to charities and social enterprises. A more integrated and mutually empowering society that builds on an asset-based model of ageing, and encourages reciprocity between generations and over a lifetime is called for. The work by this Commission has never been done before, and has been seen as creating an opportunity for rethinking the role, purpose and potential of the voluntary sector. (RH)

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