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# New Literature on Old Age

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## ABUSE, SAFEGUARDING AND PROTECTION

(See Also 240/121)

240/1 Adult safeguarding and the Care Act (2014): the impacts on partnerships and practice; by Adi Cooper, Claire Bruin.: Emerald.
Journal of Adult Protection, vol 19, no 4, 2017, pp 209-219.
The purpose of this paper was to look at the impacts on adult safeguarding partnerships and practice over 18 months following the implementation of the Care Act (2014) from the perspectives of an independent Chair of two Safeguarding Adults Boards (SABs) and a senior manager in adult social care in a local authority. They looked at the areas of: wellbeing and safety, safeguarding activity and process, changing criteria and definitions, Making Safeguarding Personal, SABs, safeguarding adult reviews and advocacy. The authors drew together information from published sources, experience and networks. The paper argues that the impact on adult safeguarding and SABs has been greater than originally envisaged in a range of areas. This appears to be as a result of adult safeguarding having been made statutory, a new framework having been put in place, and added impetus given to a cultural change in adult safeguarding practice. The authors have been engaged in delivering the adult safeguarding elements of the Care Act (2014) and so provide unique insight into the experience of making the changes required to meet the new statutory requirements and achieve the objective of protecting peoples' rights to live in safety, free from abuse or neglect. (JL)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

240/2 Adult safeguarding in Northern Ireland: prevention, protection, partnership; by Lorna Montgomery, Joyce McKee.: Emerald.
Journal of Adult Protection, vol 19, no 4, 2017, pp 199-208.
The purpose of this paper was to outline and critique the current model of adult safeguarding in Northern Ireland (NI). It offered a critical analysis of adult safeguarding, legislation, policy and practice. Insights were offered from the Regional Adult Safeguarding Officer for NI, and available research evidence cited. Study findings showed that distinct features of Northern Irish society have shaped its adult safeguarding policy and practice in ways which differ from the rest of the UK. The strengths and limitations of the legal and policy framework, and practice systems are discussed. The potential advantages and challenges of the Northern Irish safeguarding systems are then presented, and potential future developments highlighted. Changes have been highlighted in the way adult safeguarding has been conceptualised. An emphasis on prevention and early intervention activities, with a key role envisaged for community, voluntary and faith sector organisations, have been noted. (JL)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

240/3 Adult safeguarding in Wales: one step in the right direction; by John Williams.: Emerald.
Journal of Adult Protection, vol 19, no 4, 2017, pp 175-186.
The purpose of this paper was to consider the background to recent changes to adult safeguarding in Wales as a result of new measures introduced by the Social Services and Well-being (Wales) Act 2014, and to discuss their potential impact. The paper relied on a range of material including reports published by the Law Commission, the National Assembly for Wales and other public bodies. It also referred to academic and practitioner material in journals and government guidance. Although the Act in question introduced many changes in adult safeguarding in Wales, not least the duty to make enquiries, it did not take the opportunity to include statutory powers of barring and removal. The introduction of Adult Protection and Support Orders (APSOs) is a cautious (perhaps over-cautious) step forward. More research in needed on the different approaches across the UK. At the time of publication, the full effect of the new legislation has not been seen. Local authorities and others are coming to terms with the new provisions. This paper identifies future research evaluating the working of different approaches to safeguarding within the UK. For practitioners, the new legislation provides opportunities to rethink approaches to safeguarding. The lower threshold for referrals will mean an increase in caseloads and the need to react to both low- and high-risk cases. For authorised officers, the practical issues identified relate to the circumstances in which an APSO may be sought and what can be put in place to protect the adult at risk once the order has been used. For those who experience abuse or neglect, the new legislation provides additional support when compared to the POVA (Protection of Vulnerable Adults) process. The duty to make enquiries and the duty to report will hopefully strengthen protection and, with a lower threshold for referral, enable more preventative work to be done at an earlier stage. As this is new legislation, there is very little analysis of the implications the Act in relation to safeguarding. (JL)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

240/4 Adult Support and Protection (Scotland) Act 2007: reflections on developing practice and present day challenges; by Kathryn Mackay, Mary Notman.: Emerald.
Journal of Adult Protection, vol 19, no 4, 2017, pp 187-198.
The purpose of this paper was to outline the duties and powers of the Adult Support and Protection (Scotland) Act (ASPSA) 2007 and place them in the wider Scottish adult protection legislative framework. It considered the potential value of a standalone adult safeguarding statute. The authors drew upon their research and practice expertise to consider the merits of the ASPSA 2007. They took a case study approach to explore its implementation in one particular Scottish local authority, drawing on the qualitative and quantitative data contained in its annual reports. Study findings showed that skilled, knowledgeable and well-supported practitioners are key to effective screening, investigations and intervention. Protection orders are being used as intended for a very small number of cases. However the lack of national statistical reports means that there is limited scope for comparison between the local and national data. Adult support and protection requires ongoing investment of time and leadership in councils and other local agencies to instigate and maintain good practice. Aspects that require further attention are self-neglect; capacity and consent; and residents in care homes who pose potential risks to other residents and staff. ASPSA 2007 has helped to raise awareness of adults at risk of harm within the local communities and as a social issue more generally. In this study the authors provide a critical appraisal of the implementation of Scottish adult safeguarding legislation over the last six years. They consider similar developments in England and Wales and argue for comparative research to test these out. Finally they signpost future directions for bridging separate policy streams. (JL)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

240/5 The advantages and disadvantages of different models of organising adult safeguarding; by Caroline Norrie, Martin Stevens, Katherine Graham (et al).: Oxford University Press.
British Journal of Social Work, vol 47, no 4, June 2017, pp 1205-1223.
Professionals express divergent views about whether adults at risk are best served by safeguarding work being incorporated into social workers' casework or being undertaken by specialist workers within local area or centralised teams. This paper draws on findings from the final two phases of a three-phase study which aimed to identify a typology of different models of organising adult safeguarding, and to compare the advantages and disadvantages of these. The authors used mixed-methods to investigate four different models of organising adult safeguarding which they termed: A) Dispersed-Generic, B) Dispersed-Specialist, C) Partly-Centralised-Specialist and D) Fully-Centralised-Specialist. In each model, staff interviews (n = 38), staff survey responses (n = 206), feedback interviews (with care home managers, solicitors and Independent Mental Capacity Advocates) (n = 28), Abuse of Vulnerable Adults (AVA) Returns, Adult Social Care User Survey Returns (ASCS) and service costs were analysed. This paper focuses on qualitative data from staff and feedback interviews and the staff survey. The authors findings focus on safeguarding as a specialism, safeguarding practice (including multi-agency working, prioritisation, tensions, handover, staff confidence and de-skilling) and managing safeguarding. Local authority (LA) participants described and commented on the advantages and disadvantages of their organisational model. Feedback interviews offered different perspectives on safeguarding services and implications of different models. (RH)
ISSN: 00453102
From : http://www.bjsw.oxfordjournals.org

240/6 An assessment of interventions that target risk factors for elder abuse; by Andrew Day, Nadia Boni, Helen Evert, Tess Knight.: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1532-1541.
Although there is increasing concern about both the prevalence of, and harms associated with the abuse of older adults, progress in the development of interventions to prevent its occurrence has been slow. This paper reports the findings of a systematic review of the published literature that identified studies in which the outcomes of preventative interventions are described. A total of eight different intervention trials, published since 2004, are described across the primary, secondary and tertiary levels of prevention and in terms of the types of risk factor that they target. The current evidence to support the effectiveness of these interventions is not only limited by the small number of outcome studies, but also the poor quality of evaluation designs and the focus of many interventions on single risk factors. It is concluded that work is needed to strengthen the evidence base that supports the delivery of interventions to prevent elder abuse. (RH)
ISSN: 09660410
From : http://wileyonlinelibrary.com/journal/hsc

240/7 Models of adult safeguarding in England: findings from a study of costs and referral outcomes; by Martin Stevens, Caroline Norrie, Jill Manthorpe (et al).: Oxford University Press.
British Journal of Social Work, vol 47, no 4, June 2017, pp 1224-1244.
Adult safeguarding is the subject of increasing attention in England and internationally. This article draws on research which developed a typology of 'models of safeguarding'. 'Models' refer to different ways local authorities in England organise adult safeguarding (about which there is little evidence) rather than 'model' approaches to be emulated. The four models identified were: Dispersed-Generic (safeguarding work undertaken by operational teams); Dispersed-Specialist (safeguarding work undertaken partly by specialist social workers located in operational teams); Partially Centralised-Specialist (some safeguarding work undertaken by a central specialist safeguarding team); and Fully-Centralised-Specialist (all safeguarding work undertaken by a specialist safeguarding team). The authors explored associations between these models and other important variables (numbers of referrals, kinds of alleged abuse and characteristics of adults at risk) and outcomes. The article reports secondary analysis of English local authority safeguarding referral data and on the possible different costs of different models. Dispersed-Specialist sites appeared to have a higher rate of substantiating alleged abuse compared with other models. Statistical correlations were found with types of victim profiles and the perpetrator/victim relationship. It may be that decisions about local organisation of safeguarding are more affected by local organisational contexts than local authority model. (RH)
ISSN: 00453102
From : http://www.bjsw.oxfordjournals.org

## ADVOCACY

240/8 Giving a voice: advocacy on behalf of people with dementia and people with cancer: a study on the effects on service users' lives; by Ziv Amir, Margaret Coffey, Liz Smith, Beth Johnson Foundation - BJF; University of Salford. Stoke-on-Trent: Beth Johnson Foundation, May 2017, 30 pp.
The University of Salford carried out this review of advocacy work undertaken by the Beth Johnson Foundation (BJF) in recent years. The focus is on two projects on meeting the different needs of people with dementia (in Stoke and North Staffordshire) and people with cancer (initially in Stoke and North Staffordshire, but then across most of Staffordshire, also Wolverhampton). The project reports variously comment on: recruitment and needs assessment; interventions and activities; immediate outcomes for users; making a difference; improving interactions between clients and support services; peer support; user satisfaction; ideas for improvement; the role of volunteer coordinators; and staff views and recommendations. The report also helps raise awareness of the stereotypes and the ignorance surrounding some health conditions. It also notes how advocacy support service has had a very positive impact on people's lives. (RH)
From : Beth Johnson Foundation, Parkfield House, 64 Princes Road, Stoke-on-Trent, ST4 7JL. Email: angela.tunnicliffe@bjf.org.uk

## AGEING WITHOUT CHILDREN

240/9 Support networks of childless older people: informal and formal support in Europe; by Christian Deindl, Martina Brandt.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1543-1567.
Western societies are ageing rapidly. Today, people not only live longer, they also have fewer children. These developments exert considerable pressure on welfare states. Children have usually been the mainstay of old age support, especially when there is no partner. We thus face new challenges: On which support networks can a growing number of childless older people rely? (How) can the lack of children be compensated in the informal social network? What role does the state play, and how is informal and formal support linked? In this article, comparative analyses by the authors of the support networks of childless older people are based on the first two waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), including 14,394 people aged 50+ from 12 European countries with (instrumental) activities of daily living (ADL or IADL) limitations. On average, 10 per cent of older Europeans today have no children. Sporadic informal support for these older people is often taken over by the extended family, friends and neighbours, and thus the lack of children is compensated within the social network. However, intense care tasks are more likely provided by professional providers, especially in the case of childless older people. In countries with low levels of social service provision, childless older people are therefore likely to experience a lack of (formal) support, especially when depending on vital care. (RH)
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X16000416

## AGEISM AND AGE DISCRIMINATION

240/10 Ageing and ageism: the impact of stereotypical attitudes on personal health and well-being outcomes and possible personal compensation strategies; by Guy Robertson.
Self & Society, vol 45, no 2, 2017, pp 149-159.
Ageism largely remains a socially tolerated form of discrimination. From birthday cards to anti-ageing advertisements and comedy sketches, stereotypical ideas about older people and the ageing process abound. While generally trivialised in mainstream culture, this article argues that ageism is, in fact, a serious matter. Drawing from a growing evidence base, the article highlights the significant and largely detrimental impact that ageist stereotypes have on people's outcomes in later life. It then goes on to analyse some of the possible mechanisms through which stereotypes generate this effect. It concludes with a brief outline of some of the psychosocial interventions that might enable older people to weaken or neutralise the toxic effects of internalised negative self-perceptions of ageing. It should be noted that the structural and power relationship dimensions of ageism, while hugely important, are not considered in this article. Rather, the focus is on the psychological and emotional dimensions and their impact on personal health and well-being outcomes, an aspect of ageist stereotyping that is seldom discussed. (OFFPRINT) (RH)
ISSN: 23745355 From : http://dx.doi.org/10.1080/03060497.2017.1334986

## ALCOHOL AND DRUG MISUSE

240/11 Hazardous drinking in people aged 50 years or older: a cross-sectional picture of Europe, 2011-2013; by Marina Bosque-Prous, M Teresa Brugal, Kenio C Lima ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 8, August 2017, pp 817-828.
The objective of the study was to assess gender and age differences in hazardous drinking and to analyse and compare factors associated with it in men versus women, and in 50 to 64-year-olds versus people aged over 65 in Europe. This was a cross-sectional study with data from 65,955 people aged over 50 from 18 countries (SHARE project, 2011_2013). The outcome variable, hazardous drinking, was calculated using an adaptation of the AUDIT-C test. Several individual (sociodemographic, life-style and health factors) and contextual variables (country socioeconomic indicators and alcohol policies) were analysed. The prevalence of hazardous drinking was estimated by each exposure variable. To estimate associations, multilevel Poisson regression models with robust variance were fit, yielding prevalence ratios and their 95% confidence intervals. Overall the prevalence of hazardous drinking was 21.5%, with substantial differences between countries. The proportion of hazardous drinking was higher in men than in women, and higher in middle-aged people than in older people. At the individual level, associations were found for migrant background, marital status, educational level, tobacco smoking, depression and self-perceived health. At the contextual level, hazardous drinking was associated with gender inequalities in society (only in women) and alcohol advertising regulations (both genders). Overall findings showed that one in five people aged over 50 years in the countries studied is a hazardous drinker, with large differences by countries, gender and age group. Interventions and policies aimed at preventing or reducing alcohol use in this population should account for country, gender and age differences, as well as individual characteristics. (JL)
ISSN: 08856230 From : http://www.orangejournal.org

## ANXIETY

(See 240/118)

## ARTS, CRAFT AND MUSIC

240/12 Creative health: the arts for health and wellbeing; by All-Party Parliamentary Group on Arts, Health and Wellbeing. London: All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017, 195 pp.
The All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) was formed in 2014. Its aim is to improve awareness of the benefits that the arts can bring to health and well-being, and to stimulate progress towards making these benefits a reality all across the country. This report provides an overview of policy, commissioning and funding; looks at issues such as funding of long-term care; and gives examples of innovative provision. It looks at the ways in which our local environment affects our health and well-being, and at a possible future arts and health infrastructure, using as an example Artlift Arts-on-Prescription Scheme in Gloucestershire. The report explores the value to health and well-being of existing engagement with the arts, from childhood, adolescence and young adulthood, through working age adulthood, to older adulthood and end of life. A focus on healthy ageing in older adulthood includes: dance and falls prevention; combating social isolation; Museums on Prescription; and

residential care. All forms of the arts can help in delaying the onset of dementia: music, singing, dance, visual arts, digital arts, performing arts, and the written and spoken word, as well as dementia-friendly design.
The report looks at the role of the arts and artists in end of life care in hospitals and hospices, and in how we discuss death and bereavement. Among recommendations to improve policy and practice is to establish a national strategic centre to support the advance of good practice, promote collaboration, coordinate and disseminate research, and inform policy and delivery of health and well-being through the arts and culture. A short report (10 pp) is also available (http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_The_Short_Report.pdf) (RH)
From : http://www.artshealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017.pdf

## ATTITUDES TO AGEING

240/13 Compassionate Canadians and conflictual Americans?: Portrayals of ageism in liberal and conservative media; by Patrik Marier, Marina Revelli.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1632-1653.
Building on earlier studies on ageism in the media and the polarised ageism framework, this contribution compares the prevalence of three forms of ageism - intergenerational, compassionate and new ageism - in four Canadian and American newspapers. The analysis has three objectives. First, it adapts the polarised ageism framework to a comparative case study to assess its usefulness beyond Canada. Second, it analyses which form of ageism occurs more frequently in the coverage of ageing-related stories in Canadian or American newspapers. Third, it studies the importance of the political orientation of news media across both countries by comparing the portrayal of ageing-related stories in conservative and liberal newspapers. Core findings include the presence of a stronger focus on intergenerational ageism in American and conservative newspapers and more frequent prevalence of compassionate ageism in Canada and liberal newspapers. American newspapers also typically employ more pejorative and sensational language. (RH)
ISSN: 0144686X From : http://www.cambridge.org/aso

## BLACK AND MINORITY ETHNIC GROUPS

(See Also 240/46)

240/14 Assessing satisfaction with social care services among black and minority ethnic and white British carers of stroke survivors in England; by Nan Greenwood, Jess Holley, Theresa Ellmers (et al).: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1571-1580.
Overall satisfaction levels with social care are usually high, but lower levels have been reported among black and minority ethnic (BME) service users in England. Reasons for this are poorly understood. This qualitative study therefore explored satisfaction with services among informal carer participants from five different ethnic groups. Fifty-seven carers (black Caribbean, black African, Asian Indian, Asian Pakistani and white British) were recruited from voluntary sector organisations and a local hospital in England, and took part in semi-structured interviews using cognitive interviewing and the critical incident technique. Interviews took place from summer 2013 to spring 2014. Thematic analysis of the interviews showed that participants often struggled to identify specific 'incidents', especially satisfactory ones. When describing satisfactory services, participants talked mostly about specific individuals and relationships. Unsatisfactory experiences centred on services overall. When rating services using cognitive interviewing, explicit comparisons with expectations or experiences with other services were common. Highest satisfaction ratings tended to be justified by positive personal characteristics among practitioners, trust and relationships. Lower level ratings were mostly explained by inconsistency in services, insufficient or poor care. Lowest level ratings were rare. Overall, few differences between ethnic groups were identified, although white British participants rated services higher overall, giving more top ratings. White British participants also frequently took a more overall view of services, highlighting some concerns but still giving top ratings, while South Asian carers in particular focused on negative aspects of services. Together, these methods provide insight into what participants mean by satisfactory and unsatisfactory services. Cognitive interviewing was more challenging for some BME participants, possibly a reflection of the meaningfulness of the concept of service satisfaction to them. Future research should include comparisons between BME and white participants' understanding of the most positive parts of satisfaction scales and should focus on dissatisfied participants. (RH)
ISSN: 09660410 From : http://wileyonlinelibrary.com/journal/hsc

240/15 The experiences of reciprocity among Filipino older adults in Canada: intergenerational, transnational, and community considerations; by Ilyan Ferrer, Shari Brotman, Amanda Grenier.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 4, May-June 2017, pp 313-327.
The aim of this study was to illustrate the concept of reciprocity in the context of immigrant families. The authors recommend that the definition of reciprocity should account for exchanges beyond the immediate family, and render visible the simultaneous location of older people as care recipients and providers, and care arrangements across generations, borders, community and time. Adopting a critical ethnographic study on the ageing and care experiences of older Filipinos in Canada, this article analyses data from extended observations and in-depth semi-structured interviews with 18 older people, 6 adult children and 13 community stakeholders. Findings highlight the unique configurations of care among the Filipino community whereby older people engage in care exchange as active participants across intergenerational, transnational and fictive kin networks. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

## CARERS AND CARING

(See Also 240/74, 240/142)

240/16 'Enabling carers to care': making the case for a European Union action plan on carers; by Christine Marking.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 289-292.
Research has identified that approximately 80% of care across the European Union (EU) is provided by families (spouses, parents, children), neighbours and friends. Even in countries with a well-developed supply of formal long-term care, the number of "informal carers" is estimated to be at least twice as large as the formal care workforce. Caring can be 'a source of personal satisfaction and emotional gratification'. But it can also result in lower productivity for those who combine care and work without support, such that the demands of the paid work environment does not cater for the need for flexible working hours, care leave and/or other support measures. The author discusses the rationale for an EU action plan on carers, which could comprise: resilience of carers' issues on health and social policy development; awareness raising; financial support; data collection and monitoring; legislative measures; and inclusion of carers in relevant consultations, forums and advisory boards. The proposed EU 'action plan on carers' could help to inform national agendas that: tackle the challenges facing carers and families; share good practice; raise the profile of carers; and support carers and promote their health and well-being across Europe. (RH)
ISSN: 23978821
From : http://policypressco/journals/international-journal-of-care-and-caring

240/17 Care workers with migration backgrounds in formal care services in Germany: a multi-level intersectional analysis; by Hildegard Theobald.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 209-226.
The restructuring of formal care services in Germany has been followed by an increase in care workers with migration backgrounds. Based on a 2010 survey study in home-based and residential care, this article compares the situation of care workers with and without migration backgrounds. With its own conceptual framework of multi-level intersectional analysis, it examines developments in care organisations embedded in long-term care, professionalisation and migration policies. Most care workers with migration backgrounds had permanent employment and residence permits. In contrast to the unskilled, those with skills enjoyed favourable employment conditions; but both these groups have faced difficulties in daily residential care work. (RH)
ISSN: 23978821
From : http://policypressco/journals/international-journal-of-care-and-caring

240/18 Coercive care: control and coercion in the restructured workplace; by Donna Baines, Diane van den Broek.: Oxford University Press.
British Journal of Social Work, vol 47, no 1, January 2017, pp 125-142.
This article re-analyses 105 interviews from four qualitative research studies of different kinds of care workers in Canada and Australia, in light of deepening workplace rationalisation and austerity. The sample included: two studies of voluntary sector social service and social workers _ one study of 19, and one of 20 social workers, 22 telenurses and 44 nursing home care workers. Themes that emerged from the data included: restructured and rationalised workplaces, managerialism, reshaped practice, unintended neglect and control of service users, coercion of workers, and resistance strategies. Significant similarities were apparent across these similar and yet different care workers, suggesting a strong convergence of working conditions and the

policies shaping them. The article used Labour Process Theory and returned to state theory debates, in order to re-assess how rationalised care workplaces shape relations between care workers and the individuals they care for. The article contributes to state theory by suggesting a control-coercion care continuum, and to Labour Process Theory by suggesting three kinds of workplace control and/or coercion: control through compliance, cutbacks coercion, and contextual coercion. The findings draw attention to deep tensions within increasingly managerialised, austere state-run and state-funded care services in which control and coercion intermingle with resistance and care. (RH)
ISSN: 00453102
From : http://www.bjsw.oxfordjournals.org

240/19 Life trajectories of migrant care workers in the long-term care sectors in Norway and the UK; by Karen Christensen.: Cambridge University Press.
Social Policy and Society, vol 16, no 4, October 2017, pp 635-644.
An ageing population in Europe is currently putting pressure on long-term care services, creating demand for foreign workers. Using a life-course perspective, this article aims to contribute to the understanding of how life trajectories shape decisions about migration and employment in social care. Based on 51 life story interviews with migrant care workers in Norway and UK, two typologies are found: a Norwegian migrant life trajectory of downwards social mobility combined with settlement; and a British trajectory combining stronger downwards social mobility with further migration. The article contributes to the discussion of contextualised migratory lives involving care work. (RH)
ISSN: 14747464
From : https://doi.org/10.1017/S1474746417000252

240/20 Transforming practice with older people through an ethic of care; by Lizzie Ward, Marian Barnes.: Oxford University Press.
British Journal of Social Work, vol 46, no 4, June 2016, pp 906-922.
This article explores the relevance of deliberative practices framed by feminist care ethics to social work practice with older people. It draws on two connected projects which brought together older people with practitioners and academics. The first was a participatory research project, in which the significance of care to well-being in old age emerged. The second was a knowledge exchange project, which generated learning resources for social care practice based on the research findings of the first project. The authors analyse selected transcripts of recordings from meetings of both projects, to consider the ways that discussions about lived experiences and everyday lives demonstrate care through this dialogue. Using this analysis, the authors propose that care ethics can be useful in transforming relationships between older people and those working with them through the creation of hybrid spaces in which 'care-full deliberation' can happen. It is argued that such reflective spaces can enable transformative dialogue about care and its importance to older people; can offer a counterbalance to the procedurally driven environments in which much social work practice takes place; and can support practice more attuned to older people's circumstances and concerns. (RH)
ISSN: 00453102
From : http://www.bjsw.oxfordjournals.org

240/21 The work of front line community aged care staff and the impact of a changing policy landscape and consumer-directed care; by Mirela Prgomet, Heather E Douglas, Amina Tariq (et al).: Oxford University Press.
British Journal of Social Work, vol 47, no 1, January 2017, pp 106-124.
Community aged care in Australia is facing both challenges and opportunities with the introduction of consumer-directed care and its goal to provide clients with greater choice and control over their care services. Such policy changes impact not only aged care organisations, but also front line staff who manage and deliver care. This study investigated the work of front line staff and their perceptions of the impact of a changing policy landscape. Focus groups were conducted with thirteen care workers and six case managers from one Australian aged care organisation. The data revealed valuable information about: the daily activities of front line staff; information exchange mechanisms facilitating front line work; management of clients and client relationships; and implications of policy and organisational changes on front line work and clients. Front line staff highlighted the importance of care coordination, communication and continuity of care delivery, all of which affect client relationships and quality of care. For aged care organisations and policy makers, the findings identify important areas for consideration when making decisions about changes to community care, including the key role of front line staff in fostering client relationships, providing consistency and continuity, balancing the needs and expectations of clients, and providing support and advocacy of care options. (RH)
ISSN: 00453102
From : http://www.bjsw.oxfordjournals.org

240/22 The world shrinks: carer loneliness: research report; by Carers UK; Jo Cox Loneliness Commission. London: Carers UK, 2017, 8 pp.
For many carers, the world simply shrinks, as their time is consumed in providing and co-ordinating care, taking the person being cared for to medical appointments, and liaising with care workers. Carers can feel invisible, and it can be lonely bearing much of the caring responsibility of caring for a loved one. These research findings and quotations are drawn from Carers UK's State of Caring 2017 Survey of 7,286 carers and former carers. It looks at what carers say makes them feel lonely or socially isolated, and what would make them feel less lonely, such as starting a conversation with other others. This report forms part of Carers UK's work with the Jo Cox Loneliness Commission (website: jocoxloneliness.org). (RH)
From : http://www.carersuk.org/images/News__campaigns/The_world_Shrinks_Final.pdf

**DEATH AND DYING**

(See 240/118)

**DEMENTIA**

(See Also 240/8, 240/31, 240/32, 240/120)

240/23 Changes in time spent walking and the risk of incident dementia in older Japanese people: the Ohsaki Cohort 2006 Study; by Yasutake Tomata, Shu Zhang, Kemmyo Sugiyama ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 857-860.
The impact of long-term changes in physical activity during adulthood in the context of primary prevention of dementia has not been addressed up until now. The objective of this study was to examine the relationship between changes in time spent walking after middle age and incident dementia in older Japanese individuals. The authors conducted a cohort study of 6,909 disability-free Japanese individuals aged 65 years or above who lived in Ohsaki City, Japan. In both 1994 and 2006, the individual amount of time spent walking per day was assessed using a self-reported questionnaire. Based on these three categories of exposure at the two points, participants were categorised into nine groups according to changes in time spent walking. Data on incident dementia were retrieved from the public Long-term Care Insurance (LTCI) Database, in which participants were followed up for 5.7 years between April 2007 and November 2012. The Cox model was used for estimating the multivariate-adjusted hazard ratios (HRs) of incident dementia. The 5.7-year incidence of dementia was found to be 9.2%. Compared with persons who remained in the lowest category of time spent walking, persons who remained in the highest category had a significantly lower risk of incident dementia. These results suggest that maintaining a higher level of physical activity after middle age may be a key strategy for prevention of dementia in older age. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/24 Lower risk of incident dementia among Chinese older adults having three servings of vegetables and two servings of fruits a day; by Allen T C Lee, Marcus Richards, Wai C Chan ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 773-779.
Dietary modification can potentially reduce dementia risk but the importance of fruits and the amount of vegetables and fruits required for cognitive maintenance are uncertain. The present study looked at whether the minimal daily requirement of vegetables and fruits recommended by the World Health Organization (WHO) would independently lower dementia risk. This was a population-based observational study in which the authors examined the diet of 17,700 community-living dementia-free Chinese older adults who attended Elderly Health Centres in Hong Kong at baseline and followed their cognitive status for six years. In line with the WHO recommendation the authors defined the cutoff for minimal intake of vegetables and fruits as at least three and two servings per day, respectively. The study outcome was incident dementia in six years. Dementia was defined by the presence of clinical dementia in accordance with the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) or Clinical Dementia Rating of 1-3. Multivariable logistic regression analysis showed that the estimated odds ratios for incident dementia were 0.88 for those consuming at least three servings of vegetables per day, 0.86 for those consuming at least two servings of fruits per day and 0.75 for those consuming at least these amounts of both at baseline, after adjusting for age, gender, education, major chronic diseases, physical exercise and smoking. These findings demonstrate that having at least three servings of vegetables and two servings of fruits daily might help prevent dementia in older adults. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/25 Public knowledge and understanding of dementia: evidence from a national survey in Ireland; by Ronan W Glynn, Emer Shelley, Brian A Lawlor.: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 865-869.
There is growing consensus around the importance of population level approaches which seek to improve public knowledge and awareness of dementia. The aim of this study was to assess knowledge of the relationship between dementia and ageing, and of the risk and protective factors associated with it among the general public in Ireland. This was a cross-sectional survey in which participants were selected using quota sampling based on census data. The final sample of 1,217 respondents provided estimates of dementia knowledge in the Irish population. Logistic regression was used to assess the impact of potential predictor variables on knowledge of dementia. The majority of participants (52%) reported that they knew someone living with dementia. Just 39% were confident that they could tell the difference between the early signs of dementia and normal ageing. Less than half (46%) believed that there were things they could do to reduce their risk of developing dementia, and knowledge of risk and protective factors for dementia was very poor. Although significant differences were seen according to area of residence, social class and experience of dementia, even those groups with `better' understanding demonstrated substantial knowledge deficits regarding risk and protective factors. The general public in Ireland are confused about the relationship between dementia and ageing, and knowledge of risk and protective factors for dementia is very poor. While not dissimilar to those reported internationally, the findings present a challenge to those tasked with promoting behaviour change and interventions to delay or prevent the onset of dementia. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/26 Taking a positive spin: preserved initiative and performance of everyday activities across mild Alzheimer's, vascular and mixed dementia; by Clarissa M Giebel, Alistair Burns, David Challis.: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 9, September 2017, pp 959-967.
Social care literature commonly evaluates those daily activities which are impaired in dementia. However in the mild stages people with dementia (PwD) are still able to initiate and perform many of those tasks. With a lack of research exploring variations between different dementia diagnoses, this study sought to investigate those daily activities with modest impairments in the mild stages and how these compare between Alzheimer's disease (AD), vascular dementia (VaD) and mixed dementia. Staff from memory assessment services from nine National Health Service trusts across England identified and approached informal carers of people with mild dementia. Carers completed the newly revised Interview for Deteriorations in Daily Living Activities in Dementia 2 assessing the PwD's initiative and performance of instrumental activities of daily living (IADLs). Data were analysed using analysis of variance and Chi-square tests to compare the maintenance of IADL functioning across AD, VaD, and mixed dementia. A total of 160 carers returned the Interview for Deteriorations in Daily Living Activities in Dementia 2, of which 109, 21 and 30 cared for someone with AD, VaD and mixed dementia respectively. There were significant variations across subtypes, with AD showing better preserved initiative and performance than VaD for several IADLs. Overall, PwD showed greater preservation of performance than initiative, with tasks such as preparing a hot drink and dressing being best maintained. Findings can help classify dementia better into subtypes in order to receive bespoke support. It is suggested that interventions should primarily address initiative to improve overall functioning. (JL)
ISSN: 08856230
From : http://www.orangejournal.org

240/27 When the rising tide impacts the world: addressing the global challenge of dementia; by Flamine Alary, Joanne Goldberg, Yves Joanette.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 415-418.
The rising tide of dementia and the challenge it presents has only recently been recognised in Canada and around the world. Following the first G8 Dementia Summit held in London in December 2013 and the first World Health Organization (WHO) Ministerial Conference in 2015, three concrete initiatives emerged. These were: (1) the creation by the WHO of a Global Dementia Observatory (GDO); (2) the constitution of a WHO-led working group in order to prioritise the required research to face the global challenge of dementia; and (3) the initiation of work towards the development of a WHO Global Action Plan. This plan is asking for all countries (including Canada) not only to recognise the challenge of dementia but also to commit to providing efforts and resources to face the rising tide and support those living with dementia and their carers to have a better quality of life. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## DEMENTIA CARE

(See Also 240/113, 240/119)

240/28 The Dementia Friends initiative - supporting people with dementia and their carers: reflections from Japan; by Mayumi Hayashi.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 281-287.
Globally, there are some 46.8 million people living with dementia. In Japan, there are 5 million, or 15% of those aged 65+. This article assesses the work of Dementia Friends since it was launched in Japan in 2005, led by the not-for-profit Community Care Policy Netwrk (CCPN). Following the success of the scheme in Japan, where at the time of this article the country had 7.7 million Dementia Friends, the idea spread to England in 2013, followed by Scotland, Wales, Northern Ireland, Australia and Canada. Since then, the expnasion has continued to Nigeria, Germany, Gibraltar, Israel, Mauritius, South Korea and Dednmark. The contributions of those living with dementia should not be overlooked: they can inform and improve dementia policy and practice, as has been the case since the creation of the Japan Dementia Working Group (JDWG) in 2014. (RH)
ISSN: 23978821 From : http://policypressco/journals/international-journal-of-care-and-caring

240/29 Mentalization in dementia care: an autoethnographic account of a project worker's experiences; by Bethany Luxmoore, Phil McEvoy.: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 147-156.
Mentalization is a psychodynamic concept that can help us to understand our emotional responses to others. This paper illustrates how the concept of mentalization may be applied in dementia care. It is an autoethnographic account of the first author's experiences working as a project manager, in which she used the concept of mentalization to pay close attention to how her emotional responses to people with dementia influenced their communicative interactions. This paper outlines how the first author processed her own internal experiences in both mentalizing and non-mentalizing modes, as she wrestled with feelings of conscious incompetence. In the non-mentalizing mode, she was pre-occupied with her own anxieties. She struggled to relate to or make sense of the experiences of the individuals with advanced dementia with whom she engaged. Moving towards a mentalizing stance helped her to attune to the embodied experiences of the people with dementia and to recognise the reciprocal nature of our communicative interactions. This paper illustrates the role that mentalization may play in developing natural and authentic strategies to support communicative engagement in dementia care. These strategies may be of potential value to family carers. Family carers who can maintain a mentalizing stance may be more able to respond in empathic, person-centred ways to people who are living with dementia. On the other hand, non-mentalizing responses may be a root cause of misunderstanding and emotional disengagement. (RH)
ISSN: 13663666 From : http://www.emeraldinsight.com/loi/wwop

240/30 Providing support to surrogate decision-makers for people living with dementia: healthcare professional, organisational and community responsibilities; by Christopher Shanley, Dierdre Fetherstonhaugh, Linda McAuliffe (et al).: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1563-1570.
The prevalence of dementia will continue to increase with the ageing of the population. Many people living with dementia will reach a stage where surrogate decision-makers - mostly family carers - will need to make a range of decisions on their behalf. The aim of this Australian study was to learn from surrogate decision-makers how they can be most effectively supported in this role. The study employed a qualitative design using semi-structured face-to-face or telephone interviews with a purposive sample of 34 surrogate decision-makers of people living with dementia. Four main themes were identified from this analysis: needing greater community awareness of dementia and its impact; intervening early in cognitive decline; relying on health professionals for ongoing support; and seeking and using support from wherever is relevant for each person. Based on this analysis and a review of the literature, the authors propose a holistic set of recommendations for the support of surrogate decision-makers. Healthcare professionals need to help family carers understand the likely trajectory of dementia, including the significance of surrogate decision-making. They can support the person living with dementia and their surrogates to undertake advance care planning, and they can act as empathic guides during this process. Health and community care organisations need to provide a "key worker" model wherever possible, so that the person living with dementia and the surrogate decision-maker do not have to seek support from multiple staff members or organisations. Carer support programmes can routinely include information and resources about surrogate decision-making. Community and government organisations can help people prepare for the possibility of becoming surrogate decision-makers by promoting a greater public awareness and understanding of both dementia and advance care planning. (RH)
ISSN: 09660410 From : http://wileyonlinelibrary.com/journal/hsc

240/31 Think outside: positive risk-taking with people living with dementia; by Neil Mapes.: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 157-166.
This paper shares findings from the evaluation of dementia adventure (DA) holidays provided in 2016, specifically to reflect on the positive aspects of risk-taking inherent in outdoor activities. Data are drawn from the 2016 internal evaluation report, using mixed methods design, of DA holidays independently reviewed by Dr Ruth Bartlett at the University of Southampton. The study finds that DA holidays are leading to a range of social, emotional and physical well-being outcomes, as well as wider benefits for the community of people with dementia, their family and carers. The top ten considerations for positive risk taking outdoor activities are presented, in respect of what positive risk-taking means for individuals, families and organisations. The number of organisations providing adventure experiences and holidays for people with dementia in the UK remains very low, with just a handful of organisations. The impact and evaluation of these holidays is just emerging, and, whilst compelling, needs replication, with larger sample sizes supported by clinical and scientific expertise to deepen our understanding of the impact of positive risk-taking outdoor activities. Additionally, there is a need for thinking and acting differently summarised by the phrase "THINK OUTSIDE" in developing a wide range of nature-based, positive risk-taking activities with people with dementia. The implications for future research and practice with people with dementia are considered. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

240/32 What is important at the end of life for people with dementia?: the views of people with dementia and their carers; by Sarah R Hill, Helen Mason, Marie Poole ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 9, September 2017, pp 1037-1045.
Approaching the end of life is often a time of vulnerability, particularly for people with dementia and their families where loss of capacity and the ability to communicate make assessment and shared decision-making difficult. Research has consistently shown that improvements in care and services are required to support better quality and more person-centred care for people with dementia towards and at the end of life. However the views of people with dementia about what factors contribute to high-quality care at this time are a neglected area. The aim of this study was to identify aspects of end-of-life care for people with dementia that are most important to them and their carers. Q-methodology, a mixed method combining qualitative and quantitative techniques to study subjectivity, was used to identify the views of people with mild dementia, their family carers and bereaved carers on end-of-life care. 57 participants were included in the study. Four distinct views were identified: family involvement, living in the present, pragmatic expectations and autonomy and individuality. Some areas of consensus across all views included compassionate care, decisions being made by healthcare professionals and information availability when making decisions. Overall study findings revealed several different views on what is important about end-of-life care for people with dementia. So a `one-size-fits-all' approach to care is unlikely to be most appropriate. Notwithstanding the differing viewpoints, these findings could provide a framework for service providers and commissioners for future care. (JL)
ISSN: 08856230
From : http://www.orangejournal.org

240/33 Woodland Wellbeing: a pilot for people with dementia; by Elanor Gibson, Nicola Ramsden, Rachel Tomlinson, Charlie Jones.: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 178-185.
The purpose of this paper is to understand whether a woodland-based intervention might offer something helpful and engaging for people affected by dementia. The Woodland Wellbeing project was set up in partnership between Bristol Dementia Wellbeing Service (DWS) and Forest of Avon Trust (FoAT).In total, 18 people came to Woodland Wellbeing groups in the summer and autumn of 2016. The authors made observations during the groups, kept some notes, and conducted some interviews around three months after people had participated in Woodland Wellbeing. Feedback from participants indicated themes around connection with nature and to one another, the joy in new learning and activities, and the inspirational impact of feeling part of nature. This paper adds to the growing literature on natural approaches in supporting the well-being of people affected by dementia, and highlights the value of partnership working. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

## DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 240/47, 240/93, 240/142)

240/34 Challenges in morbidity and mortality statistics of the elderly population in Tanzania: a call to action; by Kelvin Melkizedeck Leshabari, Ashok Kumar Biswas, Edward Gebuis (et al).: Emerald.
Quality in Ageing and Older Adults, vol 18, no 3, 2017, pp 171-174.
There appears to be no available mechanism(s) to generate reliable statistics on diseases and death patterns in the older population of Tanzania. This paper highlights the challenges in the reported statistics of diseases and deaths in the rapidly expanding cohort of older people (age 65+) in Tanzania. It does so by a rapid appraisal of gaps in known facts and figures on this age cohort in Tanzania. The few available statistics are largely hospital-based, also findings from a select sample of unrepresentative populations. The findings of morbidity and mortality statistics for older people in Tanzania are likely to be confounded by other factors. There is palpable evidence that the age 65+ cohort in Tanzania is a rapidly growing segment of the population pyramid, and therefore needs significant and sustainable resource allocation and utilisation. Socio-cultural and economic barriers influencing diseases and deaths among old-aged people largely remain unaccounted in Tanzania. (RH)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi/qaoa

## DIET AND NUTRITION

(See Also 240/24)

240/35 The DASH pilot project: developing community-based nutrition education for older adults; by Jan M Ivery, Liza Benton, Ashley Harrison ... (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 4, May-June 2017, pp 286-299.
Nutrition-related chronic health conditions among older adults are a growing concern. In this study nutrition education materials were created for use in senior centres by graduate nutrition students. After the materials were presented, focus groups were conducted with 62 participants aged 55 or older to obtain feedback on the content and presentation. The pilot intervention described in the study was based on the DASH diet, or Dietary Approaches to Stopping Hypertension. Findings related to the participant's knowledge of nutrition-related information, strategies to improve future class sessions, and participant recruitment are discussed. It is hoped that these findings will be useful to programme administrators as they develop nutrition programmes for older adults who are vulnerable to nutrition-related health problems. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

240/36 The healthy Nordic diet predicts muscle strength 10 years later in old women, but not old men; by Mia-Maria Perala, Mikaela B von Bonsdorff, Satu Mannisto ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 588-594.
A number of nutrients have been found to be associated with better muscle strength and mass, however the role of the whole diet on muscle strength and mass remains unknown. The purpose of this Finland-based study was to examine whether the healthy Nordic diet predicts muscle strength and mass 10 years later among men and women. About 1,072 participants belonging to the Helsinki Birth Cohort Study, and born between 1934 and 1944, participated in the study. Diet was assessed with a validated food-frequency questionnaire during 2001-04. The Nordic diet score (NDS) was calculated. The score included Nordic fruits, vegetables, cereals, ratio of polyunsaturated to saturated fatty acids, low-fat milk, fish, red meat, total fat and alcohol. Higher scores indicated better adherence to the healthy Nordic diet. Hand grip strength, leg strength (knee extension) and muscle mass were measured during the follow-up, between 2011 and 2013. In women, each 1-unit increase in the NDS was related to 1.83 N greater leg strength and 1.44 N greater hand grip strength. Women in the highest quartile of the NDS had on average 20.0 N greater knee extension results, and 14.2 N greater hand grip results than those in the lowest quartile. No such associations were observed among men. The NDS was not significantly related to muscle mass either in men or women. Adherence to the healthy Nordic diet seems to protect from weaker muscle strength in older women. Therefore the healthy Nordic diet may help to prevent disability. (JL)
ISSN: 10062801
From : https://doi.org/10.1093/ageing/afx034

## DISABILITY

(See Also 240/47, 240/57)

240/37 Ageing with a unique impairment: a systematically conducted review of older deafblind people's experiences; by Peter Simcock.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1703-1742.
Little is known about the experiences of people ageing with impairments; social gerontology has largely focused on those ageing into disability, rather than those ageing with disability. This paper synthesises existing knowledge to determine what is known about the experiences of those ageing with deafblindness. A comprehensive literature search was undertaken between April 2013 and May 2014. The review method was informed by systematic review principles. A total of 24 references were identified for inclusion. No studies examining deafblind people's experience of ageing and old age specifically were found, suggesting that those ageing with deafblindness are an under-studied sub-group within the deafblind population. However, deafblind people describe ageing experiences in studies exploring their lives generally, and in personal accounts of living with the impairment. Practitioner-authored material also explores the topic. Similarities in experience were identified between those ageing with deafblindness and those ageing with other impairments: ongoing change and consequent need for adaptation; a particular relationship between ageing and impairment; a sense that whilst one can learn adaptive strategies having lived with impairment for many years, it does not necessarily get easier; and a particular relationship with care and support services. These experiences illustrate the unique nature of ageing with impairment, and challenge gerontologists to engage in further research and theorising in the field of disability in later life. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

240/38 Aging with disability: advancement of a cross-disciplinary research network; by Caitlin E Coyle, Jan E Mutchler.: Sage.
Research on Aging, vol 39, no 6, July 2017, pp 683-692.
Introduction to and commentary on a special issue of this journal on ageing with disability. People born with or acquiring disabilities at an early age are reaching ages that were never thought possible in previous generations. People with physical, developmental or learning disabilities are reaching old age at higher rates than ever before. Accordingly, policymakers and practice professionals are not only beginning to recognise this emergent group of older adults as having diverse disability experiences and support needs, but they are also recognising a lack of evidence upon which to develop policy and programmes to develop the needs of this growing group. (JL)
ISSN: 01640275
From : http://journals.sagepub.com/roa

240/39 Aging with disability for midlife and older adults; by Lois M Vergrugge, Kenzie Latham, Philippa J Clarke.: Sage.
Research on Aging, vol 39, no 6, July 2017, pp 741-777.
The aim of this study analysis was to bring 'ageing with disability' into middle and older ages. The authors studied U.S. adults aged 51+ and aged 65+ with persistent disability (physical, household management, personal care; physical limitations, instrumental activities of daily living [IADLs], activities of daily living [ADLs]), using Health and Retirement Study data. Two complementary approaches were used to identify persons with persistent disability, one based directly on observed data and the other on latent classes. Both approaches showed that persistent disability was more common for persons aged 65+ than aged 51+ and more common for physical limitations than IADLs and ADLs. People with persistent disability had social and health disadvantages compared to people with other longitudinal experiences. The analysis integrates two research avenues, ageing with disability and disability trajectories. It gives empirical heft to government efforts to make ageing with disability an age-free (all ages) rather than age-targeted (children and youths) perspective. (JL)
ISSN: 01640275
From : http://journals.sagepub.com/roa

240/40 Extending the promise of the Older Americans Act to persons aging with long-term disability; by Michelle Putnam.: Sage.
Research on Aging, vol 39, no 6, July 2017, pp 799-820.
This article discusses the need for Older Americans Act (OAA) programmes to evaluate and develop where needed the capacity to serve people ageing with long-term disabilities such as intellectual and/or developmental disabilities and physical disabilities including polio, spinal cord injury and multiple sclerosis. The rationale for this work is universal access to OAA programmes for all adults over 60, regardless of disability type, age of onset or severity,

acknowledging that other needs-based criteria often need to be met to receive services. Recommendations for increasing OAA and ageing network capacity include addressing long-standing divisions between the fields of ageing and disability, a comprehensive review of all Administration for Community Living programmes and policies, engaging in programme adaptation to build capacity, advancing knowledge and skills of the professional workforce, and creating new knowledge to support delivery of evidence-based interventions to all older adults including those with lifelong, early and midlife onset of disability. (JL)
ISSN: 01640275
From : http://journals.sagepub.com/roa

240/41 Special issue on aging with disabilities; by Caitlin E Coyle, Jan E Mutchler (eds).: Sage.
Research on Aging, vol 39, no 6, July 2017, pp 683-820 (whole issue).
Special issue of this journal featuring an introduction followed by five articles which together look at policy and practice issues around ageing with disabilities. (JL)
ISSN: 01640275
From : http://journals.sagepub.com/roa

240/42 Walk the talk: characterizing mobility in older adults living on low income; by Anna M Chudyk, Joanie Sims-Gould, Maureen C Ashe ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 141-158.
In this study the authors provided an in-depth description of the mobility (capacity and enacted function, i.e., physical activity and travel behaviour) of community-dwelling older adults of low socioeconomic status. 161 participants with an average age of 74 years completed interviewer-administered questionnaires and objective measures of mobility. Study findings did not generally indicate that older adults of low socioeconomic status had a reduced capacity to be mobile. Participants presented with positive profiles across physical, psychosocial and social environment domains that influenced the capacity to be mobile. They also made a high proportion of trips by foot, although these did not together serve to meet physical activity guidelines for most. Future research should focus on innovative strategies to recruit this difficult-to-access population, to consider the influence of socioeconomic status across the lifespan, and the role of behaviour-driven agency when investigating the association between the person, environment and older adult mobility. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## EMPLOYMENT

(See Also 240/72, 240/129)

240/43 Fulfilling work: what do older workers value about work and why?; by Rose Marvell, Annette Cox, Institute for Employment Studies - IES; Centre for Ageing Better. Brighton: Institute for Employment Studies, February 2016, 23 pp (IES project code 00989-4565).
Findings are presented of research conducted by the Institute for Employment Studies (IES) on behalf of the Centre for Ageing Better into what workplace and job-related factors make employment fulfilling for older workers. This report has three main sections covering older workers' attitudes towards different aspects of work, the first being work content and what older workers value about their job roles and tasks. The second, work culture, outlines how older workers consider work fulfilling if certain behaviours, management styles and values are presented by employers. The third, workplace adjustments, offers practical steps that employers can take to make their workplaces more age-friendly. The report thus offers insights into both the attitudes of older workers and the implications for employers. It suggests what employers can do to support older workers, and that what older workers want is the first step in helping employers, policymakers and others to create age-friendly workplaces. IES conducted a review of the current literature on older workers; results are in a separate research methodology paper. (RH)
From : http://www.employment-studies.co.uk/resource/fulfilling-work-what-do-older-workers-value-about-work-and-why

240/44 Gender and relationship status interaction and likelihood of return to work post-retirement; by Jason Settels, Julie McMullin.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 366-385.
Population ageing is an issue of mounting importance throughout the industrialised world. Concerns over labour force shortages have led to policies that prolong working life. Accordingly present-day workforce participation patterns of older individuals are extensively varied. This study utilised the 2007 General Social Survey to examine factors associated with post-retirement paid work, focusing on the interaction between gender and relationship status, among Canadians aged 50 to 74 who had retired at least once. The study found that while being in a relationship

was associated with a higher likelihood of post-retirement work for men, the opposite was true for women. These findings suggest that the gendered association between relationship status and post-retirement work results partly from the gendered associations between relationship status and one's motivation for learning and community involvement, career orientation and sense of independence. Gendered meanings of relationship status are thus revealed through analysis of post-retirement work. (JL)
ISSN: 07149808
From : https://doi.org/10.1017/S0714980817000204

240/45 Occupation, retirement and cognitive functioning; by Shinya Kajitani, Kei Sakata, Colin McKenzie.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1568-1596.
The authors use data from the National Survey of Japanese Elderly to examine the causal impact of the duration of retirement on the cognitive functioning of older male workers in Japan. They explore how the complexity of a worker's longest served job affects cognitive functioning after retirement. In particular, they investigate eight dimensions of the longest served job using information listed in the United States Dictionary of Occupational Titles, namely physical demands, mathematical development, reasoning development, language development, the job's relationship to data, the job's relationship to people, the job's relationship to things, and the specific vocational preparation required. Their estimator takes account of the potential endogeneity of the duration of retirement and the left-censoring of the duration of retirement. Their empirical evidence suggests that the duration of retirement has a negative and significant impact on cognitive functioning. Moreover, among the eight dimensions of job characteristics, high complexity in the job's relation to data is found to be an important job characteristic in delaying the deterioration of cognitive functioning after retirement. (RH)
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X16000465

240/46 Targeting workforce strategies: understanding intra-group differences between Asian migrants in the Australian aged care workforce; by Linda Isherwood, Debra King.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 191-207.
Migrants are an important component of the Australian aged care workforce, and workers from Asia are the fastest-growing migrant cohort in the sector. The authors differentiate between migrants from South-East, North-East and Southern Asia and comparing them to other migrants and Australian-born workers, by using data from the 2012 National Aged Care Workforce Census and Survey to examine experiences of working in aged care, including working arrangements, job satisfaction and future work plans. The findings provide a basis for developing more targeted and nuanced workforce strategies that could help attract and retain Asian-born workers and assist in their settlement and integration. (RH)
ISSN: 23978821
From : http://policypressco/journals/international-journal-of-care-and-caring

## END-OF-LIFE CARE

(See 240/119)

## EPIDEMIOLOGY

(See Also 240/93, 240/94)

240/47 Is late-life dependency increasing or not?: A comparison of the Cognitive Function and Ageing Studies (CFAS); by Andrew Kingston, Pia Wohland, Raphael Wittenberg (et al).
The Lancet, 15 August 2017, 9 pp (+ supplementary appendix, 6 pp).
Little is known about how the proportions of dependency states have changed between generational cohorts of older people. In this population-based study, the authors compared two Cognitive Function and Ageing Studies (CFAS I and CFAS II) of older people (aged 65) who were permanently registered with a general practice in three defined geographical areas (Cambridgeshire, Newcastle and Nottingham). These studies were done two decades apart (1991 and 2011). General practices provided lists of individuals to be contacted and were asked to exclude those who had died or might die over the next month. Baseline interviews were done in the community and care homes. Participants were stratified by age, and interviews occurred only after written informed consent was obtained. Information collected included basic sociodemographics, cognitive status, urinary incontinence, and self-reported ability to do activities of daily living. CFAS I was assigned as the 1991 cohort and CFAS II as the 2011 cohort, and both studies provided prevalence estimates of dependency in four states: high dependency (24-hour care), medium dependency (daily care), low dependency (less than daily), and independent. Years in each dependency state were calculated by Sullivan's method. To

project future demands for social care, the proportions in each dependency state (by age group and sex) were applied to the 2014 England population projections. Between 1991 and 2011, there were significant increases in years lived from age 65 years with low dependency (1.7 years [95% CI 1.0-2.4] for men and 2.4 years [1.8-3.1] for women) and increases with high dependency (0.9 years [0.2-1.7] for men and 1.3 years [0.5-2.1] for women). The majority of men's extra years of life were spent independent (36.3%) or with low dependency (36.3%), whereas for women the majority were spent with low dependency (58.0%), and only 4.8% were independent. There were substantial reductions in the proportions with medium and high dependency who lived in care homes, although, if these dependency and care home proportions remain constant in the future, further population ageing will require an extra 71,215 care home places by 2025. On average older men now spend 2.4 years and women 3.0 years with substantial care needs, and most will live in the community. These findings have considerable implications for families of older people who provide the majority of unpaid care, but the findings also provide valuable new information for governments and care providers planning the resources and funding required for the care of their future ageing populations. The authors present these findings on behalf of the Cognitive Function and Ageing Studies collaboration. (RH)
From : http://dx.doi.org/10.1016/S0140-6736(17)31575-1

## FAMILY AND INFORMAL CARE

(See Also 240/72)

240/48 Gender differences in spousal care across the later life course; by Rebecca Glauber.: Sage.
Research on Aging, vol 39, no 8, September 2017, pp 934-959.
Spouses often serve as the primary caregivers to their ill or disabled partners. Studies have shown that men receive more care from their wives than vice versa, but few studies have focused on how the gender gap in care varies across the later life course. Drawing on data from the US Health and Retirement Study (HRS), this study examined the moderating effects of age, gender and full-time employment on married women's and men's receipt of spousal care. This study found that among community-dwelling married adults, the gender gap in care was larger among those in middle age (50-65) than it was among those in older age. As women and men aged, the gender gap decreased primarily because men left full-time work and increased the amount of time that they spent caring for their wives. As gender differences in full-time employment narrowed, the gender gap in spousal care narrowed. (RH)
ISSN: 01640275
From : http://journals.sagepub.com/home/roa

240/49 Older people receiving family-based support in the community: a survey of quality of life among users of 'Shared Lives' in England; by Lisa Callaghan, Nadia Brookes, Sinead Palmer.: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1655-1666.
Shared Lives (adult placement) is a model of community-based support where an adult who needs support and/or accommodation moves into or regularly visits the home of an approved Shared Lives carer, after they have been matched for compatibility. It is an established but small service, which has been used mainly by people with learning disabilities, but which has the potential to offer an alternative to traditional services for some older people. However, there is little research on the outcomes for older users of Shared Lives. This paper presents findings from a survey of 150 older people using Shared Lives support across 10 Shared Lives schemes in England, which took place between June 2013 and January 2014. The aim was to identify outcomes for older users of Shared Lives and compare these to outcomes for older users of other social care services. In the absence of an ideal study design involving randomised allocation, statistical matching was used to generate a comparison group from the Adult Social Care Survey from 2011/12, with 121 cases matched to 121 Shared Lives cases. The main outcome measures were Social Care-Related Quality of Life (measured by the ASCOT) and overall quality of life. Findings indicated that Shared Lives can deliver good outcomes for older people, particularly for overall quality of life. In comparison to the matched group of older people using other forms of support, there was some evidence that Shared Lives may deliver better outcomes in some aspects of quality of life. However, limitations to the research mean that more work is needed to fully understand the role Shared Lives could play in supporting older people. (RH)
ISSN: 09660410
From : http://wileyonlinelibrary.com/journal/hsc

240/50 Residential care and care to community-dwelling parents: out-selection, in-selection and diffusion of responsibility; by Thijs Van Den Broek, Pearl A Dykstra.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1609-1631.
Research suggests that adult children are less likely to provide care to community-dwelling

parents when beds in residential care settings are more widely available. The underlying mechanisms are not well understood. In this article, the authors use data from the Survey of Health, Ageing and Retirement in Europe (SHARE) on 1,214 impaired parent-child dyads from 12 countries. They find that adult children are less likely to provide care in countries where beds in residential care settings are more widely available for three reasons: (a) because parents' care needs are less severe in such countries (out-selection hypothesis), and (b) adult children and impaired parents are less likely to share a household in such countries (in-selection hypothesis). Finally (c), after taking these two factors into account, adult children remain less likely to provide care in countries where beds in residential care settings are more widely available (diffusion of responsibility hypothesis). Plausibly, being able to rely on residential care undermines adult children's sense of urgency to step in and provide care to their parents. (RH)
ISSN: 0144686X From : http://www.cambridge.org/aso

240/51 Social consequences of family care of adults: a scoping review; by Norah Keating, Jacquie Eales.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 153-173.
The power of social connections is a contemporary focus of research across world regions. Yet, evidence of challenges to carers' social relationships remains fragmented and underexplored. The authors conducted a scoping review of 66 articles, to create a state-of-knowledge review of the social consequences of caring. Findings indicate evidence of consequences for relationships with care receivers, with other family members and with broader social networks. Knowledge gaps include changes in relationships across time and in understanding diversity in the types and extent of consequences. Evidence challenges assumptions related to caregiving families and to the sustainability of family care. (RH)
ISSN: 23978821 From : http://policypressco/journals/international-journal-of-care-and-caring

240/52 A systematic review of questionnaires used to measure the time spent on family care for frail elderly people; by Sophie Ces, Johanna De Almeida Mello, Jean Macq (et al).: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 227-245.
Time spent on family care of frail older people is difficult to substantiate because of its complex nature. The aim of this study is to check the content validity of existing questionnaires measuring the time spent on caring. Comparing the activities mentioned in the questionnaires with those from other data sources (three validated scales measuring the functional limitations in day-to-day activities and a qualitative study) enabled identification of important drawbacks in the questionnaires reviewed. A comprehensive list of activities was built in order to help future researchers to conduct effective data collection and thereby enable an in-depth analysis of family care supply. (RH)
ISSN: 23978821
From : http://policypressco/journals/international-journal-of-care-and-caring

240/53 Types of family caregiving and daily experiences in midlife and late adulthood: the moderating influences of marital status and age; by Jen D Wong, Yetunde Shobo.: Sage.
Research on Aging, vol 39, no 6, July 2017, pp 719-740.
Guided by the life course perspective, this study contributes to the family caregiving, ageing and disability literature by examining the daily experiences of three types of family caregivers in midlife and late adulthood. A sample of 162 caregivers from the National Survey of Midlife in the United States study completed interviews, questionnaires and a Daily Diary Study. Multilevel models showed the patterns of daily time use did not differ by caregiver types. Caregivers of sons/daughters with developmental disabilities (DD) experienced more daily stressors than caregivers of parents with health conditions (HC) and caregivers of spouses with HC. Unmarried caregivers of sons/daughters with DD reported spending more time on daily leisure activities and exhibited greater daily stressor exposure than other family caregivers. Age did not moderate the associations between caregiver types and daily experiences. Findings highlight the important consideration of the caregivers' characteristics to better determine the quality of their daily experiences in midlife and late adulthood. (JL)
ISSN: 01640275 From : http://journals.sagepub.com/roa

## FRAILTY

(See Also 240/83)

240/54 How's your health at home: frail homebound patients reported health experience and outcomes; by Margaret J McGregor, Jay Slater, John Sloan ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 273-285.
The present study used a web-based mixed methods survey known as HowsYourHealth _ Frail to explore the health of frail older adults aged 80 years and above enrolled in a home-based primary care programme in Vancouver, Canada. 60% of eligible respondents participated,

representing over one quarter of all individuals receiving the service. Despite high levels of co-morbidity and functional dependence, 50% rated their health as good, very good or excellent. Adjusted odds ratios for positive self-rated health were 7.50, 95% CI [1.09, 51.81] and 4.85, 95% CI [1.02, 22.95] for absence of bothersome symptoms and being able to talk to family or friends respectively. Narrative responses to questions about end of life and living with illness were also described. Results suggest that greater focus on symptom management, and supporting social contact, may improve the health of frail older people. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

240/55 Premature and preventable deaths in frail, older people: a new perspective; by Tatiana Hitchen, Joseph E Ibrahim, Marta Woolford (et al).: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1531-1542.
The concept and potential implications of a premature death of an older person are under-recognised and misunderstood by society.
Clinical, forensic and public health practitioners need to redress this gap, to better prepare society for a future in which an increasing proportion of the population is made up of vulnerable older people. Having information that is reliable and valid is paramount, if we are to understand how many older people have premature, preventable deaths; and also has implications for aged care services, health-care expenditure, quality and safety, and human rights. The authors aim, first, to provide discourse on the limitations and challenges to the use of the concepts 'premature' and 'preventable' deaths, examining the situation for nursing home residents. Second, they propose the use of a novel classification system of 'treated', 'un-treated' and 'untreatable' causes of death that is more sophisticated and reflects the demographic reality of our ageing population. If we accept that preventable, premature deaths may happen to older people, then adopting a new classification is a novel approach that has considerable benefits for older people's health and social care. Improved assessment of the quality of care provided (including identification of health or life care practices that are unsafe or deleterious) can be identified and addressed. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

## HEALTH AND WELLBEING

(See Also 240/115)

240/56 Personal well-being in the UK: April 2016 to March 2017: estimates of life satisfaction, whether you feel the things you do in life are worthwhile, happiness and anxiety at the UK, country, regional and local authority level; by Office for National Statistics - ONS.: Office for National Statistics, 26 September 2017, 13 pp (Statistical bulletin).
Since 2011, the Office for National Statistics (ONS) has asked adults in the UK questions about their personal well-being, to better understand how they feel about their lives and to estimate life satisfaction, happiness and anxiety in the UK and constituent countries. This Statistical bulletin finds that comparing the years ending March 2016 and 2017, there have been statistically significant improvements in average ratings of life satisfaction and happiness for the UK overall: they have reached their highest levels since 2011. There was no change in average ratings of anxiety and the sense that things done in life are worthwhile. The main finding is that Northern Ireland continues to give higher average ratings across each of the personal well-being measures, when compared with the other UK countries. This bulletin includes links to related statistics for the period, including the What Works Centre for Wellbeing's local well-being indicators and guidelines, as well as ONS publications on economic well-being and social capital. (RH)
From : https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/april2016tomarch2017

## HEALTH CARE

240/57 Health and health-care utilization of the older population of Ireland: comparing the intellectual disability population and the general population; by Mary McCarron, Eimear Cleary, Philip McCallion.: Sage.
Research on Aging, vol 39, no 6, July 2017, pp 693-718.
Similarities and differences in the ageing of people with an intellectual disability (ID) compared to the general population are largely unresearched. The present study aimed to report data comparing the health and health care utilisation of the general ageing population in Ireland with those who were ageing with an ID. Data for comparisons were drawn from the 2010 Irish Longitudinal Study on Ageing (TILDA) and the Intellectual Disability Supplement (IDS)-TILDA Wave 1 data sets. TILDA participants were community dwelling only while IDS-TILDA participants were drawn from community and institutional settings. TILDA consisted of a sample of 8,178 individuals aged 50 years and older who were representative of

the Irish population. The IDS-TILDA consisted of a random sample of 753 persons aged 40 and older. Using age 50 as the initial criterion, 478 persons with ID were matched with TILDA participants on age, sex and geographic location to create the sample for this comparison. Both studies gathered self-reported data on physical and mental health, behavioural health, functional limitations and health care utilisation. Rates of chronic disease appeared higher overall for people with ID as compared to the general population. There were also age-related differences in the prevalence of diabetes and cancer and different rates of engagement between the two groups in relevant behavioural health activities such as smoking. There were higher utilisation levels among IDS-TILDA participants for allied health and general practitioner visits. Different disease trajectories found among IDS-TILDA participants raise concerns. The longitudinal comparison of data for people with ID and for the general population offer a better opportunity for the unique experiences of people with ID to be included in data that inform health planning. (JL)
ISSN: 01640275
From : http://journals.sagepub.com/roa

240/58 Sources of unsafe primary care for older adults: a mixed-methods analysis of patient safety incident reports; by Alison Cooper, Adrian Edwards, Huw Williams ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 833-839.
Older adults are frequent users of primary healthcare services but are at increased risk of healthcare-related harm in this setting. The objective of this study was to describe factors associated with actual or potential harm to patients aged 65 years and older treated in primary care and to identify action to produce safer care. This was a cross-sectional mixed-methods analysis of a national (England and Wales) database of patient safety incident reports from 2005 to 2013. 1,591 primary care patient safety incident reports regarding patients aged 65 years and older were looked at, in which the authors developed a classification system for the analysis of patient safety incident reports to describe: the incident and preceding chain of incidents, other contributory factors and patient harm outcome. The authors combined findings from exploratory descriptive and thematic analyses to identify key sources of unsafe care. Main sources of unsafe care in this weighted sample were due to: medication-related incidents, e.g. prescribing, dispensing and administering; communication-related incidents e.g., incomplete or non-transfer of information across care boundaries; and clinical decision-making incidents which led to the most serious patient harm outcomes. Priority areas for further research to determine the burden and preventability of unsafe primary care for older adults include: timely electronic tools for prescribing, dispensing and administering medication in the community; electronic transfer of information between healthcare settings; and better clinical decision-making support and guidance. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing/article-abstract/46/5/833/3572914

## HIV AND AIDS

240/59 Mental health experiences of older adults living with HIV: uncertainty, stigma, and approaches to resilience; by Charles Furlotte, Karen Schwartz.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 125-140.
This study looked at the mental health experiences of older adults living with HIV in Ottawa, Canada. Eleven participants aged 52 to 67 completed in-depth personal interviews. Mental health concerns pervaded the lives of these older adults. Three central themes common to the participants' stories were identified, namely: uncertainty, stigma and resilience. For some of these participants, uncertainty impacting mental health centred on unexpected survival; interpretation of one's symptoms; and medical uncertainty. Participants' experiences of stigma included discrimination in health care interactions; misinformation; feeling stigmatised due to aspects of their physical appearance; compounded stigma; and anticipated stigma. Participants reported using several coping strategies, which were framed as individual approaches to resilience. These strategies included reducing the space that HIV takes up in one's life; making lifestyle changes to accommodate one's illness; and engaging with social support. These findings inform understandings of services for people ageing with HIV who may experience mental health concerns. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## HOSPITAL CARE

240/60 The relationship between cognitive impairment, mortality and discharge characteristics in a large cohort of older adults with unscheduled admissions to an acute hospital: a retrospective observational study; by Carole Fogg, Paul Meredith, Jackie Bridges ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 794-801.
Older people with dementia admitted to hospital for acute illness have higher mortality and longer hospital stays compared to those without dementia. Cognitive impairment (CI) is common in older people and they may also be at increased risk of poor outcomes. This was a retrospective observational study of unscheduled admissions aged 75 years and above. Admission characteristics, mortality rates and discharge outcomes were compared between three groups: (i) known dementia diagnosis (DD), (ii) CI but no diagnosis of dementia and (iii) no CI. Of 19,269 admissions (13,652 patients), 19.8% had a DD, 11.6% had CI and 68.6% had neither. Admissions with CI or DD were older and had more females than those with no CI, and were more likely to be admitted through the Emergency Department and to medical wards. Acuity levels at admission were similar between the groups. Patients with CI or DD had more admissions at `high risk' from malnutrition than patients with no CI and a higher risk of dying in hospital. Overall the admission characteristics, mortality and length of stay of patients with CI resembled those of patients with diagnosed dementia. Whilst attention in this study was focused on the need for additional support for people with dementia, patients with CI, which may include those with undiagnosed dementia or delirium, appear to have equally bad outcomes from hospitalisation. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/61 Survey of Gransnet members on hospital care and treatment of an older relative; by Parliamentary and Health Service Ombudsman.: Parliamentary and Health Service Ombudsman, 17 August 2017, Excel spreadsheet.
The Parliamentary and Health Service Ombudsman presents findings of a survey of 602 Gransnet members on the care and treatment of an older relative in hospital, and their experiences of complaining to the NHS. The survey ran on the Gransnet website between 6 February and 14 March 2017. The survey was open to members who had had an older relative (e.g. parent, in-law, sibling, partner or spouse; also close friend) spend time in hospital in the last 12 months, and were concerned about the care or treatment that their relative received. The findings are presented as a spreadsheet, whereby the user can focus on particular aspects of hospital care, such as being treated with dignity and respect (mostly agreeing, but a sizeable minority disagreeing), to specific concerns about the relative's or friend's treatment, care and needs, and the extent to which these could be discussed or complaints made. (RH)
From : https://www.ombudsman.org.uk/publications/survey-gransnet-members-hospital-care-and-treatment-older-relative

## HOSPITAL DISCHARGE

(See Also 240/60)

240/62 Nurse interventions to improve medication adherence among discharged older adults: a systematic review; by Henk Verloo, Arnaud Chiolero, Blanche Kiszio ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 747-754.
Discharged older adult in-patients are often prescribed numerous medications. However they only take about half of their medications and many stop entirely. Nurse interventions could improve medication adherence among this population. The present study aimed to conduct a systematic review of trials that assessed the effects of nursing interventions to improve medication adherence among discharged, home-dwelling and older adults. The authors conducted a systematic review according to the methods in the Cochrane Collaboration Handbook and reported results according to the PRISMA statement. They searched for controlled clinical trials (CCTs) and randomised CCTs (RCTs), published to 2016 that evaluated the effects of nurse interventions conducted alone or in collaboration with other health professionals to improve medication adherence among discharged older adults. Medication adherence was defined as the extent to which a patient took medication as prescribed. Out of 1,546 records identified, 82 full-text papers were evaluated and 14 studies were included _ 11 RCTs and 2 CCTs. Overall 2,028 patients were included (995 in intervention groups; 1,033 in usual-care groups). Interventions were nurse-led in seven studies and nurse-collaborative in seven more. In nine studies, adherence was higher in the intervention group than in the usual-care group, with the difference reaching statistical significance in eight studies. There was no substantial difference in increased medication adherence whether interventions were nurse-led or

nurse-collaborative. Four of the 14 studies were of relatively high quality. Overall the study found that nurse-led and nurse-collaborative interventions moderately improved adherence among discharged older adults. There is a need for large, well-designed studies using highly reliable tools for measuring medication adherence. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

## HOUSING

240/63 "Living in fear": experiences of older private-renters in London; by Age UK London. London: Age UK London, September 2017, 47 pp.
The Nationwide Foundation awarded funding for Age UK London to deliver this project, which focuses on improving the living conditions for vulnerable older tenants in private rented sector homes. Since at least the start of the 21st century, this form of tenure has become more common: the number of private renting households for those aged 45-64 has more than doubled in the last 10 years, and it is estimated that the number of private renters aged 65+ could double between 2014 and 2039. This report has been informed by interviews and focus groups with older private tenants (age 50+, to include the older working population) in London, also landlords and professionals working with and for older private renters, from July 2016 until March 2017. It identifies four key issues: security; rent and costs; repairs, maintenance and landlord relationships; and health and moving home. It also defines the vulnerability of older people in this sector on grounds of tenancy, health and affordability. It makes recommendations that would better equip the sector to meet the needs of the many more privately renting older Londoners in the future. (RH)
From : Age UK London, 6th Floor, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. www.ageuk.org.uk/london

240/64 Housing for the elderly: addressing gaps in knowledge through the lens of age-friendly communities; by Stephen Frochen, Jon Pynoos.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 160-177.
The authors identify salient research gaps in the research on housing for older people, and respond to the lack of knowledge, guided by Menec et al's age-friendly communities framework (Conceptualizing age-friendly communities; in: Canadian Journal on Aging, 30(3), 2011, pp 479-493). These gaps in knowledge include age-friendliness, ageing in place, conceptualisation of home, falls, housing as it relates to disability and health, the person-environment fit, and housing programmes and initiatives. The authors discuss how the age-friendly paradigm can inform these areas of the literature, and they consider problems presented in each. This review is intended to provide a roadmap for future researchers, administrators, clinicians and policy makers. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

240/65 Housing our ageing population: learning from councils meeting the housing need of our ageing population; by Local Government Association - LGA. London: Local Government Association, September 2017, 59 pp.
Between 2008 and 2039, 74% of projected household growth will of households with someone aged 65+. The suitability of the housing stock is of critical importance to the health of individuals, and also affects public spending, particularly on social care and the NHS. This report sets out in detail what is required to meet the housing needs of our ageing population in England. It provides examples of local authority good practice in supporting older people to live in their homes for longer and to promote positive ageing in: Birmingham, Central Bedfordshire, Essex, Mansfield. Newcastle, North Somerset, Bristol, Bath and North-East Somerset, and Worcestershire. It discusses themes and lessons from the case studies. It recommends that Government works with and supports local authorities in planning for an ageing population's housing requirements. It also makes recommendations to councils about adapting existing homes; promoting innovative housing designs and schemes; and helping older people and their families in making informed decisions about later life choices. The report was prepared based on research carried out by Ian Copeman and Jeremy Porteus of the Housing LIN between January and June 2017. (RH)
From : https://www.local.gov.uk/housing-our-ageing-population

240/66 Involving older residents in age-friendly developments: from information to coproduction mechanisms; by Samuele Remillard-Boilard, Tine Buffel, Chris Phillipson.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 146-159.
Promoting social connectedness within urban environments raises a number of challenging issues. Despite being important sites for building social networks, cities can also trigger marginalisation and social exclusion. As cities are becoming increasingly complex, ensuring the

inclusion and participation of older residents in age-friendly developments will be key in achieving age-friendliness. This article discusses ways of achieving this goal, by exploring some of the opportunities and constraints associated with urban ageing; reviewing how social inclusion has been considered in the age-friendly literature; and presenting different mechanisms through which public engagement can be achieved. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

240/67 Neighborly assistance: high expectations of multi-generation cohousing projects; by Yvonne Wechuli.: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 133-139.
Multi-generation cohousing projects are loaded with the expectations of inhabitants and planners, as well as political representatives. They are expected to foster a form of neighbourly assistance, which is supposed to ultimately unburden social security. But evidence is scarce when it comes to central aspects like long-term development, the influence of context factors, the quality of community living, and the neighbourly assistance actually provided. This explorative study sought to specify the support activities carried out by neighbours in a cohousing project in Germany. A survey was conducted at three intervals December 2013-Mebruary 2014; questionnaires were structured according to the Activities chapter of the International Classification of Functioning, Disability, and Health (WHO, 2002). Respondents reported receiving or providing assistance in all suggested areas of life, but some activities were more common than others. Respondents with long-term support requirements were not assisted by neighbours but by other caregivers. The results indicate that neighbourliness depends on the individual activity radius since the scope of assistance varied along with socio-demographic characteristics. Respondents deemed reciprocity to be important in guaranteeing the voluntary nature of neighbourly support, and also to allow care recipients to specify how support should be given. The author therefore suggests considering multi-generation cohousing projects as a means to fostering Quality of Life rather than to cut costs. (RH)
ISSN: 13663666 From : http://www.emeraldinsight.com/loi/wwop

## HOUSING WITH CARE

240/68 Housing with care: beyond bricks and mortar; by Housing & Care 21.: Housing & Care 21, October 2017, 12 pp (LaingBuisson Intelligence).
Recent developments and market trends in the reitrement and housing with care sector are examined in this issues of CM - LaingBuisson Intelligence, which is sponsored by Trowere & Hamlins, and LaingBuisson. (RH)
From : https://www.trowers.com/uploads/Files/LaingBuisson_Trowers_Hamlins_Housing_withCare_Sept2017.pdf

240/69 Impact of the Village Model: results of a national survey; by Carrie L Graham, Andrew E Scharlach, Bradford Stark.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 5, July 2017, pp 335-354.
Villages are a relatively new, consumer-directed model that brings together older adults in a community who have a mutual interest in ageing in place. These membership organisations provide social and civic engagement opportunities, volunteer provided support services and referral to vetted community providers to achieve their primary goals of promoting independence and preventing undesired relocations. This cross sectional survey of 1,753 active Village members from 28 Villages across the US measured members' perceived impacts in the areas of social connection, civic engagement, service access, health and well-being and ability to age in place. Results showed that involvement in the Village was a key factor associated with greater perceived impacts. Over half of members perceived that the Village had improved their sense of connection to others and their feeling that they had someone to count on. Though younger members in better health were more likely to perceive impacts in social connections, results suggest that older women living alone with some disability may be the most likely to experience improved health, quality of life and mobility. The implications for social work practice are discussed. (JL)
ISSN: 01634372 From : http://dx.doi.org/10.1080/01634372.2017.1330299

240/70 Older UK sheltered housing tenants' perspectives of well-being ad their usage of hospital services; by Glenda Cook, Cathy Bailey, Philip Hodgson (et al).: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1644-1654.
Sheltered housing in the UK is a form of service-integrated housing for people, predominantly aged 60+. This study aimed to examine sheltered housing tenants' views of health and well-being, the strategies they adopted to support their well-being, and their use of health and social care services through a Health Needs Assessment. The study used a parallel, three-strand mixed method approach to encompass the tenants' perceptions of health and well-being (n = 96

participants), analysis of the service's health and well-being database, and analysis of emergency and elective hospital admissions (n = 978 tenant data sets for the period January to December 2012). Tenants' perceptions of well-being were seen to reinforce much of the previous work on the subject with strategies required to sustain social, community, physical, economic, environmental, leisure, emotional and spiritual dimensions. Of the tenants' self-reported chronic conditions, arthritis, heart conditions and breathing problems were identified as their most common health concerns. Hospital admission data indicated that 43% of the tenant population was admitted to hospital (886 admissions), with 53% emergency and 47% elective admissions. The potential cost of emergency as opposed to elective admissions was substantial. The mean length of stay for emergency admissions was 8.2 days (median 3.0 days), while elective hospital admission had a mean length of stay of 1.0 day (median 0.0 days). These results suggest the need for multi-professional health, social care and housing services interventions to facilitate sheltered housing tenants' aspirations, and to support their strategies to live well and independently in their own homes. Equally, there is a need to increase tenants' awareness of health conditions and their management, the importance of services which offer facilitation, resources and support, and the key role played by prevention and reablement. (RH)
ISSN: 09660410 From : http://wileyonlinelibrary.com/journal/hsc

240/71 Preventing isolation in sheltered housing: challenges in an era of reduced support funding; by Anne M Gray.: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 186-194.
This paper aims to inform the policies of sheltered housing providers with regard to preventing isolation amongst residents and in generating practical support between them, particularly in the current period of reduced funding for housing support. The author reports a postal survey of 120 residents across eight estates, focus groups on these and eight other estates, and survey responses from 326 estate managers. Survey findings indicate that childless residents are especially vulnerable to lack of support: they depend on friends or on paid care. Those estates with a rich array of organised social activities generated more support and friendships amongst neighbours than those with few activities. Managers perform an important service in generating and supporting social activities, but their role is diminishing and restricted by short hours on site. Residents' groups need capacity-building support to organise more by themselves. Cross-generational contacts are particularly valuable, but residents need help to access them outside of their own families. Certain forms of group activity which are the most valuable in terms of promoting mental stimulation and exercise are rarely organised by residents' groups without staff support. How to generate mutual aid between residents is an important objective for housing providers in a period of reduced funding for staff time and of severe constraints on social care budgets. (RH)
ISSN: 13663666 From : http://www.emeraldinsight.com/loi/wwop

## INFORMATION AND COMMUNICATION TECHNOLOGY

240/72 Information and communication technology-mediated support for working carers of older family members: an integrative literature review; by Stefan Andersson, Christen Erlingsson, Lennart Magnusson, Elizabeth Hanson.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 247-273.
How best to support working carers is being paid increased attention across Europe and internationally. This article examines a largely unexplored area within the empirical literature, namely, information and communication technology-mediated support for working carers of older people. Using an integrative review methodology to draw on both quantitative and qualitative data, 14 studies were identified. Themes included making work-life balance easier, reducing the burden of caregiving, and promoting well-being. Factors to consider in the design, implementation and evaluation of innovative support solutions for working carers are put forward. However, a lack of longitudinal studies and biased samples warrants further investigation. (RH)
ISSN: 23978821 From : http://policypressco/journals/international-journal-of-care-and-caring

## INTERGENERATIONAL ISSUES

(See Also 240/67)

240/73 The millennial bug: public attitudes on the living standards of different generations; by Hannah Shrimpton, Gideon Skinner, Suzanne Hall, Resolution Foundation; Intergenerational Commission; Ipsos MORI. London: Resolution Foundation, 9 September 2017, 62 pp.
The Resolution Foundation commissioned this report from Ipsos MORI, which is in two main sections: what people think about each generation's living standards; and what has caused these differences and what should be done. Housing, jobs and retirement living standards are identified as key concerns: relatively little blame is placed on the actions of generations themselves.

Findings are based on an online survey of 2,179 British adults aged 16-75 in May 2017, and a workshop with members of different generations in London in June 2017. The report finds that Britons no longer think young people will have a better life than previous generations: about half of adults (48%) believe that millennials will have a worse life than their parents. Such pessimism extends to millennials themselves: one third (33%) would prefer to have grown up at the time when their parents were children. Only 15% of baby boomers would rather be growing up today. The workshop found high levels of intergenerational solidarity, with sympathy from older generations about the challenges faced by young people, and little resentment among the young towards older people's more favourable circumstances. While two thirds of adults recognised the challenges faced by the young, only 23% thought that older people should make sacrifices to help out younger generations. Annexes provide detail on the methodology, and a copy of the questionnaire used in the online survey. (RH)
From : http://www.resolutionfoundation.org/app/uploads/2017/09/The-Millennial-Bug.pdf

240/74 Structural relationship between emotional and social support for young adult carers towards intergenerational care of the multi-ethnic elderly; by Nurul Hudani, teri Hayati Megat Ahmad, Dahlan A Malek (et al).: Emerald.
Quality in Ageing and Older Adults, vol 18, no 3, 2017, pp 188-200.
The structural relationship was examined between the emotional and social support provided for individuals with caring responsibilities for older relatives, and the quality of care actually delivered. In addition, the moderating role of gender is explored. The authors used a quantitative research design in which 200 usable questionnaires were collected from 250 respondents in Sabah, Malaysia, young adults with caregiving roles in respect of ageing parents or other close older relatives. The structural equation modelling (SEM) technique was selected for data analysis, and the Analysis of moment structure software version 21 was used. The SEM results revealed that emotional support for caregivers was the most important predictor affecting the intergenerational care of multi-ethnic older people. Additionally, a moderation analysis revealed that the relative influence in this connection was more pronounced among female caregivers. An increase in the emotional support received by the recipient was found to enhance the level of the relationship, and to result in closer intergenerational ties in the care of multi-ethnic older people. Furthermore, the receipt of social support positively influences the judgement of an individual, and expands that person's social network, which can subsequently have a favourable impact on the way in which the caring role is fulfilled. The significant effect of social support provided for intergenerational caregivers in the context of multi-ethnic older people was higher in the group of male caregivers than in the group of female caregivers. This study sends a strong message to policy-makers in developing countries about the need to consider within their National Policy for Older People, improvements in the national action plan for a holistic and integrated approach to ensure the well-being of caregivers and older people. The results of the study help young adults to understand the importance of emotional and social support in boosting their relationships with parents and families, and motivating intergenerational efforts in the care of multi-ethnic older people. Harmony within families is an important ideal in any circumstance; but in the scenario of ageing family members, it may be even more essential to try to achieve it. (RH)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi/qaoa

## INTERNATIONAL AND COMPARATIVE

(See 240/15, 240/24, 240/34, 240/80, 240/133)

## LEARNING DIFFICULTIES

(See Also 240/57)

240/75 The factors associated with care-related quality of life of adults with intellectual disabilities in England: implications for policy and practice; by Stacey Rand, Juliette Malley.: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1607-1619.
Over the last three decades, quality of life (QoL) has been advocated as an indicator of social care outcomes for adults with intellectual disabilities. In England, the Adult Social Care Survey (ASCS) is conducted annually by local authorities to contribute to the evidence base of the care-related QoL of people receiving publicly funded adult social care. This study explores relationships between QoL and non-care-related factors to identify relationships that could inform social care policy and practice. Cross-sectional data collected from 13,642 adults who participated in the 2011 and 2012 ASCS were analysed using regression to explore the factors associated with QoL measured using the Adult Social Care Outcomes Toolkit (ASCOT). Self-rated health, rating of the suitability of home design and anxiety and/or depression were all found to be significantly associated with ASCOT. Other individual and survey completion

factors were also found to have weak significant relationships with ASCOT. The models also indicate that there was an increase in overall ASCOT-QoL and in five of the eight ASCOT domains (Personal comfort and cleanliness, Safety, Social participation, Occupation and Dignity) between 2011 and 2012. These findings demonstrate the potential value of QoL data for informing policy for people with intellectual disabilities by identifying key factors associated with QoL, the characteristics of those at risk of lower QoL, and QoL domains that could be targeted for improvement over time. Future research should establish causal relationships and explore the risk adjustment of scores to account for variation outside of the control of social care support. (RH)
ISSN: 09660410
From : http://wileyonlinelibrary.com/journal/hsc

## LEISURE

240/76 Non-digital game playing by older adults; by W Ben Mortenson, Andrew Sixsmith, David Kaufman.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 342-350.
Research on the effects of video games on cognition and behaviour has been extensive, yet little research has explored non-digital forms of game playing, especially among older adults. As part of a larger survey on game playing, 886 respondents aged 55 years and above filled out questionnaires about non-digital game play. The study aims were to determine perceived benefits of non-digital game play and to determine socio-demographic factors that might predict perceived benefits. Survey results indicated that non-digital game playing is social in nature and common (73% of respondents) among older adults. Older adults play for fun, but also to help maintain their cognition. Regression analyses indicated that various socio-demographic factors _ age, education, gender and race _ were independently associated with perceived benefits from game playing. The results thus emphasise the importance of non-digital game playing in this population and suggest that efforts to facilitate game playing may improve social interactions and quality of life. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## LGBT

240/77 'Everyday advocates' for inclusive care?: Perspectives on enhancing the provision of long-term care services for older lesbian, gay and bisexual adults in Wales; by Paul Willis, Michele Raithby, Tracey Maegusuku-Hewett, Penny Miles.: Oxford University Press.
British Journal of Social Work, vol 47, no 2, March 2017, pp 409-426.
This paper centres on a neglected area of social work with older people - the social inclusion of older lesbian, gay and bisexual (LGB) adults in long-term care environments. The translation of equality law into the delivery of adult care services is a challenging endeavour for organisations, even more so in the morally contested terrain of sexual well-being. The authors report findings from a mixed-methods study into the provision of long-term care for older adults who identify as lesbian, gay and bisexual (LGB). They present findings from a survey of care workers and managers (n = 121), and from focus groups with equality and LGB stakeholder representatives (n = 20) in Wales. Focusing on the current knowledge and understanding of staff, the authors suggest that affirmative beliefs and practices with sexual minorities are evident amongst care workers and managers. However, the inclusion of LGB residents needs to be advanced systemically at structural, cultural and individual levels of provision. There is a need for enhancing awareness of the legacy of enduring discrimination for older LGB people, for cultural acceptance in care environments of older people's sexual desires and relationships, and for a more explicit implementation of equality legislation. Social workers in adult care can advance this agenda. (RH)
ISSN: 00453102
From : https://doi.org/10.1093/bjsw/bcv143

240/78 Perceived support and the retirement expectations of sexual minority adults; by Steven E Mock, Emily Schryer.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 170-177.
Despite the importance of retirement planning among an ageing population, little is known about the retirement planning of sexual minority adults (e.g., gay, lesbian, bisexual) and their potentially unique challenges. In this study the authors compared retirement planning perceptions of these adults with those of heterosexual adults and examined the potential role of social support. There were no significant differences between sexual minorities and heterosexual adults regarding their expected retirement age, certainty of retirement age and anticipated income adequacy in retirement, and higher levels of perceived support were associated with younger anticipated retirement age and greater certainty in retirement planning perceptions.

Perceived support also had a stronger association with retirement planning perceptions for sexual minority adults compared to heterosexuals, such that lower perceived support was associated with a later retirement age and less certainty about retirement age, and lower levels of perceived support were linked to diminished anticipated retirement income adequacy for sexual minority adults. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## LONELINESS AND SOCIAL ISOLATION

(See Also 240/22, 240/71)

240/79 Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review; by David McDaid, Annette Bauer, A-La Park, Personal Social Services Research Unit - PSSRU, London School of Economics. London: Personal Social Services Research Unit, London School of Economics, September 2017, 13 pp (Briefing paper).
The Campaign to End Loneliness contracted the Personal Social Services Research Unit (PSSRU) to conduct this systematic review, which looks at what we know about the economic case for tackling loneliness, and suggests steps that could be taken to strengthen the evidence base on the cost-effectiveness of actions to tackle loneliness. It provides evidence on different types of intervention: befriending; participation in social and healthy lifestyle activities; and signposting and navigating services. (RH)
From : https://www.campaigntoendloneliness.org/resources/

240/80 Social isolation in Chinese older adults: scoping review for age-friendly community planning; by M Anum Syed, Lynn McDonald, Corinne Smirle ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 223-245.
Chinese older adults may be at increased risk of social isolation and loneliness, and a fragmented understanding exists about the challenges they face for social participation in their neighbourhoods and communities. In this study a scoping review was undertaken to describe current knowledge on social isolation and loneliness in urban-dwelling Chinese older adults living in Western societies to inform future research, practice and policy in Canada. 19 articles met the inclusion criteria. The World Health Organization's age-friendly community framework contextualised the study findings. Studies identified issues related to (1) social participation; (2) community support and health services; (3) housing; (4) community and information; (5) respect and social inclusion; (6) outdoor spaces and public buildings; (7) civic participation and employment; and (8) transportation. Social isolation and loneliness is a growing concern in this population in Canada, and additional research is needed to identify its scope and effective interventions. (JL)
ISSN: 07149808 From : http://cambridge.org/cjg

## LONG TERM CARE

(See Also 240/77, 240/107)

240/81 Factors associated with residential long-term care wait-list placement in North West Ontario; by Audrey Laporte, Adrian Rohit Dass, Kerry Kuluski ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 286-305.
This article was based on a study investigating factors associated with long-term care waiting list placement in Ontario, Canada. The study's analysis was based on Resident Assessment Instrument for Home Care (RAI-HC) data for 2014 in the North West Local Health Integration Network (LHIN). The analysis quantified the contribution of three factors on the likelihood of waiting list placement, namely: (1) care recipient, (2) informal caregiver, and (3) formal system. It was found that that all three factors were significantly related to waiting list placement. The results of this analysis could have implications for policies aimed at reducing the number of individuals in the community on waiting lists for residential care. (JL)
ISSN: 07149808 From : http://cambridge.org/cjg

## LONG TERM CONDITIONS

(See Also 240/40)

240/82 Older adult spouses with multiple chronic conditions: challenges, rewards, and coping strategies; by Shelley Peacock, Bharati Sethi, Allison Williams ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 209-222.
There is little research exploring how spouses of older adults with multiple chronic conditions make meaning of their caregiving experience. In this study the question was asked: What is the

experience of spousal caregivers to persons with multiple chronic conditions? The authors applied Thorne's interpretive description approach, interviewing 18 spouses who provided a rich description of their caregiving experience, in which interviews were transcribed verbatim and thematically analysed. Themes were categorised according to challenges encountered, rewards gleaned and sustaining strategies employed by participants in caring for their spouse. Unique findings related to the challenges inherent in decision-making within the context of multiple chronic conditions. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## MEDICAL ISSUES

240/83 The growing challenge of major trauma in older people: the role for Comprehensive Geriatric Assessment?; by James Michael Fisher, Charlotte Bates, Jay Banerjee.: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 709-712.
This short commentary describes the impact that an ageing population is having on the nature of major trauma seen in emergency departments. The proportion of major trauma victims who are older people is rapidly increasing and a fall from standing is now the most common mechanism of injury in major trauma. Potential barriers to effective care of this patient group are highlighted, including: a lack of consensus regarding triage criteria; potentially misleading physiological parameters within triage criteria; non-linear patient presentations and diagnostic nihilism. It is argued that the complex ongoing care and rehabilitation needs of older patients with major trauma may be best met through Comprehensive Geriatric Assessment (CGA). Furthermore, the use of frailty screening tools may facilitate more informed early decision-making in relation to treatment interventions in older trauma victims. The authors call for geriatric medicine and emergency medicine departments to collaborate. They highlight that equipping urgent care staff with the basic competencies necessary to initiate CGA should be a priority, and geriatricians have a key role to play in delivery of such educational interventions. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/84 New horizons in Comprehensive Geriatric Assessment; by S G Parker, A McLeod, P McCue ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 713-721.
In this article the authors discuss the emergence of new models for delivery of Comprehensive Geriatric Assessment (CGA) in the acute hospital setting. CGA is the core technology of Geriatric Medicine and for hospital inpatients it improves key outcomes such as survival, time spent at home and institutionalisation. Traditionally It is delivered by specialised multidisciplinary teams, often in dedicated wards, but in recent years has begun to be taken up and developed quite early in the admission process (at the `front door'), across traditional ward boundaries and in speciality settings such as surgical and pre-operative care and oncology. A scan of recent literature, including observational studies of service evaluations, and abstracts of conference presentations, provides an overview of an emerging landscape of innovation and development in CGA services for hospital inpatients. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/85 The second cultural revolution in geriatric medicine; by Muir Gray.: British Geriatrics Society.
BGS Newsletter, no 61, June 2017, pp 4-7.
Sir Muir Gray, a leading doctor and campaigner and author of several books, calls for a new cultural revolution in geriatric medicine that emphasises that prevention of ill-health through physical fitness is possible at any age. He argues that a new problem has arisen in geriatric medicine, namely that of over-diagnosis and over-treatment, whereas the original problem was under-diagnosis and under-treatment. This is a consequence of what some people call multimorbidity but is actually a consequence of multi-speciality medical care, i.e. specialists in different disciplines making interventions either unaware of, or unclear of, the consequences of treatments being prescribed for that individual in other disciplines. The BGS therefore needs to lead a cultural revolution to emphasise that people of any age and with any number of conditions can become fitter and that increased fitness may prevent or delay the onset of the need for social care. (JL)
ISSN: 17486343 From : http://www.bgs.org.uk

240/86 Why geriatric medicine?: A survey of UK specialist trainees in geriatric medicine; by James Michael Fisher, Mark J Garside, Peter Brock ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 672-677.
There is concern that there are insufficient numbers of geriatricians to meet the needs of the

ageing population. A 2005 survey described factors that influenced why UK geriatricians had chosen to specialise in the field. Since then, UK postgraduate training has undergone a fundamental restructure. The objective of this study was to explore whether the reasons for choosing a career in geriatric medicine in the UK had changed over time, with the goal of using this knowledge to inform recruitment and training initiatives. An online survey was sent to all UK higher medical trainees in geriatric medicine, in which questions that produced categorical data were analysed with simple descriptive statistics. For the questions that produced free-text responses, an inductive, iterative approach to analysis, in keeping with the principles of framework analysis, was employed. Out of 641 eligible respondents, 269 responses were received. Compared with the previous survey, a substantially larger number of respondents regarded geriatric medicine to be their first-choice speciality and a smaller number regretted their career decision. A greater number chose geriatric medicine early in their medical careers. Commitments to the general medical rota and the burden of service provision were considered important downsides to the speciality. There are reasons to be optimistic about recruitment to geriatric medicine. Future attempts to drive up recruitment might legitimately focus on the role of the medical registrar and perceptions that geriatricians shoulder a disproportionate burden of service commitments and obligations to the acute medical take. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

## MENTAL CAPACITY

240/87 Measuring the impact of a public awareness campaign to increase welfare Power of Attorney registrations in Scotland; by Kate A Levin, Jill Carson, Emilia Crighton.: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 659-664.
The purpose of this study was to measure the impact of a media campaign known as `My Power of Attorney' on the number of new power of attorney (POA) registrations in Scotland. The primary focus was on POA registrations processed by the Office of the Public Guardian from January 2010 through to June 2015. Multilevel Poisson models for POA registrations nested by council and annual quarter were run using Markov chain Monte Carlo methods. POA registrations saw a reduction between 2010 and 2011, however they increased overall between 2010 and 2015. POA registrations rose by 33.3% in Glasgow City between 2013 and 2014 when the campaign began, while the rest of Scotland saw a rise of 17.3%. When the data were modelled, Relative Risk (RR) of a POA registration increased with increasing intensity of campaign, so that in an area in receipt of the full campaign was RR = 1.31 (1.28, 1.34) that of an area with no campaign. Between council variation persisted after adjustment for campaign (Variance = 0.041 (0.011)). During the period of the campaign, area-level increases in POA registrations were observed associated with the `My Power of Attorney' timing and location, in an approximate dose-response relationship with campaign intensity, suggesting that this was likely to be due to the campaign that began in Glasgow City. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/88 Mental capacity and deprivation of liberty: the Law Commission's review of the deprivation of liberty safeguards; by Tim Spencer-Lane.: Emerald.
Journal of Adult Protection, vol 19, no 4, 2017, pp 220-227.
The Law Commission report, `Mental Capacity and Deprivation of Liberty' was published in March 2017. The report, which also includes a draft Bill, was the culmination of a three year review of the Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act. The Law Commission report calls for the DoLS to be replaced, and sets out a new scheme called the Liberty Protection Safeguards. This paper summarises the Law Commission's recommendations. (JL)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

## MENTAL HEALTH

(See Also 240/45, 240/57, 240/59, 240/60, 240/75)

240/89 Examining rural older adults' perceptions of cognitive health; by Juanita Bacsu, Sylvia Abonyi, Marc Viger ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 318-327.
Existing cognitive health literature focuses on the perspectives of older adults with dementia. However little is known about the ways in which healthy older adults without dementia understand their cognitive health. In rural communities, early dementia diagnosis may be impeded by numerous factors including transportation challenges, cultural obstacles, and

inadequate access to health and support services. Based on participant observation and two waves of 42 semi-structured interviews, this study examined healthy, rural older adults' perceptions of cognitive health. By providing an innovative theoretical foundation informed by local perspectives and culture, findings revealed a complex and multidimensional view of cognitive health. Rural older adults described four key areas of cognitive health ranging from independence to social interaction. As policy makers, community leaders and researchers work to address the cognitive health needs of the rural ageing demographic, it is essential that they listen to the perspectives of rural older adults. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

240/90 The survival and characterisitcs of older people with and without dementia who are hospitalised following intentional self-harm; by Rebecca Mitchell, Brian Draper, Lara Harvey ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 8, August 2017, pp 892-900.
Characteristics of older people with and without dementia who are hospitalised following self-harm remains largely unexplored. The aim of the research was to compare characteristics of older people with and without dementia who self-harm, to compare associations of mental health-related diagnoses with those hospitalised for a self-harm versus a non-self-harm injury, and to examine mortality by injury intent. This was a population-based study of individuals aged over 50 years with and without dementia admitted to hospital for a self-harm injury (and those with other injuries) using linked hospital admission and mortality records during 2003-2012 in New South Wales (NSW), Australia. Health outcomes, including hospital length of stay (LOS), 28-day readmission and 30-day and 12-month mortality were examined by dementia status. There were 427 hospitalisations of individuals with dementia and 11,684 hospitalisations of individuals without dementia following self-harm. The hospitalisation rate for self-harm for individuals with dementia aged over 60 years was double the rate for individuals without dementia (72.2 and 37.5 per 100,000). For both older people with and without dementia, those who self-harmed were more likely to have co-existent mental health and alcohol use disorders than individuals who had a non-self-harm injury. Individuals with dementia had higher 12-month mortality rates, 28-day readmission and longer LOS than individuals without dementia. Dementia is associated with an increased risk of hospitalisation for self-harm in older people and worse outcomes. The high rate of coexistent mental health conditions suggests that interventions which reduce behavioural and psychological symptoms of dementia might reduce self-harm in people with dementia. (JL)
ISSN: 08856230
From : http://www.orangejournal.org

## MENTAL HEALTH CARE

(See Also 240/75)

240/91 What becomes of people admitted to acute old age psychiatry wards?: an exploration of factors affecting length of stay, delayed discharge and discharge destination; by Sue Tucker, Claire Hargreaves, Mark Wilberforce ... (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 9, September 2017, pp 1027-1036.
The study sought to identify variables associated with increased length of stay on old age psychiatry inpatient wards. It also explored factors related to delayed discharge and the likelihood of patients admitted from home returning there. Data were collected on the sociodemographic, clinical and service receipt characteristics of a six-month series of admissions to seven wards in England in 2010-2011. The cohort was followed for a nine- to 11-month period. The relationship between patients' status on admission and the specified outcome variables was explored. Information was collected on 216 admissions, of whom 165 were discharged in the study period. Mean length of stay was 64 days. Female gender, higher dependency, greater challenging behaviour and locality predicted extended stay. 40% of cases experienced delayed discharge. Better physical health, more cognitive impairment, receipt of social care and locality were associated with delayed discharge. The vast majority of patients admitted from home returned there. Younger patients and patients with less dependency, cognitive impairment and challenging behaviour had a higher likelihood of returning home. Patients receiving social care or admitted because of carer stress, a risk of self-neglect, accidental self-harm or abuse/exploitation were less likely to return home. This study provides a useful starting point for identifying cases on which future efforts to improve inpatient outcomes might centre and suggests that local rather than national responses may be needed. It also highlights an urgent need for a national focus on the scope, purpose and effectiveness of acute inpatient care. (JL)
ISSN: 08856230
From : http://www.orangejournal.org

## MIGRATION

(See Also 240/17, 240/19)

240/92 The time intensity of childcare provided by older immigrant women in the United States; by Alma Vega.: Sage.
Research on Aging, vol 39, no 7, August 2017, pp 823-848.
Older adults comprise an increasing share of new legal admissions to the United States. While many are financially dependent on their families, a more complete picture requires taking into account the nonmonetary contributions of this population. Using the American Time Use Survey, this study examines whether older recent immigrant women provide more unpaid childcare than their native-born and more established immigrant counterparts. Results suggest that while older recent immigrant women are more likely to provide unpaid childcare, this effect is eliminated upon controlling for demographic characteristics. However, among those who do provide childcare, older recent immigrant women provide more hours of care even after controlling for demographic and household characteristics. This pattern holds up even after restricting the analysis to women living with young children. These results may signal reciprocal supportive networks. Working-age adults may financially support older recent immigrants, while older recent immigrants provide unremunerated childcare for working-age adults. (JL)
ISSN: 01640275 From : http://journals.sagepub.com/home/roa

## MORTALITY

(See Also 240/55)

240/93 North-South disparities in English mortality 1965-2015: longitudinal population study; by Iain E Buchan, Evangelos Kontopantelis, Matthew Sperrin, Tarani Chandola, Tim Doran.
Journal of Epidemiology & Community Health, vol 71, 7 August 2017, pp 928-936.
Social, economic and health disparities between northern and southern England have persisted, despite Government policies to reduce them. The authors examine long-term trends in premature mortality in northern and southern England across age groups, and whether mortality patterns changed after the 2008-2009 Great Recession. The source used is a population-wide longitudinal (1965-2015) study of mortality in England's five northernmost versus four southernmost Government Office Regions - halves of overall population. The study found that from 1965 to 2010, premature mortality (deaths per 10,000 aged 75+) declined from 64 to 28 in southern England versus 72 to 35 in northern England. From 2010 to 2015, the rate of decline in premature mortality plateaued in northern and southern England. For most age groups, northern excess mortality remained consistent from 1965 to 2015. For the 25-34 and 35-44 age groups, however, northern excess mortality increased sharply between 1995 and 2015: from 2.2% (95% CI -3.2% to 7.6%) to 29.3% (95% CI 21.0% to 37.6%); and 3.3% (95% CI -1.0% to 7.6%) to 49.4% (95% CI 42.8% to 55.9%), respectively. This was due to northern mortality increasing (ages 25-34) or plateauing (ages 35-44) from the mid-1990s, while southern mortality mainly declined. The study concludes that England's northern excess mortality has been consistent among those aged under 25 and 45+ for the past five decades, but risen alarmingly among those aged 25-44 since the mid-90s, long before the Great Recession. This profound and worsening structural inequality requires more equitable economic, social and health policies, including potential reactions to the England-wide loss of improvement in premature mortality. (RH)
From : http://jech.bmj.com/content/71/9/928

240/94 Predictive strength of self-rated health for mortality risk among older adults in the United States: does it differ by race and ethnicity?; by Hyeyoung Woo, Anna Zajacova.: Sage.
Research on Aging, vol 39, no 7, August 2017, pp 879-905.
Self-rated health (SRH) is widely used to capture racial and ethnic disparities in health. It is therefore critical to understand whether individuals with different racial and ethnic backgrounds assess their SRH differently. Despite the high overall predictive validity of SRH for subsequent mortality, few studies have paid attention to potential variations by race and ethnicity. This study looked at racial and ethnic differences in the predictive validity of SRH for subsequent mortality risk among older adults with ages ranges 55-84 years by estimating Cox Proportional Hazard models using data from the National Health Interview Surveys Linked Mortality Files from 1989 through to 2006. Results indicated that SRH predicted mortality risk less well for non-Hispanic Blacks and Hispanics than non-Hispanic Whites. Three proposed mechanisms - socioeconomic status, immigration status and cause of death - explained only a modest proportion of the variation. These results suggest that individuals from different racial and ethnic groups may evaluate their heath differently, and thus caution is necessary when using SRH to estimate racial and ethnic health disparities. (JL)
ISSN: 01640275 From : http://journals.sagepub.com/home/roa

## NEIGHBOURHOODS AND COMMUNITIES

(See Also 240/66)

240/95 Conceptualising social connectivity in the context of age-friendly communities; by Verena H Menec.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 99-116.
In 2011, the author and colleagues (Means, Keating, Parkhurst and Eales) conceptualised age-friendly communities from an ecological perspective. The aim was to highlight key assumptions of the interplay between the person and the environment, including both the community environment and the larger policy and political environment. Moreover, they proposed that a basic benefit of an age-friendly community is that it creates social connectivity. Fundamentally, they argued, age-friendly communities create connections between the older person and the environment in which he or she lives and vice versa. The purpose of the present article is to expand on the notion of social connectivity. By drawing on diverse bodies of literature, such as social epidemiology, community development, empowerment, and organisational effectiveness, the author aims to conceptualise social connectivity in terms of four interrelated components: creating connections; empowerment; social influence; and access to material resources and services. Consistent with ecological theory, each of these components is described at the individual, organisational and community level. Implications for implementing age-friendly initiatives and research are discussed. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

240/96 Defining the goals of age-friendly interventions; by Allen Glicksman, Lauren Ring.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 93-98.
While the term "age-friendly" has become ubiquitous in the field of social gerontology, a clear definition of the term remains elusive. In an effort to clarify the role of age-friendly initiatives, Verena H Menec and colleagues presented a framework focused on social connectivity within an ecological model. The articles in this special issue of Journal of Housing for the Elderly address issues raised by this approach, and its implications for policy, programs and scientific research. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

240/97 Ecological approaches to an age-friendly Portland and Multnomah County; by Alan DeLaTorre, Margaret B Neal.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 130-145.
Researchers at Portland State University's Institute on Aging (IOA) in Oregon conducted Portland's age-friendly baseline assessment as part of the World Health Organization's (WHO) original 2006-2007 Global Age-Friendly Cities Project. This article describes the ongoing Portland and Multnomah County age-friendly initiatives, using Verena H Menec et al's ecological framework (Conceptualizing age-friendly communities; in: Canadian Journal on Aging, 30(3), 2011, pp 479-493), to highlight the interplay between people and environments (i.e. physical, social and service environments). An overview is provided of Portland's age-friendly community-based research, the evolution and role of the Advisory Council, as well as recent housing policies that have been developed through university-community partnerships. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

240/98 Experiencing civil unrest: elderly voices on Ferguson; by Nancy Morrow-Howell, Clarissa Jackson, Jacquelyn Lewis-Harris ... (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 4, May-June 2017, pp 256-269.
In August 2014 Ferguson, Missouri became the centre of attention in the United States when Michael Brown Jr., an unarmed African American teenager was killed by a White police officer. Civil unrest continued for weeks. The aim of this study was to learn how older adults experienced the social unrest. Ten focus groups were conducted with 73 participants. Eight themes were identified. Issues related to safety were most commonly discussed. Participants reported a breakdown in intergenerational communications and expressed a desire for more exchange. Findings are being discussed with relevant organisations to increase the involvement of older adults in on-going community development efforts and to provide opportunities for intergenerational dialogue. (JL)
ISSN: 01634372 From : http://www.tandfonline.com

240/99 The future of age-friendly: building a more inclusive model using principles of ecology and social capital; by Lauren Ring, Allen Glicksman, Morton Kleban, Julie Nostrand.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 117-129.

Verena H Menec's 2011 framework for understanding age-friendly efforts rests on two ideas: first, that we need to take an ecological approach to develop these programs; second, that social connectedness forms the core of what makes a program age-friendly. The authors build on previous research in which they demonstrated the association between social connectedness and the health outcomes that are often the goals of age-friendly efforts. They have added an environmental measure, in order to determine whether using an ecological approach improves our understanding of the relation of social connectedness to health outcomes. They discovered that the added measure does strengthen their model. (RH)

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

240/100 Research on age-friendly community initiatives: taking stock and moving forward; by Amanda J Lehning, Emily A Greenfield.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 2, April-June 2017, pp 178-192.

Age-friendly community initiatives (AFCIs) are a promising approach to supporting physical, cognitive, mental and social health in later life. However, to date, there are gaps in our understanding of these initiatives' development, implementation, sustainability and effectiveness. The authors describe existing scholarship on age-friendly community initiatives. They focus on on conceptual and empirical knowledge development as to what age-friendliness and AFCIs are, as well as AFCIs' inputs (i.e. the process of age-friendly community change), outputs (i.e. organisational and community changes), and outcomes (i.e. changes in individual older adults). They discuss some of the barriers to integrating research and practice in this field, including AFCIs' multifaceted approach and limited funding for evaluation and research. They conclude with steps to advance knowledge that can help to promote more evidence-informed age-friendly policies and practices. Additional scholarship regarding what change processes work under what conditions, in what ways, and for whom is essential to supporting the systematic development of community-wide approaches that promote older people's health and well-being. (RH)

ISSN: 02763893

From : http://www.tandfonline.com/doi/abs/10.1080/02763893.2017.1309937

240/101 Snow and rain modify neighbourhood walkability for older adults; by Philippa Clarke, Jana A Hirsch, Robert Melendez ... (et al).: Cambridge University Press.

Canadian Journal on Aging, vol 36, no 2, June 2017, pp 159-169.

The literature has documented a positive relationship between walkable built environments and outdoor mobility in older adults. Yet surprisingly absent is any consideration of how weather conditions modify the impact of neighbourhood walkability. In this study the authors used archived weather data linked to survey data collected from a sample of older adults in Vancouver, Canada. It was found that car-dependent neighbourhoods that featured longer block lengths, fewer intersections and greater distance to amenities became inaccessible in snow. Even older adults who lived in very walkable neighbourhoods walked to 25 per cent fewer destinations in snow. It is crucial to consider the impact of weather in the relationship between neighbourhood walkability and older adult mobility. (JL)

ISSN: 07149808 From : http://cambridge.org/cjg

## NURSING

240/102 The competencies of registered nurses working in care homes: a modified Delphi study; by Miriam Ruth Stanyon, Sarah Elizabeth Goldberg, Anita Astle ... (et al).: Oxford University Press.

Age and Ageing, vol 46, no 4, July 2017, pp 582-588.

Registered Nurses (RNs) working in UK care homes receive most of their training in acute hospitals. At present the role of care home nursing is underdeveloped and it is seen as a low status career. The present study looked at research to define core competencies for RNs working in UK care homes. A two-stage process was adopted, in which a systematic literature review and focus groups with stakeholders provided an initial list of competencies. The competency list was modified over three rounds of a Delphi process with a multi-disciplinary expert panel of 28 members. 22 competencies entered the consensus process, all of which were amended and six were split. 31 competencies were scored in round two, eight were agreed as essential, while one competency was split into two. 24 competencies were submitted for scoring in round three. In total, 22 competencies were agreed as essential for RNs working in care homes. A further 10 competencies did not reach consensus. The output of this study was an expert-consensus list of competencies for RNs working in care homes. This would be a firm basis on which to build a curriculum for this staff group. (JL)

ISSN: 10062801 From : https://academic.oup.com/ageing

## OLDER OFFENDERS

240/103 Prison: the facts: Bromley briefings: Summer 2017; by Prison Reform Trust. London: Prison Reform Trust, 2017, 14 pp.
This 'Bromley briefings' is one in a series with this title that has been produced at least twice a year since November 2006 in memory of Keith Bromley, a friend of the Prison Reform Trust (PRT). It presents recent facts and figures from government and other official sources on prisons and prisoners in England, Wales, Scotland and Northern Ireland. It includes information on older prisoners (aged 50+). Figures from the Ministry of Justice (MoJ) for October-December 2016 On 31 March 2011 show that there were 13,257 prisoners aged over 50 in England and Wales (one in six, 16%), including 1,561 aged over 70. Of these, 226 were aged 80+, and nearly all were sentenced when over the age of 70. Another trend being observed is a small but increasing number of people dying of natural causes in prison: 164 people aged 50+ in 2016, this number more than double for ten years ago. A more detailed version of this Bromley briefings (60 pp) and comments on concerns relating to older prisoners is also available. (RH)
From : http://www.prisonreformtrust.org.uk/Publications/Factfile
Prison Reform Trust, 15 Northburgh Street, London EC1V 0JR.
e-mail: prt@prisonreformtrust.org.uk

## ORAL HEALTH

240/104 The oral health status of older patients in acute care on admission and Day 7 in two Australian hospitals; by Jennifer Mary Gibney, Clive Wright, Anita Sharma ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 852-856.
The objective of this study was to determine the oral health status of older patients in acute care wards at admission and after seven days. This was a prospective descriptive study conducted in two acute tertiary referral hospitals in New South Wales, Australia. Oral health was assessed on admission (within 24 hours) and after seven days using the Oral Health Assessment Tool. A total of 575 patients were admitted under the Geriatric teams at the two hospitals. 435 (76%) patients had oral cleanliness (debris) scores in the `not healthy' range with food particles, tartar or plaque evident in at least one area in most areas of the mouth, teeth or dentures. After seven days 206 were reassessed. 149 patients (73%) were in the `not healthy' range and of these 127 (62%) had the same score as on admission. Poor oral health is common in older people admitted to hospital acute care wards and does not improve over a seven-day period. Given the link between oral health and general health the next steps are to determine how oral health can be improved in this setting and to see whether this leads to better patient outcomes. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/105 Oral health strategy for the older people in social protection centers in Villavicencio, Colombia; by Claudia Patricia Rodas Avellaneda, María del Pilar Angarita Díaz, Luis Francisco Nemocon Ramírez (et al).: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 167-177.
In Colombia, social protection centres (SPC) are places that provide either permanent or temporary housing for older people. This paper's aim is to design and implement an oral health educational strategy that targeted an older population residing in three SPCs in Villavicencio, Colombia. The first phase aimed to determine the oral health of older people in the SPC. To do this, the research group gathered patients' personal information and indices. The second phase was development of an educational strategy based on the population's requirements. Focusing on oral hygiene and denture care, the strategy was implemented for the older people and their caregivers. In the third and final phase, the research group measured the effect of the designed strategy, by repeating oral diagnoses for the older people six months after strategy implementation. The results of the assessment indicated that implementing a strategy to strengthen oral hygiene care was positive, given that statistically significant reductions were observed in the soft plaque index and the Gingival Index (pp0.05). Because of the population's complexity, the data obtained after the strategy was implemented were significantly reduced. However, these results indicate that an educational strategy can have an effect on this type of population. Implementing a strategy that promotes oral hygiene education and brushing skills fosters good oral behaviour, and helps the older people in SPCs to remember the information taught, thus contributing to their oral hygiene. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

240/106 Preventive oral health intervention among older home care clients; by Annamari Nihtila, Evelina Tuuliainen, Kaija Komulainen ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 846-851.
Poor oral health is common among older people dependent on supportive care and it affects their quality of life. Cognitive impairment and functional dependency may increase the risk of compromised daily oral hygiene. The aim of this Finnish study was to investigate the effectiveness of a tailored preventive oral health intervention among home care clients aged 75 years or over. The intervention group comprised 151 patients and a control group of 118 patients. An interview and a clinical examination were carried out before a tailored intervention of oral and denture hygiene. The participants in both groups were re-interviewed and re-examined after six months. The intervention significantly reduced the number of plaque covered teeth and improved denture hygiene. In addition functional ability and cognitive function were significantly associated with better oral hygiene. Overall the intervention had a positive effect on oral hygiene, however the number of teeth with plaque remained high, even after the intervention. Multiple approaches based on individual needs are required to improve the oral health of vulnerable older adults, including integrating dental preventive care into a daily care plan carried out by home care nurses. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

## PALLIATIVE CARE

240/107 Broadening end-of-life comfort to improve palliative care practices in long term care; by Tamara Sussman, Sharon Kaasalainen, Susan Mintzberg ... (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 306-317.
This study aimed to (1) explore how palliative care in long-term care (LTC) addresses the tensions associated with caring for the living and dying within one care community, and (2) to inform how palliative care practices may be improved to better address the needs of all residents living and dying in LTC as well as those of the families and support staff. This article reported findings from 19 focus groups and 117 participants. Study findings revealed that LTC home staff, resident and family perspectives of end-of-life comfort applied to those who were actively dying and to their families. Findings further suggested that eliciting residents' perceptions of end-of-life comfort, sharing information about a fellow resident's death more personally, and ensuring that residents, families and staff could constructively participate in providing comfort care to dying residents could extend the purview of end-of-life comfort and support expanded integration of palliative principles within LTC. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## PARTICIPATION

240/108 Participation in advanced age: enacting values, an adaptive process; by Paul Sugarhood, Pamela Eakin, Lynn Summerfield-Mann.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1654-1680.
The concept of participation - introduced through models such as the International Classification of Functioning, Disability and Health (ICF) (World Health Organization, WHO, 2001) - has become increasingly important in health and social care. However, it has not been consistently defined or operationalised, and there is very limited research into participation in the context of advanced age and disability. This article reports a study which explored participation from the perspectives of community-living people aged over 80 years with physical rehabilitation needs. Using a grounded theory methodology, 11 participants aged 81-96 years were recruited from a London NHS Trust. The main finding was that participation was experienced as the enacting of values. Values provided the motivation for specific ways of participating in life, guided actions and behaviours, and were the means through which participation was interpreted. Commonly enacted values were: connecting with others; maintaining autonomy; affirming abilities; doing the best you can; being useful; maintaining self-identity; and pursuing interests. A process was evident, whereby participation was challenged by deteriorating health and losses, and the participants adapted (or not) to overcome these challenges. To promote participation in advanced age, health and social care policy and practice must consider the values important to older people. Interventions should be congruent with these values and promote strategies through which they can be enacted. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

## PENSIONS AND BENEFITS

(See Also 240/127)

240/109 Helping DB members make better retirement decisions: the role of schemes, advisers, regulators and government: a joint policy paper; by LCP Insight Clarity Advice, Lane Clark and Peacock LLP; Royal London. London: Royal London, August 2017, 30 pp.
In the last few years, people with Defined Benefit (DB) pension rights have had many options to reshape their retirement incomes, such as taking their pension earlier or later than the normal scheme pension age. This paper asks whether more could be done to help DB members make the right choices as they approach retirement. It brings together the results of specially commissioned surveys of occupational pension schemes and of financial advisers, to answer key questions about the role of schemes, advisers, regulators and government in reshaping pension benefits for members of DB schemes. It concludes that there are vast amounts of pension wealth lie in DB pension schemes. While people have more choices about how to access that wealth than ever before, many of those with DB pension wealth appear to have little or no information about the choices available to them, nor the support they need to make the best choices. Legislation and regulatory changes such as improved information from pension schemes, an updated regime for advising on DB to DC (Defined Contribution) transfers, and new legal rights to partial transfers could all help to deliver better outcomes for savers. (RH)
From : https://www.royallondon.com/Documents/Policy%20Papers/Helping-DB-members-make-better-retirement-choices.pdf

240/110 Recognising unpaid care in private pension schemes; by Myra Hamilton, Cathy Thomson.: Cambridge University Press.
Social Policy and Society, vol 16, no 4, October 2017, pp 517-534.
Parents and carers often have interrupted employment histories, causing gaps in their pension contributions and hence significantly lower retirement incomes. In some countries, to ameliorate these inequalities, carer credits have been introduced to maintain public pension contributions during periods of workforce absence. But improvements to credits in public schemes have taken place alongside a shift to private pensions that widens inequalities for carers. Introducing carer credits to private pensions is one method of addressing these inequalities. A search for examples of credits to private schemes in OECD countries revealed that, at present, they are rare and limited. This article sets out the design features and principles that should underpin carer credits to private pensions. (RH)
ISSN: 14747464
From : https://doi.org/10.1017/S1474746416000312

## PETS

240/111 The role of animal-assisted interventions in anti-oppressive social work practice; by Melissa Marie Legge.: Oxford University Press.
British Journal of Social Work, vol 46, no 7, October 2016, pp 1926-1941.
This Canadian study uses qualitative methodology to explore the research question, 'What role can animal-assisted interventions play in anti-oppressive social work practice?' A review of relevant literature has shown that, while animal-assisted interventions (AAI) have been demonstrated over time to have many benefits for service users, these types of interventions remain neglected by social work scholarship, and the relationship between AAI and anti-oppressive practice (AOP) has yet to be explored through research. This study supports findings that AAI practitioners have found their approaches to be congruent with an AOP approach to social work practice. Data which support this finding are presented and three themes are considered: theoretical congruencies, barriers and benefits, and novelty. Following this study, it is recommended that AOP practitioners consider using AAI in their practice; and it is suggested that social service organisations need to consider relationships between humans and other animals in developing policies. (RH)
ISSN: 00453102
From : http://www.bjsw.oxfordjournals.org

## PHYSICAL ACTIVITY

(See Also 240/23)

240/112 Co-creating a tailored public health intervention to reduce older adults' sedentary behaviour; by Calum F Leask, Marlene Sandlund, Dawn A Skelton (et al).: Sage.
Health Education Journal, vol 76, no 5, August 2017, pp 595-608.
The increasing health care costs associated with an ageing population and chronic disease burden are largely attributable to modifiable lifestyle factors that are complex and vary between

individuals and settings. Traditional approaches to promoting healthy lifestyles have so far had limited success. Recently, co-creating public health interventions with end-users has been advocated to provide more effective and sustainable solutions. The aim of this study was to document and evaluate the co-creation of a public health intervention to reduce sedentary behaviour in older adults. 11 community-dwelling older adults (mean age 74 years) and four academic researchers attended 10 interactive co-creation workshops together. The workshops took place on a university campus and the co-creators completed fieldwork tasks outside the workshops. Workshops were informed by the Participatory and Appreciative Action and Reflection methodology. Data were collected using field notes, video recording and worksheet tasks. Analysis was conducted using a qualitative content analysis approach. The co-creators developed a tailored intervention delivered through a mode congruent with older adults' lives. Key elements of the intervention included (1) education on sedentary behaviour; (2) resources to interrupt sedentary behaviour; (3) self-monitoring; (4) action planning; and (5) evaluating the benefits of interrupting sedentary behaviour. Co-creation is a feasible approach to develop public health interventions; however, it is limited by the lack of a systematic framework to guide the process. Future work should aim to develop principles and recommendations, to ensure co-creation can be conducted in a more scientific and reproducible way. The effectiveness and scaleability of the intervention should be assessed. (JL/RH)
ISSN: 00178969
From : http://journals.sagepub.com/doi/abs/10.1177/0017896917707785

240/113 Evaluation of Age and Dementia Friendly Gymnastics Programme; by Vinal Khushal Karania.: Emerald.
Working with Older People, vol 21, no 3, 2017, pp 140-146.
In this small-scale pilot qualitative evaluation in two care homes and one day care centre in Cambridgeshire, the author examines the impact of a bilaterally asymmetric gymnastics-based exercise programme on older people participating in a care home and day centre setting. The research included observing sessions delivered; interviews with older people participating, their spouses, family members and friends; interviews with staff; and a review of the diary of each session written by the person delivering the exercise programme. Older people participating in the programme showed a demonstrable improvement with aspects of their physical, emotional and cognitive ability. Older people with mild to advanced forms of dementia appeared to benefit most. The sessions were enjoyable and a real bond developed between the older people. Future research would benefit from understanding whether the observed improvements are reflected in objective measures. Inclusion of a comparison group will be important, to further add to the belief that the observed changes are caused by the programme. Inclusion of a large sample size covering different geographic areas is needed, to test more widely the viability of this programme. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

240/114 Foucault retires to the gym: understanding embodied aging in the third age; by Kristi A Allain, Barbara Marshall.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 402-414.
In light of recent social pressures leading to a reimagining of the `Third Age' as a time of constant activity rather than repose and relaxation, this article looked at the pressure on individuals to age `successfully' by engaging in physical activity in later life. Through semi-structured interviews with 15 retired or semi-retired gym-goers (eight women and seven men), the article examined how this call to increased activity impacted the ways active mid-life and older adults understood themselves and others. Drawing on Foucault's understandings of the productive nature of power, the authors argue that those who perceive themselves as successfully heeding the call to active ageing position themselves in contrast to inactive peers. Within a neoliberal framework, these participants self-identify as morally responsible citizens who, as a result of engagement in fitness activities, are authorised to survey and discipline the bodies of those `others' who will not or cannot engage in regular exercise. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## PREVENTION

240/115 A preventative lifestyle intervention for older adults (lifestyle matters): a randomised controlled trial; by Gail Mountain, Gill Windle, Daniel Hind ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 627-634.
The purpose of this study was to test whether an occupation-based lifestyle intervention could sustain and improve the mental well-being of adults aged 65 years or over compared to usual care, using an individually randomised controlled trial. 288 independently living adults aged 65 years or over with normal cognition were recruited from two UK sites between 2011 and 2015.

The intervention used in the study, known as Lifestyle Matters, and recommended by the National Institute for Health and Care Excellence, was designed to improve the mental well-being of community living older people at risk of decline. It involved weekly group sessions over four months and one to one sessions. The primary outcome was mental well-being at six months (mental health (MH) dimension of the SF-36). Secondary outcomes included physical health dimensions of the SF-36, extent of depression (PHQ-9), quality of life (EQ-5D) and loneliness (de Jong Gierveld Loneliness Scale), assessed at six and 24 months. Data on 262 participants were analysed using intention to treat analysis. Mean SF-36 MH scores at six months differed by 2.3 points after adjustments. Analysis showed little evidence of clinical or cost-effectiveness in the recruited population with analysis of the primary outcome revealing that the study participants were mentally well at baseline. The results pose questions regarding how preventive interventions to promote well-being in older adults can be effectively targeted in the absence of proactive mechanisms to identify those who are at risk of decline. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

## QUALITY OF LIFE

(See 240/75)

## REABLEMENT AND REHABILITATION

240/116 Driving forces for home-based reablement: a qualitative study of older adults' experiences; by Kari Margrete Hjelle, Hanne Tuntland, Odivar Forland, Herdis Alvsvag.: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1581-1589.
Reablement is an early and time-limited home-based intervention with emphasis on intensive, goal-oriented and interdisciplinary rehabilitation for older adults in need of rehabilitation or at risk of functional decline. This qualitative Norwegian study aimed to describe how older adults experienced participation in reablement. Eight older adults participated in semi-structured interviews. A qualitative content analysis was used as the analysis strategy. Four main themes emerged from the participants' experiences of participating in reablement: 'my willpower is needed', 'being with my stuff and my people', 'the home-trainers are essential', and 'training is physical exercises, not everyday activities'. The first three themes in particular reflected the participants' driving forces in the reablement process. Driving forces are intrinsic motivation in interaction with extrinsic motivation. Intrinsic motivation was based on the person's willpower and responsibility, and extrinsic motivation was expressed to be strengthened by being in one's home environment with 'own' people, as well as by the co-operation with the reablement team. The reablement team encouraged and supported the older adults to regain confidence in performing everyday activities as well as participating in the society. The findings contribute to an understanding of how intrinsic and extrinsic motivation influence reablement. Some people also apparently need more extrinsic motivational support after the time-limited reablement period is completed. Municipal health and care services need to consider individualised follow-up programmes after the intensive reablement period, in order to maintain the achieved skills to perform everyday activities and participate in society. (RH)
ISSN: 09660410
From : http://wileyonlinelibrary.com/journal/hsc

## RELIGION AND SPRITUALITY

240/117 Spiritual dimensions of ageing; by Malcolm Johnson, Joanna Walker (eds). Cambridge: Cambridge University Press, 2016, 312 pp.
'Spiritual dimensions of ageing' brings together contributions from an international group of leading scholars across the fields of psychology, theology, history, philosophy, sociology and gerontology. They discuss how we can interpret this learning for the benefit of older people and those who seek to serve and support them. The book distils the latest advances in research on spirituality, religion, belief and ageing, and is arranged in four main sections: the spiritual journey of ageing; cultures of the spirit in modernity; searching for meaning in later life; and meeting spiritual needs in older age. (RH)
From : Cambridge University Press, University Printing House, Cambridge, CB2 8BS. www.cambridge.org

## RESEARCH

(See Also 240/38)

240/118 An existential perspective on death anxiety, retirement, and related research problems; by John W Osborne.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 246-255.
The present study aimed to discuss aspects of existentialism relevant to existence and death anxiety (DA). Included were the 'thrownness' of existence, being-with-others, the motivational influence of inevitable death, the search for meaning, making the most of existence by taking responsibility for one's own life, and coping with existential isolation. The attempted separation of DA from object anxiety was found to be a significant difficulty. The correlations among age, gender and DA were variable. Personality and role-oriented problems in the transition to retirement were discussed along with Erikson's notion of 'generativity' as an expression of the energy and purpose of mid-life. Furthermore methodological and linguistic problems in DA research were considered. The article suggests qualitative methodologies as an interpersonal means of exploring DA within the contexts of psychotherapy and counselling. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

240/119 Notes from the hospital bedside: reflections on researcher roles and responsibilities at the end of life in dementia; by Caroline Margaret Swarbrick, Elizabeth Sampson, John Keady.: Emerald.
Quality in Ageing and Older Adults, vol 18, no 3, 2017, pp 201-211.
The authors explore some of the ethical and practical dilemmas faced by an experienced researcher in undertaking research with a person with dementia (whom they have called Amy). Amy died shortly after a period of observation had ended and the family subsequently consented to the data being shared. This individual case study presentation was nested within a larger study conducted in England and Scotland between 2013 and 2014. The overall aim of the main study was to investigate how healthcare professionals and informal carers recognised, assessed and managed pain in patients living with dementia in a range of acute settings. The presented case study of Amy raises three critical reflection points: (i) Researcher providing care, i.e. the place and positioning of compassion in research observation; (ii) What do the stories mean? i.e. the reframing of Amy's words, gestures and behaviours as (end of) life review, potentially highlights unresolved personal conflicts and reflections on loss; and (iii) Communication is embodied, i.e. the need to move beyond the recording of words to represent lived experience and into more multi-sensory methods of data capture. Researcher guidance and training about end of life observations in dementia is presently absent in the literature, and this case study stimulates debate in a much overlooked area, including the role of ethics committees. (RH)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi/qaoa

240/120 Operationalising ethical challenges in dementia research: a systematic review of current evidence; by Emily West, Astrid Stuckelberger, Sophie Pautex ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 678-687.
Conducting research with people suffering from dementia can be fraught due to fears surrounding risks in vulnerable populations. This can make seeking approval for studies difficult. As research directly involving people with dementia is key for the development of evidence-based best practice, the development of a coherent ethical strategy to perform such research feasibly and effectively is of paramount importance. The objective of this paper was to review and synthesise ethical challenges in performing research with dementia sufferers. In undertaking a systematic review of the current literature, the authors identified the central issues and arguments characterising research that concerned the ethical dimensions of participation among the dementia population. Data were analysed using both inductive and deductive content analysis. Ethical considerations in research involving people with dementia primarily concerned the representation of the interests of the dementia sufferer and protection of his/her vulnerabilities and rights. A total of 2,894 results were returned from initial searches, following deduplication. In total 2,458 were excluded at title review, and following abstract review 158 papers remained; 29 papers were included for analysis after full paper review and data extraction. Papers ranged between 1995 and 2013. This review has highlighted a lack of consensus in current research and guidelines addressing these concerns. A clear stance on ethical governance of studies is important for future research and best evidence-based practice in dementia. (JL)
ISSN: 10062801
From : https://academic.oup.com/ageing

240/121 Research protocol for systematic review and meta-analysis of elder abuse prevalence studies; by Yongjie Yon, Christopher Mikton, Zachary D Gassoumis, Kathleen H Wilber.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 2, June 2017, pp 256-265.
Elder abuse is an important public health and human rights issue, yet its true extent is not well understood. In order to address this, the present study conducted a systematic review and meta-analysis of elder abuse prevalence studies from around the world. This protocol described the methodological approach to be adopted for conducting this systematic review and meta-analysis. In particular it described the search strategies and eligibility criteria to be used to identify and select studies and how data from the selected studies would be extracted for analysis. The protocol also described the analytical approach that would be used to calculate pooled prevalence estimates and discussed the use of meta-regression to assess how studies' characteristics influenced the prevalence estimates. This protocol conformed to the Preferred Reporting Items for Systematic reviews and Meta-Analysis _ or PRISMA _ guidelines and was registered with the PROSPERO International Prospective Register of systematic reviews. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

240/122 Systematic reviews: guidance relevant for studies of older people; by Susan D Shenkin, Jennifer K Harrison, Tim Wilkinson ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 722-728.
Systematic reviews and meta-analyses are increasingly common. This article aims to provide guidance for people conducting systematic reviews relevant to the healthcare of older people. An awareness of these issues can also help people reading such reviews to determine whether the results will influence their clinical practice. It is essential that systematic reviews are performed by a team which includes the required technical and clinical expertise. Those performing reviews for the first time should ensure they have appropriate training and support. They must be planned and performed in a transparent and methodologically robust way: guidelines are available. The protocol should be written, and if possible published, before starting the review. Geriatricians will be interested in a table of baseline characteristics, which will help to determine if the studied samples or populations are similar to their patients. Reviews of studies of older people should consider how they will manage issues such as different age cut-offs; non-specific presentations; multiple predictors and outcomes; potential biases and confounders. Systematic reviews and meta-analyses may provide evidence to improve older people's care, or determine where new evidence is required. Newer methodologies, such as meta-analyses of individual level data, network meta-analyses and umbrella reviews, and realist synthesis, may improve the reliability and clinical utility of systematic reviews. (JL)
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## RESIDENTIAL AND NURSING HOME CARE

(See Also 240/81, 240/102)

240/123 Changes over time in the health and functioning of older people moving into care homes: analysis of data from the English Longitudinal Study of Ageing; by Isabel Green, Daniel Stow, Fiona E Matthews, Barbara Hanratty.: Oxford University Press.
Age and Ageing, vol 46, no 4, July 2017, pp 693-696.
The number of people requiring care home support is projected to rise in future years but little information is available on the needs of new care home residents. The objective of this study was to measure the health and functioning of people moving into care homes and how they have changed between 2002 and 2015. The study was part of the English Longitudinal Study of Ageing. Study participants were 254 out of 313 individuals who moved from the community into a care home and were interviewed in the survey wave prior to entry. Main outcome measures were changes over time for a number of health conditions and functional deficits (deficits in activities of daily living, or ADL), and instrumental ADLs (IADLs), assessed in the survey wave prior to admission. Over time there were significant increases in the total number of health conditions and functional deficits amongst soon to be care home entrants, including high blood pressure, memory problems and IADL deficits. Non-significant increases were observed in the proportion of care home entrants with cancer, lung disease, heart disease and arthritis. Stroke and ADL deficits did not increase. No differential ageing effect was observed. The support needs of care home entrants in England appear to be increasing over time. This has important implications for the provision and funding of care home places and community services. (JL)
ISSN: 10062801
From : https://doi.org/10.1093/ageing/afx046

240/124 Coping with the obligation dilemma: prototypes of social workers in the nursing home; by Sagit Lev, Liat Ayalon.: Oxford University Press.

British Journal of Social Work, vol 46, no 5, July 2016, pp 1318-1335.

The authors examined the ways in which the social worker is coping with the obligation dilemma in an Israeli nursing home. The research was conducted using semi-structured, in-depth interviews carried out with fifteen social workers employed in nursing homes. The interviews were analysed thematically, using constant comparisons. The three themes were concerned with the social worker's place in the nursing home, her relationship with the management and staff, and her coping with the obligation dilemma. These themes highlighted the difference between the interviewees. On the background of this difference, four prototypes of nursing home's social workers were defined: the managerial, the contented, the fighter and the frustrated. From analysing the findings, the significant place of the personal and environmental factors that influence the ways in which the social worker deals with these four themes emerges. The findings suggest that the strengthening, empowerment and support of social workers in institutions can directly enhance the health, security, emotional well-being and quality of life of nursing home residents. (RH)

ISSN: 00453102

From : http://www.bjsw.oxfordjournals.org

240/125 Gender regimes in Ontario nursing homes: organization, daily work, and bodies; by Palle Storm, Susan Braedley, Sally Chivers.: Cambridge University Press.

Canadian Journal on Aging, vol 36, no 2, June 2017, pp 196-208.

Today more men work in the long-term care sector but they are still in the minority. Little is known about men's experiences in care work and the dilemmas and opportunities they face because of their gender. This article focused on male care workers' integration into the organisation and flow of nursing home work as perceived by these workers and staff members. Using a rapid ethnography method in two Ontario nursing homes, the study found that work organisation affected interpretations of gender and race, and that workers' scope for discretion affected the integration and acceptance of men as care workers. In a nursing home with a rigid work organisation and little worker discretion, women workers perceived male workers as a problem, whereas at a nursing home with a more flexible work organisation that stressed relational care, both women and men workers perceived male workers as a resource. (JL)

ISSN: 07149808

From : http://cambridge.org/cjg

240/126 Physical restraint deaths in a 13-year national cohort of nursing home residents; by Emma Bellenger, Joseph Elias Ibrahim, Lyndal Bugeja, Briohny Kennedy.: Oxford University Press.

Age and Ageing, vol 46, no 4, July 2017, pp 688-693.

This paper aimed to investigate the nature and extent of physical restraint deaths reported to coroners in Australia over a 13-year period. The study comprised a retrospective cohort study of residents dwelling in accredited nursing homes in Australia whose deaths were reported to the coroners between 2000 and 2013 and attributed to physical restraint. Five deaths in nursing home residents due to physical restraint were reported over the 13 years. The median age of residents was 83 years; all residents had impaired mobility and had restraints applied for falls prevention. Neck compression and entrapment by the restraints was the mechanism of harm in all cases, resulting in restraint asphyxia and mechanical asphyxia, respectively. This national study confirms that the use of physical restraint does cause fatalities, although rare. Further research is still needed to identify which alternative strategies to restraint are most effective, and to examine the reporting system for physical restraint-related deaths. (JL)

ISSN: 10062801

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

## RETIREMENT

(See Also 240/45, 240/78, 240/118)

240/127 Golden years or retirement fears?: private pension inequality among Canada's immigrants; by Josh Curtis, Naomi Lightman.: Cambridge University Press.

Canadian Journal on Aging, vol 36, no 2, June 2017, pp 178-195.

Currently many immigrants are disqualified from Canada's public pension scheme because of residency requirements. In addition decades of low income and labour market exclusion prohibit many Canadian immigrants from building adequate private pension savings throughout their working life. Together these factors present serious concerns for immigrant seniors' economic well-being. Using Canadian census data spanning a 20-year period (1991-2011), this study found that income from personal savings plans and investments had declined sharply for both native-born and immigrant Canadians, with recent immigrant cohorts faring worst. However since 1991, native-born and immigrant men living in Canada for 40-plus years had major gains

in private employer pensions (Registered Pension Plans, or RPPs). Yet RPP income for all other immigrant cohorts remained stable or declined during these decades. Thus the data demonstrate a worrisome growing private savings gap between native-born men and all others in Canada, with newer immigrants and women faring worst. (JL)
ISSN: 07149808 From : http://cambridge.org/cjg

240/128 The present retirement crisis and how social workers can respond; by David B Miller, M Terry Hokenstad, Kristen Berg.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 5, July 2017, pp 395-407.
Research on Americans' retirement readiness indicates a wide range of preparedness for the golden years. Called a 'crisis' by researchers, retirement for some may include significant choices: continued employment or utilisation of social welfare services. This article describes factors contributing to the retirement crisis and roles social workers can play in assisting older retirees. Disparity in household retirement savings exists by ethnicity. On the front lines serving ageing individuals and their families, social work professionals are well situated to collaborate with individuals and other providers to address financial, social and emotional pillars necessary in facilitating a safe and secure retirement. (JL)
ISSN: 01634372 From : http://www.tandfonline.com

240/129 Work role residuals among fully retired individuals: results of a 10-year panel study; by Marleen Damman, Kene Henkens.: Sage.
Research on Aging, vol 39, no 7, August 2017, pp 849-878.
From a role theoretical perspective, it can be expected that individuals differ in the extent to which they experience aspects of the work role after they have fully retired from it. This study presents a measure of these 'post-retirement work role residuals' and examines them in relation to structural pre-retirement factors, psychological pre-retirement factors, and the nature of the retirement transition. Heckman selection models were estimated based on three-wave panel data collected among 848 older Dutch individuals who were employed at Wave 1 and fully retired thereafter. Although for the majority of retirees prior work played only a minor role in their current lives, prior work was still important for a considerable share. Higher levels of post-retirement work role residuals were observed among those who expected to miss work-related social status in retirement, who were less disengaged from work in pre-retirement years, and among those who retired involuntarily. (JL)
ISSN: 01640275 From : http://journals.sagepub.com/home/roa

## RURAL ISSUES

(See 240/89)

## SOCIAL CARE

(See Also 240/14, 240/124, 240/128)

240/130 Being with a person in our care: person-centered social work practice that is authentically person-centered; by Allyson M Washburn, Melanie Grossman.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 5, July 2017, pp 408-423.
Person-centred care (PCC) has emerged over the last several decades as the benchmark for providing quality care for diverse populations, including older adults with multiple chronic conditions that affect daily life. This article critiques current conceptualisations of PCC, including the social work competencies recently developed by the Council on Social Work Education, finding that they do not fully incorporate certain key elements that would make them authentically person-centred. In addition to integrating traditional social work values and practice, social work's PCC should be grounded in the principles of classical Rogerian person-centred counselling and an expanded conceptualisation of personhood that incorporates Kitwood's concepts for working with people with dementia. Critically important in such a model of care is the relationship between the caring professional and the care recipient. This article recommends new social work competencies that incorporate both the relationship-building attitudes and skills needed to provide PCC that is authentically person-centred. (JL)
ISSN: 01634372 From : http://www.tandfonline.com

240/131 Collateral damage: Australian carers' services caught between aged care and disability care reforms; by Ara Cresswell.: Policy Press.
International Journal of Care and Caring, vol 1, no 2, June 2017, pp 275-279.
In Australia, there are some 900,000 prin=mary carers, one third of whom provide more than 40 hours of care a week; 60% have been caring for more than five years. One third also live with some form of disability themselves. 72% of primary caerrs (and 63&% of all carers) rely on a welfare benefit as their main source of income. in 2015, weekly median income was AU$520,

which was 42% lower than that of non-carers. Until recently, the national, state and regionally funded House and Community Care (HACC) programme provided basic support services for those eligible. Now, all aged care funding has been transferred to the national government. Coupled with this, has been the introduction of the National Disability Insurance Service (NDIS), the effect of which has reduced access to carer services. This article lists the disability requirements of NDIS, the aim of which was to empower those aged under 65 with disabilities; however, its rules are such that carers are not participants. The 2015/16 Federal Budget announced an initiative to provide Integrated Carer Support Plans, which could provide funding, but it is unclear whether this will materialise. (RH)
ISSN: 23978821
From : http://policypressco/journals/international-journal-of-care-and-caring

240/132 Exploring the role of line managers in implementing evidence-based practice in social services and older people care; by Rebecca Mosson, Henna Hasson, Lars Wallin, Ulrica von Thiele Schwartz.: Oxford University Press.
British Journal of Social Work, vol 47, no 2, March 2017, pp 542-560.
This qualitative study explored the vital role of line managers, namely the managerial level directly above employees, in effectively implementing evidence-based practice (EBP) from their own perspectives. Interviews were carried out with twenty-eight line managers within social services and older people care in seven Swedish municipalities. Thematic analysis was performed. Findings revealed that managers in social care perceived their role as important in implementing EBP. However, notable differences were observed between the two settings, where social services managers had more knowledge and held more positive attitudes towards working according to EBP, and described a more active role in the implementation process than managers in older people care. Overall, the implementation of EBP was performed ad hoc rather than systematically, and with little consideration to analysis of needs according to the local context and limited focus on follow-up and sustainability. This study highlighted that line managers in social services and older people care have different prerequisites for implementing EBP, and are greatly dependent on organisational strategies and context. Gaining knowledge of line managers' perceptions is essential for making informed decisions regarding the support required to achieve EBP in social care, and thus for providing the best possible care for clients. (RH)
ISSN: 00453102 From : http://www.bjsw.oxfordjournals.org

240/133 Trajectories of community-based service use: the importance of poverty and living arrangements; by Sojung Park, BoRin Kim, Eunsun Kwon, Hyunjoo Lee.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 5, July 2017, pp 355-376.
This Korean study examined how older adults' living arrangements and poverty status affected their use of in-home health, functional and out-of-home services over time. Using eight waves of data from the Korea Welfare Panel Study, the authors employed a logistic mixed-effect model to analyse how poverty and living arrangements affected community-based service use. Older adults living alone and older couples were more likely than co-residing households to use services. Older couples, when poor, were more likely to use in-home and out-of-home services over time. Understanding predictors of community-based service use over time enables researchers and policymakers to better understand the process of ageing in place. (JL)
ISSN: 01634372 From : http://www.tandfonline.com

240/134 The trouble with touch?: New insights and observations on touch for social work and social care; by Lorraine Green.: Oxford University Press.
British Journal of Social Work, vol 47, no 3, April 2017, pp 773-792.
This article overviews multidisciplinary knowledge on touch and explores its relevance for social work. It evaluates the limited literature from social work and related practice-based disciplines which suggests how potentially harmful and risk-averse many current 'professional' touch practices are. Alternative biological and psychological literature is analysed, elucidating the importance of regular positive touch for good physical and mental health, the adverse consequences of abusive touch or touch deficit, and the corresponding potential for restorative touch practices. Social-psychological, clinical and consumer research is also drawn on, demonstrating links between touch, persuasion and aversion, and registering clear gender, age, sexuality, power and cross-national differences. The analysis is then extended through an examination of sociological and philosophical literature which guards against viewing the mind and body as unrelated entities, evaluates work-based touch within organisational contexts, and highlights the profound influence of history, culture and social class. This synthesis of diverse multidisciplinary literature therefore illuminates the potential consequences of social workers adopting an uninformed, defensive and avoidant or control-orientated stance towards touch, whilst simultaneously constructing new insights to help social workers acquire more nuanced understandings and practise more knowledgeably and empathically. (RH)
ISSN: 00453102 From : http://www.bjsw.oxfordjournals.org

## SOCIAL NETWORKS

(See Also 240/44)

240/135 'It pushed me back into the human race': evaluative findings from a community Christmas event; by Tracy Collins, Christine Kenney, Gabrielle Hesk.: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1601-1606.
Many older people in Britain spend Christmas Day alone. The Christmas period may be especially difficult for older people who are socially isolated, living with dementia or who have physical impairments, and may feel particularly marginalised at this time of year. This paper draws on evaluative research findings from a community Christmas event held in December 2014 at the University of Salford for older people and their carers who would be on their own on Christmas Day. A multi-method approach was employed: seven guests took part in semi-structured interviews to explore their experiences and perceptions of the event; and seven staff and student volunteers participated in a group interview to explore and discuss their participation in the event. Data collection took place during April and May 2015. Interview transcripts were subjected to thematic analysis. Three overarching themes were identified from the interviews: 'reasons for participants attending the event', 'a different Christmas Day: the impact on guests and volunteers', and 'learning, planning and moving forward'. The findings illustrate that a range of people participated in the Christmas Day event for a variety of reasons. The event itself had a positive impact, including the shared experience of social belonging, for all involved. There are tangible longer-term benefits as a result of the event, such as ongoing contact between participants and the development of supportive networks in the local community. (RH)
ISSN: 09660410 From : http://wileyonlinelibrary.com/journal/hsc

240/136 The impact of dispositional variables of elders, relatives, and paid caregivers on elders' empowerment and life satisfaction; by Manuela Tomai, Lina Pezzuti, Minou Mebane ... (et al).: Taylor and Francis.
Experimental Aging Research, vol 43, no 4, July-September 2017, pp 367-378.
The impact of dispositional characteristic of elders' closest network members on elders' life satisfaction and empowerment has remained largely unexplored. This innovative study aimed to assess the impact of dispositional variables of elders, relatives and paid caregivers on life satisfaction and empowerment of elders. 143 triads (one elder, one paid caregiver and one relative) completed six scales measuring modifiable personality characteristics (loneliness, optimism, regulation of positive and negative emotions), life satisfaction and sense of empowerment. Two dispositional variables of relatives (positivity and ability to set goals) and one dispositional variable of care workers (self-satisfaction) were significantly related to life satisfaction of elders. Positivity of elders and the capacity to set objectives of the family members affected empowerment of elders. Future interventions aiming to improve life satisfaction and empowerment of elders should focus on these modifiable dispositional variables. (JL)
ISSN: 0361073X From : http://www.tandfonline.com

## SOCIAL POLICY AND THEORY

(See Also 240/114)

240/137 Ageing, corporeality and social divisions in later life; by Chris Gilleard, Paul Higgs.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1681-1702.
Although research on the social divisions of later life has focused on class, gender, and more recently, sexuality as sources of division in later life, the division between the fit and the frail has tended to be ignored or viewed as an outcome of these other divisions. This paper challenges this assumption, arguing that corporeality constitutes a major social division in later life. This in many ways prefigures a return to the 19th century categorisation of those 'impotent through age', whose position was among the most abject in society. Their 'impotence' was framed by an inability to engage in paid labour. Improved living standards during and after working life saw the impotence of age fade in significance, such that in the immediate post-war era, social concern turned towards the relative poverty of pensioners. Subsequent demographic ageing and the expanding cultures of the third age have undermined the homogeneity of retirement. Frailty has become a major source of social division, separating those who are merely older from those who are too old. This division excludes the 'unsuccessfully aged' from utilising the widening range of material and social goods that characterise the third age. It is this social divide, rather than those of past occupation or income, that is becoming a more salient line of fracture in later life. (RH)
ISSN: 0144686X From : http://www.cambridge.org/aso

## STROKE

(See Also 240/14)

240/138 Developing a novel peer support intervention to promote resilience after stroke; by Euan Sadler, Sophie Sarre, Anthea Tinker (et al).: Wiley.
Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1590-1600.
Stroke can lead to physical, mental and social long-term consequences, with the incidence of stroke increasing with age. However, there is a lack of evidence of how to improve long-term outcomes for people with stroke. Resilience, the ability to 'bounce back', flourish or thrive in the face of adversity improves mental health and quality of life in older adults. However, the role of resilience in adjustment after stroke has been little investigated. The authors report on the development and preliminary evaluation of a novel intervention to promote resilience after stroke. The study applied the first two phases of the revised UK Medical Research Council (MRC) framework for the development and evaluation of complex interventions: intervention development (phase 1), and feasibility testing (phase 2). Methods involved reviewing existing evidence and theory, interviews with 22 older stroke survivors and 5 carers, and focus groups and interviews with 38 professionals to investigate their understandings of resilience and its role in adjustment after stroke. The study used stakeholder consultation to co-design the intervention, and returned to the literature to develop its theoretical foundations. It then developed a 6-week group-based peer support intervention to promote resilience after stroke. Theoretical mechanisms of peer support targeted were social learning, meaning-making, helping others and social comparison. Preliminary evaluation with 11 older stroke survivors in a local community setting found that it was feasible to deliver the intervention, and acceptable to stroke survivors, peer facilitators, and professionals in stroke care and research. This study demonstrates the application of the revised MRC framework to systematically develop an empirically and theoretically robust intervention to promote resilience after stroke. A future randomised feasibility study is needed to determine whether a full trial is feasible with a larger sample and wider age range of people with stroke. (RH)
ISSN: 09660410
From : http://wileyonlinelibrary.com/journal/hsc

240/139 Reconciling marriage and care after stroke; by Sharon Anderson, Norah Keating, Donna Wilson.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 3, September 2017, pp 386-401.
Most research on the impact of a stroke on couples has focused on the transition to caregiving/receiving. Despite considerable evidence that marriage is the primary source of support in the face of chronic conditions, little is known about what happens to marriage in the context of care after stroke. To address this gap the present study undertook a qualitative grounded theory study of 18 couples in which one partner had experienced a stroke. Findings revealed two interrelated themes of the couple processes: working out care, which involved discovering and addressing disruptions in day-to-day activities; and rethinking marriage, which involved determining the meaning of their relationship within the new context of care and disability. Three distinct types of marriages evolved from these processes: reconfirmed around their pre-stroke marriage; recalibrated around care; and a parallel relationship, `his' and `her' marriage. These findings highlight the need to consider relationship dynamics in addition to knowledge about stroke and care. (JL)
ISSN: 07149808
From : http://cambridge.org/cjg

## TRANSPORT

240/140 To be or not to be (an older driver): social identity theory and driving cessation in later life; by Nancy A Pachana, Jolanda Jetten, Louise Gustafsson, Jacki Liddle.: Cambridge University Press.
Ageing and Society, vol 37, no 8, September 2017, pp 1597-1608.
Older people who anticipate having to stop driving due to health or cognitive decline often evoke concerns about practical aspects about retaining mobility and quality of life, as well as changes in personal and social identity. While driving cessation is often perceived as stressful because it disrupts peoples' lives and poses practical hurdles, the authors argue that part of the stress associated with driving cessation can be attributed to identity change with regard to thinking of oneself as 'no longer a driver' as well as the perception of 'getting old'. In an exploratory study, 208 older adults in Southeastern Queensland, Australia who had either ceased driving or had a plan to stop driving in the near future completed a Driver Identity Survey with multiple questions about how they thought they would feel before and after stopping driving, as well as worries about practical hassles, life changes and changed relationships. Participants reported driving cessation as a significant life event associated with subjectively feeling older. Irrespective of current driving status, older participants identified the state of having ceased driving as

associated with feeling older than their chronological age. Participants' expectations about practicalities and social identity changes were both significant predictors of stress associated with driving cessation. Discussion focuses on how expectations of anticipated changes in functionality and identity may influence driving cessation decisions and adjustment in later life. (RH)
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X16000507

240/141 Transit accessibility for older adults in the Greater Lansing, Michigan region; by Zeenat Kotval-K.: Emerald.
Quality in Ageing and Older Adults, vol 18, no 3, 2017, pp 175-187.
With the growing preference of the generation of ageing baby boomers to age in place, mobility has played an increasingly important role in their continued physical and mental well-being. As older adults drive less, their ability to travel freely where and when they desire becomes increasingly limited. Consequences of this include the cessation of various activities and services that are necessary for daily living. Transport immobility is known to negatively affect quality of life through physical, mental and social isolation. For any initiative or policy to be put in place, an assessment of the current state of transport services, specifically for older adults, needs to be carried out. This paper assesses access to public transport in the Greater Lansing, Michigan region (population density about 2,042 people per square kilometre) that is available to ageing adults, especially when they have to stop driving. The study uses a spatial approach through the use of geographical information systems (GISs) to assess the transport infrastructure available for use by older adults in the Greater Lansing region. It finds a considerable gap in available options, and that some of these can be addressed by quite simple actions and initiatives. Because the data were drawn from the US Census, the spatial analysis is limited to block-level data. The US Census (2011) defines blocks as "statistical areas bounded by visible features such as roads, streams, and railway tracks, and by non-visible boundaries such as property lines, city, township, school district, county limits and short line-of-sight extensions of roads". More detailed geographical data would have enabled a more comprehensive analysis. The study area is typical of many small towns in the USA; it underlines the need for more policy- and community-led transport initiatives to address this critical barrier to optimal ageing. This paper fulfils an identified need to study the transit infrastructure of a range of urban areas, and to ascertain whether it currently fulfils mobility needs of older adults who do not drive. (RH)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi/qaoa

## VOLUNTEERING

240/142 Caregiving, volunteering or both?: comparing effects on health and mortality using census-based records from almost 250,000 people aged 65 and over; by Dermot O'Reilly, Michael Rosato, Finola Ferry ... (et al).: Oxford University Press.
Age and Ageing, vol 46, no 5, September 2017, pp 821-826.
The health impacts of caregiving and volunteering are rarely studied concurrently, despite the potential for both synergies and conflicts. This population-based study examined the association of these activities on health and subsequent mortality. This was a census-based record-linkage study of 244,429 people aged 65 and over, with cohort characteristics, caregiving and volunteering status, and presence of chronic health conditions derived from census returns. Mortality risk was assessed over the following 45 months with adjustment for baseline characteristics. Caregivers and volunteers were individually more mobile than those undertaking neither activity; caregivers who also volunteered were more mobile than those who did not volunteer, but no less likely to suffer from poor mental health. Both caregiving and volunteering were separately associated with reduced mortality risk, however the lowest mortality was found amongst light caregivers who also volunteered, compared to those engaged in neither. There was no evidence of a multiplicative effect of caregiving and volunteering at more intense levels of caregiving. There is a large overlap in caregiving and volunteering activities with complex associations with health status. Evidence shows that combining caregiving and volunteering activities, for those involved in less intense levels of caregiving, may be associated with lower mortality risk than associated with either activity alone. Further research is needed to understand which aspects of caregiving and volunteering are best for whom and in what circumstances. (JL)
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From : https://doi.org/10.1093/ageing/afx017

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