

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 243/42, 243/110, 243/127)

- 243/1 "Adults at risk": "vulnerability" by any other name?; by Laura Pritchard-Jones.: Emerald. Journal of Adult Protection, vol 20, no 1, 2018, pp 47-58.
The purpose of this paper was to explore and critique the conceptual and terminological shift – particularly from 'vulnerability' to 'adult at risk' – in adult safeguarding under the Care Act 2014 and the Social Services and Well-being (Wales) Act 2014. The paper compares the notion of the vulnerable adult in safeguarding, with the notion of an adult at risk under the Care Act 2014 and the Social Services and Well-being (Wales) Act 2014 and questions to what extent such a shift addresses existing criticisms of 'vulnerability'. The paper criticises the notion of the 'vulnerable adult' for perpetuating the stigma associated with an impairment or disability, and for the types of legal and policy responses deemed appropriate under such an understanding of vulnerability. While efforts to replace the term 'vulnerable adult' with 'adult at risk' are, to some extent, to be welcomed, 'adult at risk' under the legislation relies on the same characteristics for which the 'vulnerable adult' has been criticised. Nevertheless the safeguarding provisions under the two Acts have made some strides forward in comparison to their legal and policy predecessors and the notion of the 'vulnerable adult'. Overall it is argued that the two pieces of legislation are a marked improvement on their predecessors. The study also offers some thoughts as to how criticisms of the new legislation may be overcome. (JL)
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From : <http://www.emeraldinsight.com/loi/jap>
- 243/2 Detection of elder abuse: exploring the potential use of the Elder Abuse Suspicion Index by law enforcement in the field; by Elina Kurkurina, Brittany C L Lange, Sonan D Lama (et al.): Taylor and Francis. Journal of Elder Abuse and Neglect, vol 30, no 2, March-May 2018, pp 103-126.
There are no known instruments to aid law enforcement officers in the assessment of elder abuse (EA), despite officers' contact with older adults. This study aimed to identify: officers' perceptions and knowledge of EA; barriers in detecting EA in the field; and characteristics officers value in a detection tool. A fourth aim was to explore the potential for officers to use the Elder Abuse Suspicion Index (EASI)c. Data was collected from 69 law enforcement officers in Connecticut, who confirmed that barriers to effectively detecting EA included a lack of EA detection instruments, as well as a lack of training on warning signs and risk factors. Officers indicated that the important elements of a desirable tool for helping to detect EA included ease of use, clear instructions and information on follow-up resources. Approximately 80% of respondents could see themselves using the EASIC in the field, and a modified version has been developed for this purpose. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 243/3 Elder abuse screening tools: a systematic review; by Louise McCarthy, Susan Campbell, Bridget Penhale.: Emerald. Journal of Adult Protection, vol 19, no 6, 2017, pp 368-379.
Elder abuse results in high rates of death and injury and is difficult to detect. Due to fear or embarrassment victims may make attempts to hide rather than disclose it. Furthermore professionals are often reluctant to report it as they may worry about worsening a situation. However if detected early enough serious harm can be prevented and lives saved. Screening and screening tools can assist health and social care practitioners to detect abuse. This study was a systematic review of screening and screening tools with eligibility inclusion and exclusion criteria decided in advance. 34 full text studies were downloaded, read and analysed. Of these, 11 met the inclusion criteria and were included in the final analysis. In particular, three studies reported sensitivity and specificity, with the remainder reporting validity and reliability testing. In total 12 tools of varying length and quality were found. It was found that the length and characteristics of tools affects the efficacy of their use. The clinical environment will determine choice of screening tool to be used. Screening tools should be used within an overall system of detection and management of abuse. The synthesis of results was challenging due to the lack of homogeneity between the included studies. The variations in tool characteristics and qualities added to this challenge. A further limitation was the lack of a gold standard tool in elder abuse. This systematic review highlights a lack of robust evidence in the development and validation of screening tools to detect elder abuse. Though there is an increasing awareness and knowledge about elder abuse, its detection remains problematic and the lack of research in this area is worth emphasising. Specific tools, centred on the clinical setting in which they are used, are recommended. (JL)
ISSN: 14668203 From : <http://www.emeraldinsight.com/loi/jap>
- 243/4 Exploring gender and elder abuse from the perspective of professionals; by Lori Weeks, Suzanne Dupuis-Blanchard, Rina Arseneault (et al.): Taylor and Francis. Journal of Elder Abuse and Neglect, vol 30, no 2, March-May 2018, pp 127-143.
The authors conducted an online survey of professionals working with or for older people in two Canadian provinces (New Brunswick and Prince Edward Island), to learn about their knowledge of elder abuse from a gender-based perspective. A total of 169 professionals (90% women) completed a

survey in either French or English. Five topic areas emerged from the analysis: the influence of gender on the risk of abuse; types of abuse detected; knowledge gaps; capacity to respond to gender-based abuse; and awareness of resources. To gain further insight into these results, the authors conducted three focus groups with 24 professionals. Professionals held relatively little recognition of, or knowledge about, gender related to elder abuse. The results indicate the need to develop educational and awareness raising opportunities for professionals who work with abused older adults in both French and English, to identify and respond to the specific needs of older women and men. (RH)

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

243/5 Gambling and adult safeguarding: connections and evidence; by Jill Manthorpe, Stephanie Bramley, Caroline Norrie.: Emerald.

Journal of Adult Protection, vol 19, no 6, 2017, pp 333-344.

Opportunities to gamble have boomed in the UK since the passing of the Gambling Act 2005. The implications of this for adults with care and support needs and for safeguarding services have not been greatly investigated. The purpose of this paper was to address the interface of how gambling affects adults with care and support needs in England and adult safeguarding. A scoping review focused on adults with care and support needs and gambling-related harm. The review also included literature on perpetrators who exploit adults with care and support needs to fund their own or others' gambling. Overall aims of the review were to explore what is known about gambling-related harm affecting adults with care and support needs, the gaps in the evidence base, and specifically to refine interview questions for a wider study. There is some evidence that adults with care and support needs experience or are at risk of gambling-related harm. There is, however, lack of data from safeguarding services about how this affects adults at risk and safeguarding practice and systems. A public health approach to gambling is advocated by some, as well as effective regulation and support for people who have problems with their own or others' gambling. Industry operators, practitioners and policymakers are increasingly paying attention to gambling-related harm but there is a lack of focus on adults with care and support needs or implications for adult safeguarding. (JL)

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243/6 Home pressures: failures of care and pressure ulcer problems in the community - the findings of serious case reviews; by Jill Manthorpe, Stephen Martineau.: Emerald.

Journal of Adult Protection, vol 19, no 6, 2017, pp 345-356.

Safeguarding Adults Reviews (SARs) (formerly Serious Case Reviews or SCRs) may be held in England when a vulnerable adult dies, is harmed or at risk and local agencies have not responded to the abuse or neglect. The purpose of this paper was to present findings from a documentary analysis of these reviews to ascertain what recommendations are made about pressure ulcer prevention and treatment at home, setting these in the context of safeguarding, and assessing what lessons may be learned by considering them as a group. Following a literature search, 18 relevant SCRs were identified, one of which was a case summary. Two SARs were also identified covering pressure ulcers that had been acquired or worsened when the individual was living at home. Most of these inquired into the individual's circumstances, their acceptance of care and support, the actions of others in their family or professionals, and the events leading up to the death or harm. Failures to have followed guidance were noted among professionals, and problems within wider health and care systems were identified. Recommendations included calls for greater training on pressure ulcers for home care workers, but also greater risk communication and better adherence to clinical guidelines. A small number focused on neglect by family members, others on self-neglect, including some vulnerable adults' lack of capacity to care for themselves or to access help. In some SCRs the presence of a pressure ulcer was only mentioned circumstantially. This analysis highlights the multitude of complex social and health situations that gives rise to pressure ulcers among people living at home. Several SCRs observe problems in the wider communications with and between health and care providers. Nonetheless poor care quality and negligence are reported in some SCRs. Cases of self-neglect give rise to challenging practice situations. While practices and policies about poor quality care and safeguarding in the form of prevention of wilful neglect are emerging, they often relate to hospital and care home settings. Preventing and treating pressure ulcers may be part of safeguarding in its broadest sense but raises the question of whether training, expertise and support on this subject or wider self-neglect and neglect by others are sufficiently robust for home care workers and community-based professionals. (JL)

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243/7 Making Safeguarding Personal: progress of English local authorities; by Mike Briggs, Adi Cooper.: Emerald.

Journal of Adult Protection, vol 20, no 1, 2018, pp 59-68.

During 2016 a survey of 115 English local authorities compared progress on the implementation of the Making Safeguarding Personal (MSP) approach through their Adult Social Care departments and in relation to their area Safeguarding Adults Boards (SABs) and partner organisations. The purpose of this paper was to evaluate the survey in relation to personalised social care and its impact on organisations, their staff and service users, and conclude with wider implications and recommendations for further work. As part of the survey, a series of guided interviews were conducted with safeguarding leads. The

sample was randomly picked and balanced to give a fair representation of the different types of councils. The interviews were conducted by a team of five people. All interviewers had in-depth experience of adult safeguarding and were currently practising independent chairs of SABs. The interviewers followed a prepared schedule consisting of a mixture of open and closed questions. All interviews were held over the phone and averaged one-hour duration. Study results pointed to the impression that the majority of local authorities had completed the first step of introducing MSP, i.e. they had trained their workers and modified their systems. Most local authorities were moving into the next phase of embedding user-focused work into their practice and culture, and were at various points along that journey. However, most had still to engage partner organisations beyond a mere acceptance of MSP as 'a good thing'. The research has wide-ranging implications for organisations and their workers in the field of adult safeguarding based on its findings. Its limitations are that only organisational leaders and managers were interviewed, although reference is extensively made to initiatives that engage service users. The report references many practical implications to improve the practice of adult safeguarding in an attempt to make it more person-centred. Examples of good practice are given and recommendations are made to organisations. (JL)

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243/8 Ooops! Its happened again!: evidence of the continuing abuse of older people in care homes; by Steve Moore.: Emerald.

Journal of Adult Protection, vol 20, no 1, 2018, pp 33-46.

The purpose of this paper was to present findings from an empirical research project designed to enhance knowledge of the current extent and nature of abuse in contemporary care homes for older people. A self-completion, postal questionnaire was used to elicit both numerical and textual data that was subsequently subjected to both quantitative and qualitative analysis. The questionnaire was distributed to newly appointed care staff in six participating care homes providing care to older people to determine the nature of any abuse they may have witnessed in the homes in which they had previously worked. A significant proportion of respondents described instances of predominantly psychological and physical abuse and neglect. Though the research in this study drew upon the experiences of only 194 anonymous questionnaire respondents, of whom 140 had witnessed abuse, data suggest that abuse continues to occur in some care homes for older people. The research revealed staffs' recent experiences of a range of abusive acts and practices. Findings suggest that changes are required to current methods of external scrutiny and investigation of practices in care homes. (JL)

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243/9 Police and partners: new ways of working together in Montréal; by Marie Beaulieu, Michelle Côté, Luisa Diaz.: Emerald.

Journal of Adult Protection, vol 19, no 6, 2017, pp 406-417.

The purpose of this paper was to present an inter-agency practice integrated within a police intervention model which was developed for police officers and their partners in Montréal, Canada. The Integrated Police Response for Abused Seniors (IPRAS) action research project (2013-2016) developed, tested and implemented a police intervention model to counter elder abuse. Two linked phases of data collection were carried out: a diagnostic of police practices and needs (year 1) and an evaluation of the implementation of the intervention model and the resulting effects (years 2 and 3). The facilitating elements to support police involvement in inter-agency practices included implementing a coordination structure regarding abuse cases as well as designating clear guidelines of the roles of both the police and their partners. The critical challenges involved staff turnover, time management and the exchange of information. It was recognised by all involved that it was crucial to collaborate while prioritising resource investment and governmental support, with regards to policy and financing, as well as adequate training. The IPRAS model is transferable because its components can be adapted and implemented according to different police services. A guideline for implementing the model is available. In the scientific literature, inter-agency collaboration is highly recommended but only a few models have been evaluated. This paper presents an inter-agency approach embedded in an evaluated police intervention model. (JL)

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243/10 Psychological elder abuse: measuring severity levels or potential family conflicts?; by Ana Joao Santos, Baltasar Nunes, Irina Kislaya (et al): Emerald.

Journal of Adult Protection, vol 19, no 6, 2017, pp 380-393.

Psychological elder abuse (PEA) assessment is described with different thresholds. The purpose of this paper was to examine how the prevalence of PEA and the phenomenon's characterisation varied using two different thresholds. Study participants from a cross-sectional population-based study answered three questions regarding PEA. The less strict measure considered PEA as a positive response to any of the three evaluated behaviours. The stricter measure comprised the occurrence, for more than ten times, of one or more behaviours. A multinomial regression compared cases from the two measures with non-victims. Study results showed different prevalence rates and identified perpetrators. The two most prevalent behaviours (ignoring/refusing to speak and verbal aggression) occurred more frequently. Prevalence nearly tripled for 'threatening' from the stricter measure to the less strict (one to ten times). More similarities, rather than differences, were found between cases of the two measures. The cohabiting variable differentiated the PEA cases from the two measures; victims reporting abuse more than ten times

were more likely to be living with a spouse or with a spouse and children. This study exemplifies how operational definitions can impact empirical evidence and the need for researchers to analyse the effect of the definitional criteria on their outcomes, since dichotomisation between victim and non-victim affects the phenomenon characterisation. (JL)
ISSN: 14668203 From : <http://www.emeraldinsight.com/loi/jap>

- 243/11 Researching the financial abuse of individuals lacking mental capacity; by Gillian Dalley, Mary Lynn Gihooly, Kenneth Gihooly (et al): Emerald.
Journal of Adult Protection, vol 19, no 6, 2017, pp 394-405.
This paper reported on an exploratory investigation into the scale and nature of the financial abuse of adults lacking mental capacity. The study comprised of a review of safeguarding adults' statistics; analysis of court case findings; classification of types of financial abuse, victims and perpetrators; qualitative exploration of professional views of the nature of financial abuse of those lacking mental capacity; and a consideration of policy implications. The study demonstrated the significance of financial abuse within the spectrum of abuse experienced by adults at risk; the wide range of both victims lacking capacity being abused and type of financial abuse; its often hidden nature embedded within the family; and the limitations of processes designed to protect. The investigation revealed the paucity of statistical data available on the nature of financial abuse and the outcomes of official investigations into reported cases, both of which limited analysis and understanding of the phenomenon. It also demonstrated the need for greater transparency and consistency in the reporting of safeguarding and legal processes to enable practitioners and policymakers to fully understand the nature and significance of this abuse for both victims and society. Finally it questioned the extent to which existing protective processes are sufficient in terms of safeguarding victims and deterring perpetrators. (JL)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>

- 243/12 Safeguarding practice in England where access to an adult at risk is obstructed by a third party: findings from a survey; by Jill Manthorpe, Martin Stevens, Stephen Martineau, Caroline Norrie.: Emerald.
Journal of Adult Protection, vol 19, no 6, 2017, pp 323-332.
Being able to speak in private to an adult about whom there is a safeguarding concern is central to English local authorities' duty under the Care Act 2014. While there has been an ongoing debate about whether social workers or others should have new powers to effect such enquiries, it has been unclear how common obstructive behaviour by third parties is and how often this causes serious problems or is unresolved. The purpose of this paper was to address this knowledge gap. A survey of local authority adult safeguarding managers was conducted in 2016 and interviews were undertaken with managers and social workers in three local authorities. Data were analysed descriptively. Estimates of numbers and frequency of cases of obstruction varied widely. Most survey respondents and interview participants described situations where there had been some problems in accessing an adult at risk. Those that were serious and longstanding problems of access were few in number, but were time consuming and often distressing for the professionals involved. Further survey research on the prevalence of obstructive behaviour of third parties may not command greater response rates unless there is a specific policy proposal or a case that has 'hit the headlines'. Other forms of data collection and reporting may be worth considering. Interview data likewise potentially suffer from problems of recall and definition. At times professionals will hear of, or encounter, difficulties in accessing an adult at risk about whom there is concern. Support from supervisors and managers is needed by practitioners as such cases can be distressing. Localities may wish to collect and reflect upon such cases so that there is learning from practice about possible resolution and outcomes. There is no evidence of large numbers of cases where access is denied or very difficult. Those cases where there are problems are memorable to practitioners. Small numbers of cases, however, do not necessarily mean that the problem of gaining access is insignificant. (JL)
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From : <http://www.emeraldinsight.com/loi/jap>

- 243/13 Social workers' power of entry in adult safeguarding concerns: debates over autonomy, privacy and protection; by Martin Stevens, Stephen Martineau, Jill Manthorpe, Caroline Norrie.: Emerald.
Journal of Adult Protection, vol 19, no 6, 2017, pp 312-322.
The purpose of this paper was to explore debates about the powers social workers may need to undertake safeguarding enquiries where access to the adult is denied. The paper took as a starting point a scoping review of the literature undertaken as part of a study exploring social work responses to situations where they were prevented from speaking to an adult at risk by a third party. A power of entry might be one solution to situations where social workers are prevented from accessing an adult at risk. The paper focused on the Scottish approach to legal powers in adult safeguarding, established by the Adult Support and Protection Act (Scotland) 2007 and drew out messages for adult safeguarding in England and elsewhere. The literature review identified that debates over the Scottish approach are underpinned by differing conceptualisations of vulnerability, autonomy and privacy, and the paper relates these conceptualisations to different theoretical stances. The literature suggests that a more socially mediated rather than an essentialist understanding of the concepts of vulnerability, autonomy and privacy allows for more nuanced approaches to social work practice in respect of using powers of

entry and intervention with adults at risk who have the capacity to make decisions. This paper provides a novel perspective on debates over how to overcome challenges to accessing adults at risk in adult safeguarding through an exploration of understandings of vulnerability, privacy and autonomy. (JL)

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

ACTIVE AGEING

(See 243/80, 243/121)

ALCOHOL AND DRUG MISUSE

243/14 The relationship between moderate alcohol consumption, depressive symptomatology, and C-reactive protein: the Health and Retirement Study; by Daniel Paulson, Mona Shah, Danielle Herring ... (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 316-324.

Moderate alcohol use has been broadly associated with health benefits among older adults, including improved mood. Aims of this study were to evaluate the relationship of moderate alcohol use and depression over a period of eight years, and to examine inflammation, indicated by C-reactive protein (CRP), as one mechanism by which this relationship functions. The study included 3,177 community-dwelling participants over the age of 65 in 2008 drawn from the Health and Retirement Study. Data from the 2006, 2008, 2012 and 2014 waves were used. Alcohol use was measured via self-report and was dichotomised as abstinent (0 drinks per week) and moderate (1-14 drinks per week). Inflammation was measured using CRP, which was collected using an enzyme-linked immunosorbent assay and provided in units of ug/mL. Control variables included gender, age, body mass index (BMI) and medical burden. A latent growth curve model with full information maximum likelihood was used, with results revealing that moderate drinkers endorsed fewer depressive symptoms at baseline and a steeper rate of change over time. Abstinent respondents' depression was characterised by a more linear change rate. Further, moderate drinkers had lower CRP levels suggesting that inflammation partially mediates the relationship between moderate alcohol use and depression. Moderate alcohol use predicts fewer depressive symptoms among older adults. This relationship is partially moderated by CRP and is eroded by the passage of time. Future research should identify additional mechanisms relating alcohol to positive health outcomes and less depression. (JL)

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ANXIETY

(See 243/44)

ARTS, CRAFT AND MUSIC

243/15 Loudly (but silently) finding and sharing joy; by Honor Hoskins.: Hawker Publications.

Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 12-13.

Mask theatre company Varnos is running an Arts Council-funded project which puts people with dementia and their carers at the centre of its work. The author describes the shows, which have been received to positive effect by their audiences. (RH)

ISSN: 13518372

From : <http://www.journalofdementiacare.co.uk>

243/16 Melodies and memories: music and cultural expression; by James Tolhurst, Marc Block.: Hawker Publications.

Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 32-34.

The authors are musicians, who founded Wellspring Music, which is dedicated to bringing high quality, interactive music into health care settings. They were commissioned by Arts Council England, Nottingham Hospitals' Charity and the League of Friends to bring music to "culturally disadvantaged" people with dementia in three locations: an acute hospital ward for older people who also have dementia, and two nursing homes in rural locations. This article reports on qualitative and quantitative evaluation of the project. It bring to the fore the sense of well-being engendered by the music-making activities (singing, dancing and playing instruments) for an estimated 1432 patients, residents, staff and relatives. (RH)

ISSN: 13518372

From : <http://www.journalofdementiacare.co.uk>

243/17 Using art in an intergenerational program to improve students' attitudes toward people with dementia; by Elizabeth Lokon, Yue Li, Jyotsana Parajuli.: Taylor and Francis.

Gerontology and Geriatrics Education, vol 38, no 4, 2017, pp 407-424.

This quantitative study explored the effects of participating in an intergenerational service learning program called Opening Mind through Arts (OMA) on college students' attitudes toward people with

dementia. The study's 156 students were paired one-on-one with older people with dementia, to support the older people's creation of visual art projects; they met weekly for one semester. The Dementia Attitude Scale was administered at the beginning and end of the semester to measure changes in students' attitudes. The students participating in OMA assessed whether their participation made a difference in the degree of change in overall attitudes, knowledge and comfort level toward people with dementia. Results revealed a significant improvement in students' overall attitudes, comfort level and attitude toward people with dementia. The results highlight the importance of intergenerational service learning in improving college students' overall attitudes, and in increasing their confidence and comfort working with people with dementia. (RH)

ISSN: 02701960 [From](http://www.tandfonline.com) : <http://www.tandfonline.com>

ASSISTIVE TECHNOLOGY

243/18 Making Telecare desirable rather than a last resort; by Claire L Bentley, Lauren A Powell, Alison Orrell, Gail A Mountan.: Cambridge University Press.

Ageing and Society, vol 38, no 5, May 2018, pp 926-953.

Despite reported benefits of Telecare use for older adults, uptake of Telecare in the United Kingdom remains relatively low. The authors conducted 22 individual semi-structured qualitative interviews to explore the views and opinions of current non-users of Telecare regarding barriers and facilitators to its use. Also explored were considerations which may precede the decision to accept or reject Telecare. Framework analysis identified a number of themes which influence the outcome and timing of this decision: peace of mind (for the individual and their family); the strength and composition of an individual's support network; the impact of changing personal and health circumstances; and lack of communication about Telecare (e.g. advertising). A cost-benefit decision process appears to take place for the potential user, whereby the benefit of peace of mind is weighed against perceived 'costs' of using Telecare. Telecare is often perceived as a last resort rather than a preventative measure. A number of barriers to Telecare use need to be addressed, if individuals are to make fully informed decisions regarding their Telecare use, and to begin using Telecare at a time when it could provide them with optimal benefit. Although the study was set in England, the findings may be relevant for other countries where Telecare is used. (RH)

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243/19 The PARO seal: weighing up the infection risks; by Kathy Martyn, Carlene Rowson.: Hawker Publications.

Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 32-33.

The PARO robotic seal can improve the well-being of people with dementia, but is it safe to use on hospital wards? Kathy Martyne and colleagues carried out research and found that it passed hygiene tests. Carlene Rowson and her collaborators claim that infection control concerns have not been adequately answered. In this debate, the two argue the case for and against PARO on hospital wards. (RH)

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243/20 Telecare: addressing the problems and challenges; by John Woolham.: Hawker Publications.

Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 18-19.

Telecare has a growing role in the care of older people with dementia, but has its potential been fully exploited? The author reports on an electronic survey of local authority lead managers, carried out as part of the UTOPIA (Using Telecare for Older People in Adult social care) project (November 2016-January 2017). The findings (2018) indicate that if telecare were better used, outcomes could improve, including for people living with dementia. (RH)

ISSN: 13518372

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ATTITUDES TO AGEING

243/21 Stereotypes and attitudes toward older people among children transitioning from middle childhood into adolescence: time matters; by Barbra Teater, Jill M Chonody.: Taylor and Francis.

Gerontology and Geriatrics Education, vol 38, no 2, 2017, pp 204-218.

Ageism is fuelled by stereotypes and negative attitudes about ageing and older people, which can lead to individual-level prejudice and discrimination. This quantitative study explored stereotypes and ageist beliefs of youth transitioning from middle childhood into adolescence (N = 69; age 11-13 years) in the southwest of England. The results indicate that positive more than negative stereotypes were acknowledged, and more positive stereotyping was positively correlated with more positive attitudes toward older people. Contact with older people and age that one considers "old" were significant in predicting attitudes toward older people. The results suggest that time matters, in terms of contact with an older person and time to reach "old age" in shaping youths' attitudes and stereotypes. Intergenerational and educational training that seeks to address ageing myths and to increase contact between youth and older people are discussed as ways of improving attitudes among youth who are making the transition from middle childhood into adolescence. (RH)

ISSN: 02701960 [From](http://www.tandfonline.com) : <http://www.tandfonline.com>

243/22 Struggling to cope with later life: qualitative research on growing older in challenging circumstances: [briefing]; by Age UK. London: Age UK, 2018, 12 pp.
The project under discussion focuses on those older people who may be struggling to stay connected to the wider world, have difficulty in looking after themselves, and (in some cases) run the risk of significant harm. Age UK commissioned and worked with Britain Thinks to interview 12 older people who were in a similar situation, or approaching it. Three mini-focus groups were conducted with 'concerned observers' (e.g. friends and family), also a workshop of practitioners with experience of supporting people in this situation. Quotes from the (anonymised) participants illustrate seven recommendations: listen to older people's histories and value their contribution; understand causes to spot danger signs; use a person-centred approach that starts with the individual circumstance; understand the role played by family and friends; find a way to return purpose to life; ensure that emotional support is backed up with practical action; and give professionals working in this area the tools they need to help. However, underfunding of statutory services, a struggling community sector and absence of multidisciplinary working may lead to more people slipping through the net. A full report (Strategic Research Programme: final combined report, July 2017; 62 pp) is also available at the weblink given. (RH)
From : <https://www.ageuk.org.uk/our-impact/policy-research/struggling-to-cope>

243/23 Walking a mile in another's shoes: the impact of wearing an Age Suit; by Martin Lavalliere, Lisa D'Ambrosio, Augustina Gennis (et al.): Taylor and Francis.
Gerontology and Geriatrics Education, vol 38, no 2, 2017, pp 171-187.
The "Age Suit" described in this article was developed to enable future designers, business leaders and engineers to experience navigating the world as many older adults must. Tools such as this Age Suit offer the opportunity to "walk a mile" in another's shoes, to develop empathy that can result in better design of spaces, goods and services to meet the needs of a rapidly growing older population. This work first examined, through a series of clinical tests, whether younger adults' physical capacities were reduced in a direction consistent with ageing, by wearing a suit developed by AgeLab at the Massachusetts Institute of Technology (MIT). An experiential learning task was then completed with the suit, to understand its impact on completion of an instrumental activity of daily living (IADL). Results showed that younger adults wearing the suit experienced changes in task performance consistent with expected changes associated with ageing. Participants' self-reports from the experiential learning task indicated that they were able to empathise with older adults regarding some issues they face while completing a grocery shopping task. Future research with the suit should involve a wider range of individuals from the population, and examine what effect participants' levels of fitness have on the experience of wearing the suit. (RH)
ISSN: 02701960
From : <http://www.tandfonline.com>

BEREAVEMENT

243/24 Good grief: older people's experiences of partner bereavement; by Catherine Seymour, Jeremy Bushnell, Sarah Dobson, Independent Age. London: Independent Age, April 2018, 48 pp.
Older people are more likely to experience bereavement than any other age group, and are less likely to seek help than younger bereaved people. This report brings together what we already know about older people's experiences of bereavement, and new research centred on older people whose partners have died. The focus is on how bereaved people are affected in terms of: loneliness and isolation; mental and physical health; financial and practical considerations; and feelings and grief. Research was conducted in conjunction with the International Longevity Centre - UK (ILC-UK) using an evidence review of older bereavement, analysis of the English Longitudinal Study of Ageing (ELSA), and a survey by ComRes of 200 older British adults (age 65+) who had experienced the death of a partner. The report finds that bereavement support can be difficult to navigate, there being multiple small providers, no single approach, and no consistency in the approach provided by health and care staff. It demonstrates how talking about death at individual and policy levels can start to provide the help older people need. It makes recommendations to improve the provision of effective bereavement support. Assistance from the Methodist Homes Association, Open Age, Compassion in Dying and the Loss Foundation in finding participants for the research is acknowledged. (RH)
From : Independent Age, 6 Avonmore Road, London W14 8RL. Website: www.independentage.org

BLACK AND MINORITY ETHNIC GROUPS

(See Also 243/39, 243/75, 243/76)

243/25 Understanding the barriers facing BAME communities; by Jasmine Martinez, Naomi Wynne-Morgan.: Hawker Publications.
Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 28-31.
The authors report on the findings of a research project to investigate the barriers to black, Asian and minority ethnic (BAME) communities attending memory services, with the aim of identifying interventions to increase referrals and attendance. The project used online questionnaires which

gathered the views of 24 GPs (14% response rate) and 11 interpreters. In addition, interviews were conducted with 55 people aged 36-86 from BAME communities. The interviews identified two overarching themes: service awareness (issues such as language, travel and money); and cultural differences in perception and attitudes towards dementia. (RH)
ISSN: 13518372

From : <http://www.journalofdementiacare.co.uk>

CARERS AND CARING

(See Also 243/41, 243/55, 243/71)

- 243/26 Gender-based analysis of working-carer men: a North American scoping review; by Kevin Maynard, Chloe Ilagan, Bharati Sethi, Allison Williams.: Policy Press.
International Journal of Care and Caring, vol 2, no 1, February 2018, pp 27-48.
This scoping review aimed to find all North American literature published between 1996 and 2016 on male working carers and to compare this with information on female working carers. Searches were performed on Business Source Complete, Sociological Abstracts, Ageline, FACTIVA and CINAHL. Of 506 articles found (including some grey literature), 45 met all inclusion criteria. Five qualitative themes were identified: caregiving characteristics; motives for caring; work impacts; health impacts; caring in the workplace; and coping strategies. This review narrows the gap in the literature with respect to the similarities and differences between male and female working carers, and the way in which they approach caregiving tasks. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 243/27 Learning to care: work experiences and identity formation among African immigrant care workers in the US; by Fumilayo Showers.: Policy Press.
International Journal of Care and Caring, vol 2, no 1, February 2018, pp 7-25.
Drawing from ethnographic data, this article investigates the work experiences of a group of African immigrants in the US care industry. By highlighting their strategies for coping with their entry into care work, the article presents the realities of professional, yet downwardly mobile, immigrants who care for vulnerable, minority ethnic populations. It extends the focus on gender, which has been central to the literature on migration and care work, to argue that migrant care workers' identity formation processes are shaped by their racial class location, the contexts within which their work takes place, and the specific care needs of care recipients. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 243/28 Professionalized through audit?: Care workers and the new audit regime in Sweden; by Linda Moberg, Paula Blomqvist, Ulrika Winblad.: Wiley.
Social Policy and Administration, vol 52, no 3, May 2018, pp 631-645.
The professionalisation of social care workers is a policy goal in many welfare states. At the same time, professionalisation risks being undermined by enhanced audit. The objective of this study was to analyse whether the audit processes adopted in Swedish eldercare and childcare support or undermine the professionalisation of the occupations working there, i.e. nurses, nursing assistants, preschool teachers and preschool assistants. In particular the study investigated whether the three main forms of audit _ standard-setting, inspections and quality measurements _ support or undermine the occupations' ability to achieve professional closure and enhance their external and internal autonomy. The findings suggest that audit processes in eldercare risk undermining professionalisation, while in childcare the pattern is reversed: audit appears supportive of professionalisation, at least for preschool teachers. This finding suggests that audit processes do not have to be detrimental to professionalisation. (JL)
ISSN: 01445596 From : <http://www.wileyonlinelibrary.com/journal/spol>

CENTENARIANS

(See 243/130)

DEATH AND DYING

- 243/29 Waiting for the last bus: reflections on life and death; by Richard Holloway. Edinburgh: Canongate Books, 2018, 165 pp.
Where do we go when we die? Or is there nowhere to go? Is death something we can do or is it just something that happens to us? Former Bishop of Edinburgh Richard Holloway is in his eighties, and has spent a lifetime at the bedsides of the dying, guiding them towards peaceful deaths. In this book, he quotes poets, philosophers and other writers, to presents a positive, meditative exploration of the important lessons we can learn from death: facing up to the limitations of our bodies as they falter, reflecting on our failings, and forgiving ourselves and others. 'Waiting for the last bus' originated as a five-part series on BBC Radio 4 in 2016. (RH)
Price: £14.99 From : Canongate Books Ltd., 14 High Street, Edinburgh EH11TE.

DEMENTIA

(See Also 243/99)

- 243/30 Asian Americans' concerns and plans about Alzheimer's disease: the role of exposure, literacy and cultural beliefs; by Yuri Jang, Hyonwoo Yoon, Nan Sook Park (et al.): Wiley. Health and Social Care in the Community, vol 26, no 2, March 2018, pp 199-206. Responding to the increase of the Asian American population and the growing imperative to address issues on Alzheimer's disease (AD) in diverse populations, this study examined Asian Americans' concerns about AD (both concerns about one's own development of AD and about becoming an AD caregiver) and plans for AD. Focus was given on exploring the role of AD exposure, AD literacy and cultural beliefs about AD in predicting AD-related concerns and plans. Using data from 2,609 participants (aged 18-98) in the 2015 Asian American Quality of Life survey, logistic regression models of three outcome measures (concerns about one's own development of AD, concerns about becoming an AD caregiver and plans about AD) were estimated. AD exposure and literacy (perceived knowledge and awareness of services) were common predictors of all three outcomes. Beliefs that associate AD with a normal part of ageing and a matter of fate increased the odds of having AD concerns. The odds of having AD plans were found to be higher among those with such concerns. Findings not only identified the factors associated with the concerns and plans about AD, but also informed ways to develop targeted AD interventions for Asian Americans. (RH)
ISSN: 09660410
From : <http://wileyonlinelibrary.com/journal/hsc>

DEMENTIA CARE

(See Also 243/15, 243/17, 243/19, 243/57, 243/64, 243/102, 243/121)

- 243/31 Challenging expectations of life with dementia; by Heather Edwards.: Hawker Publications. Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 25-27. Most care homes in Scotland are doing well with implementing the Standards of Care for Dementia. The author reports on work which she led on 145 dementia-focused inspections in 2016 and 2017 for the Care Inspectorate report, 'My life, my care home' (2017) about people's experiences of living with dementia in Scottish care homes. While this report found that in almost all care homes "some or all staff had learning and development opportunities to strengthen their dementia care practice", this was not always put into practice "in a way that made a difference to the lives of the people in the care home". The report also found that only in a small number of homes were residents supported in keeping connected with their community. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/32 Dementia assessment services: what are the perceptions of older people?; by Ruth Walker, Julie Ratcliffe, Amy White, Renuka Visvanathan.: Wiley. Australasian Journal on Ageing, vol 37, no 1, March 2018, pp 43-47. The present study aimed to determine how older people with dementia and their family caregivers experience dementia assessment services and preferences for future configuration of diagnostic services. Qualitative, semistructured in-depth interviews were conducted with nine individuals with dementia. In seven instances, the caregiver also took part in the interview, and on two occasions, the interview was with the person with dementia only. An important contact during assessment of dementia was the general practitioner, in particular working in a way or timeframe which provided clarity and comfort to the person with dementia and their family members. A problematic factor in clear diagnosis was when probable dementia was suspected during hospitalisation for another complaint. Participants expressed a wide range of views in terms of preferred settings for diagnostic services. These findings highlight some key considerations, which should be included in future research leading to decisions about the design of dementia client services. (JL)
ISSN: 14406381
From : <http://wileyonlinelibrary.com/journal/ajag>
- 243/33 Dementia care in A&E: how to avoid admissions; by Jo Nicholls, Helen Oldknow.: Hawker Publications. Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 30-31. How can people with dementia in hospital emergency departments be assessed effectively? The authors discuss their project to reduce unnecessary patient admissions, which points to the potential benefit of a specialist mental health nurse to manage patients with dementia. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>

- 243/34 Dementia diagnosis and white lies: a necessary evil for carers of dementia patients?; by Ginny Russell.: Policy Press.
International Journal of Care and Caring, vol 2, no 1, February 2018, pp 133-37.
The author is the daughter and one of the main carers for her 90-year-old mother, who was diagnosed with dementia in 2015. She reflects on dealing with her mother's progressive disability, focusing on one experience. She explains why she believes that withholding the truth is sometimes an acceptable, or even preferable, course of action. The article illustrates how offering advice and lack of guidance about dementia diagnosis and 'truth telling' play out in practice. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 243/35 Dementia-friendly Brent: a model of community; by Mary Tilki.: Hawker Publications.
Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 14-15.
Seldom heard ethnic minority groups have played a vital role in making the London Borough of Brent dementia friendly. The author and colleagues report on Community Action for Dementia Brent (CADBrent), a dynamic social movement that also aims to make the Borough accessible to and inclusive for black and minority ethnic (BME) communities. They outline examples from CADBrent's voluntary action programme: the Dementia Peer Support Project; Dementia Friendly Mapesbury; the De-Caf (a memory cafe); Whole Street of Support; and The Shed. Another project, Partnerships in Innovative Education (PIE) is funded by Health Education England across north-west London, to provide an integrated approach to education and training for professionals with the aim of reducing the stigma of dementia, especially among BME groups. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/36 Five-star hospitality and comfort with care; by Victoria Tischler.: Hawker Publications.
Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 14-15.
A central London care home for people with dementia provides a luxurious setting for its residents. The author has interviewed the entrepreneurs behind this project at Chelsea Court on the King's Road in Chelsea, run by Innovative Aged Care. The article looks at the motivation for the project, its development, staffing arrangements (including training), and future plans. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/37 Paramedics and dementia; by Joanne Brooke, Marlon Stiell.: Hawker Publications.
Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 28-29.
Paramedic students are learning more about dementia care, but how many intend to work in the field. The authors report findings from their study exploring 71 paramedic students' attitudes to working with people with dementia along four dimensions - willingness, interest, likelihood and intentions - and to find out if they thought they would enjoy or dislike aspects of their work. The students' need for advanced communication skills and emotional support was evident. However, a generally positive attitude to the work did not necessarily translate into intention to work in dementia care. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/38 Practitioners' understanding of barriers to accessing specialist support by family carers of people with dementia in distress; by Jill Manthorpe, Cathryn Hart, Sue Watts (et al.): Policy Press.
International Journal of Care and Caring, vol 2, no 1, February 2018, pp 109-23.
Distressing symptoms in dementia are hard to manage for many family carers. This article explores practitioners' perceptions of the barriers encountered by carers in accessing skilled behaviour management support. It uses a survey of 5,360 cases referred to the National Health Service (NHS) in England, followed by in-depth group discussions and practitioner interviews. Data revealed that practitioners focused on care home residents or older people with mental health problems other than dementia, rather than community-dwelling people with dementia and their families. Barriers to access included misperceptions about the nature of distressing behaviour affecting carers, and structural limitations in the capacity of specialist services to respond to carers. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 243/39 Relationship between speaking English as a second language and agitation in people with dementia living in care homes: results from the MARQUE (Managing Agitation and Raising Quality of life) English national care home survey; by C Cooper, R Rapaport, S Robertson (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 3, March 2018, pp 504-509.
Not speaking English as a first language may lead to increased difficulties in communication with staff and other residents. In this study the authors tested the primary hypothesis that care home residents with dementia speaking English as a second language experience more agitation and overall neuropsychiatric symptoms. A secondary aim of the study was to explore qualitatively how staff consider that residents' language, ethnicity and culture might impact on how they manage agitation. Between 2014 and 2015 staff, residents with dementia themselves and their family carers from 86 care

homes were interviewed about residents' neuropsychiatric symptoms, agitation, life quality and dementia severity. 25 staff were also qualitatively interviewed. 71 out of 1,420 (5%) of care home residents with dementia interviewed spoke English as a second language. After controlling for dementia severity, age and sex, and accounting for care home and staff proxy clustering, speaking English as a second language compared with as a first language was associated with significantly higher Cohen-Mansfield Agitation Inventory and Neuropsychiatric inventory scores. Staff narratives described how linguistic and culturally isolating being in a care home where no residents or staff share one's culture or language could be for people with dementia, and how this sometimes caused or worsened agitation. Considering a person with dementia's need to be understood when selecting a care home and developing technology resources to enable dementia-friendly translation services could be important strategies for reducing distress of people with dementia from minority ethnic groups who live in care homes. (JL)

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From : <http://www.orangejournal.org>

- 243/40 Support for rights and voices heard; by Steve Milton.: Hawker Publications.
Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 12-13.
Formed in 2007, Innovations in dementia has done a great deal in its short life. The organisation's Director celebrates the achievements of a social enterprise whose purpose is to make sure that people with dementia are heard. His article looks at his organisation's impact across four intersecting ideas which guide its work: rights, accessibility, belonging, and the right of people with dementia for their voices to be heard. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/41 Volunteer peer support and befriending for carers of people living with dementia: an exploration of volunteers' experiences; by Raymond Smith, Vari Drennan, Ann Mackenzie.: Wiley.
Health and Social Care in the Community, vol 26, no 2, March 2018, pp 158-166.
With ageing populations and greater reliance on the voluntary sector, the number of volunteer-led peer support and befriending services for carers of people with dementia in England is set to increase. However, little is known about the experiences of the volunteers who deliver these interventions, many of whom are former carers. Using in-depth semi-structured interviews with 10 volunteer peer supporters and befrienders, this exploratory study investigated volunteers' experiences of delivering the support, the types of relationships they form with carers, and their perceptions of its impact upon them and on carers. Data were analysed using framework analysis. Findings showed that volunteers benefitted from their role due to the 'two-way' flow of support. Experiential similarity and having common interests with carers were considered important to the development of mutually beneficial relationships. Volunteers perceived that carers gained emotional and social support, which in turn improved the carers' coping ability. Being able to see positive changes to carers' lives was important for volunteers to gain enjoyment and satisfaction from their role. However, volunteers also identified challenges with their role, such as dealing with carers' emotions. Future research should investigate ways of reducing potential burden on volunteers and explore the impact of volunteering, specifically on former carers of people with dementia. (RH)
ISSN: 09660410
From : <http://wileyonlinelibrary.com/journal/hsc>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 243/53)

DEPRESSION

- 243/42 Childhood abuse and late-life depression: mediating effects of psychosocial factors for early- and late-onset depression; by Ilse Wielaard, Mathijs Hoyer, Didi Rhebergen (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 3, March 2018, pp 537-545.
Childhood abuse makes people vulnerable to developing depression, even in later life. Psychosocial factors that are common in later life, such as loneliness or lack of a partner, may explain this association. The aim of this study was to investigate whether the association between childhood abuse and depression in older adults could be explained by psychosocial factors. Cross-sectional data were derived from the Netherlands Study of Depression in Older Persons (age 60-93), including 132 persons without lifetime depression, 242 with early onset depression (age under 60), and 125 with late onset depression (age 60 or above). Childhood abuse (yes/no) and a frequency-based childhood abuse index were included. Multinomial regression and multivariable mediation analyses were used to examine the association between childhood abuse and the onset of depression, and the influence of loneliness, social network and partner status. Multinomial regression analyses showed a significant association between childhood abuse and the childhood abuse index with early and late onset depression. Multivariable mediation analyses showed that the association between childhood abuse and early onset depression was partly mediated by social network size and loneliness. This was particularly present for emotional neglect and psychological abuse, but not for physical and sexual abuse. No psychosocial mediators were found for the association between childhood abuse and late onset depression. Overall

findings showed that a smaller social network and feelings of loneliness mediate the association between childhood abuse and early onset depression in older adults. The findings show the importance of detecting childhood abuse as well as the age at depression onset and mapping of relevant psychosocial factors in the treatment of late life depression. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

243/43 Positive psychology constructs as predictors of depression in retirees; by Nicole Allenden, Peter Boman, Amanda Mergler, Michael J Furlong.: Cambridge University Press.

Ageing and Society, vol 38, no 5, May 2018, pp 995-1017.

The authors investigated whether five positive psychological constructs (self-efficacy, gratitude, grit, hope and optimism) had a combined effect on levels of depression. The co-occurrence of these psychological factors, defined as an example of co-vitality, was examined in relation to predicting lower levels of depression. Participants were 278 retirees living in Brisbane, Australia. Each participant completed either an online or hard-copy self-report related to positive psychological functioning. A standard multiple regression found that self-efficacy, grit, optimism and hope were individually all significant predictors of depression (small effect sizes). However, the combinatorial relation of all these four factors with depression was substantial ($R^2 = 0.34$; large effect size). Gratitude was not a significant predictor. While no causality can be inferred from this cross-sectional study, having a combination of positive psychological factors might have an effect on levels of depression in retirement. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

243/44 Trajectories of depressive and anxiety symptoms in older adults: a 6-year prospective cohort study; by Sophie E Holmes, Irina Esterlis, Carolyn M Mazure (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 405-413.

Depressive and anxiety symptoms are common in older adults, significantly affect quality of life and are risk factors for Alzheimer's disease. The present study sought to identify the determinants of predominant trajectories of depression and anxiety in cognitively normal older adults. 423 older adults recruited from the general community underwent positron emission tomography imaging, apolipoprotein and brain-derived neurotrophic factor genotyping, and cognitive testing at baseline and had follow-up assessments. All participants were cognitively normal and free of clinical depression at baseline. Latent growth mixture modelling was used to identify predominant trajectories of subthreshold depression and anxiety over six years. Binary logistic regression analysis was used to identify baseline predictors of symptomatic depressive and anxiety trajectories. Latent growth mixture modelling revealed two predominant trajectories of depression and anxiety: a chronically elevated trajectory and a low, stable symptom trajectory, with almost one in five participants falling into the elevated trajectory groups. Male sex, lower attentional function and carriage of the brain-derived neurotrophic factor Val66Met allele in women were associated with increased risk for chronically elevated depressive symptom trajectory. Carriage of the apolipoprotein epsilon 4 allele and lower executive function in women were associated with chronically elevated anxiety symptom trajectory. These results indicate distinct and sex-specific risk factors linked to depressive and anxiety trajectories which may help inform risk stratification and management of these symptoms in older adults at risk for Alzheimer's disease. (JL)

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From : <http://www.orangejournal.org>

DIET AND NUTRITION

243/45 Perceived barriers to increased whole grain consumption by older adults in long-term care; by Melodie A Coffman, Mary Ellen Camire.: Taylor and Francis.

Journal of Nutrition in Gerontology and Geriatrics, vol 36, no 4, October-December 2017, pp 178-188.

Many older people fail to consume adequate amounts of dietary fibre from food sources, including whole grains. Little information is available about consumption of dietary fibre and whole grains by residents of long-term care facilities. Surveys were mailed to 3,000 randomly selected US members of the Academy of Nutrition and Dietetics who worked in practice groups related to elder care. Net response rate was 22.7% (n = 681). Cost was a barrier to whole grain use for 27.1% of respondents, followed by dietary needs (22.1%), contracts in place (20.3%), and overall nutritional content (20.1%). More than 75% of respondents stated their patients require dietary fibre supplementation. Nutrition professionals most frequently (23.6%) reported spending \$11-20 monthly per patient on dietary fibre supplements. Although a majority of facilities served whole grain foods daily, 89.5% of respondents would like to serve more whole grains. Ready-to-eat cereals, bread, bagels and hot cereals were the most common whole grain products served at the facilities where survey respondents worked. An economic analysis of the benefits of increased consumption of whole grains and other high-fibre foods versus the use of laxative supplements may be helpful to administrators of long-term care facilities. (RH)

ISSN: 21551197

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

- 243/46 Whole grain nutrition education program improves whole grain knowledge and behaviors among community-dwelling older adults; by Lindsay R MacNab, Kristin Davis, Sarah L Francis, Catherine Violette.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 36, no 4, October-December 2017, pp 189-198.
Older Americans are not meeting their recommended whole grain (WG) intake. This pilot study determined the influence that a WG nutrition education initiative for community-residing adults aged 60+ has on WG knowledge and behaviours. The course included WG education and discussion, participation in hands-on activities and taste testing. Participants were mostly white women. Total grain and WG dietary intake frequencies (WG frequency; $p = 0.001$), and "knowledge score" increased from PRE to POST ($p =$ or is less than 0.001). Participants in PowerPoint-based classes had a higher "knowledge scores" at POST ($p = 0.002$). Nearly all (139, or 88.5%) intended to eat more WG foods, with almost two-thirds (93, or 59.3%) reporting a "strong" intention to do so. There was a positive association between strength of intention to eat WG foods and "WG frequency" at POST ($r = 0.435$, $p =$ or is less than 0.001). Results suggest that this WG course is an effective strategy for improving WG knowledge and behaviours among older adults. (RH)
ISSN: 21551197
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EDUCATION

- 243/47 The benefits of being a senior mentor: cultivating resilience through the mentorship of health professions students; by Sean N Halpin, Rebecca L Dillard, Ellen Idler (et al): Taylor and Francis.
Gerontology and Geriatrics Education, vol 38, no 3, 2017, pp 283-294.
Senior Mentor Programs (SMPs) in the United States pair community-dwelling older adults with health profession students, to facilitate knowledge, improve communication skills and promote positive attitudes regarding the ageing process. Although evidence exists that SMPs meet these goals, their psychosocial impact on the senior mentors remains unexplored. This study assessed 101 mostly female (64.4%) senior mentors (mean age = 77.6) pre- and post-program. Although mentors had no change in the amount of perceived ageism experienced or expectation of experiencing ageism, their concern or anxiety over ageism significantly decreased from pre- ($M = 21.58$) to post-test ($M = 20.19$). Qualitative thematic analysis indicated meaningfulness of program and scheduling difficulties as prevalent themes. Mentors who reported less concern about ageism following the program were more likely to have experienced ageism in the year prior to the program and to attend religious services more often, another potential intergenerational contact. These results highlight possible benefits of mentor service for older people.
ISSN: 02701960
From : <http://www.tandfonline.com>

EMPLOYMENT

(See Also 243/87)

- 243/48 Health warning for employers: supporting older workers with health conditions; by Jemma Mouland, Centre for Ageing Better. London: Centre for Ageing Better, 2018, 30 pp.
A quarter of working people aged 55+ with a health condition is considering leaving work. Health is the most important factor affecting older workers' decisions to stop working before reaching state pension age, as employers are not properly supporting older workers with health conditions. This report finds that early access to support, small adjustments to the workplace and working patterns, and empathetic management are crucial to enabling people to manage their health at work and to remain in employment. Research for this report was commissioned to inform the design of Greater Manchester's Working Well Early Help programme. It considers issues such as disclosure (which can also be a driver of stress), and access to and availability of support. Quite small changes can make a significant difference to an individual's ability manage health condition and to continue to work. Changes are needed both to government policy and employer practice. (RH)
From : <https://www.ageing-better.org.uk/publications/health-warning-employers>
- 243/49 Impacts of voluntary and involuntary workforce transitions at mature ages: longitudinal evidence from HILDA; by Cathy Honge Gong, Hal Kendig.: Wiley.
Australasian Journal on Ageing, vol 37, no 1, March 2018, pp 11-16.
The purpose of this study was to assess changes in health, wellbeing and welfare dependency associated with yearly workforce transitions from working to not working among people aged between 45 and 64 years. This was a transition analysis of nationally representative longitudinal data from the Household Incomes and Labour Dynamics in Australia (HILDA) survey 2002-2011. Overall findings showed that people who voluntarily left paid work had reasonable control over their situations and their satisfaction remained relatively stable even with deteriorating health and increasing welfare dependency. Those who involuntarily left paid work had less control and preparedness, and they experienced significant decreases in their satisfaction with life overall, finances and health. They were also more likely to be psychologically distressed, welfare dependent and had a higher probability to return to paid work. Voluntary and involuntary workforce transitions have different impacts on health and wellbeing.

Enabling mature aged workers to work longer can yield benefits for both individual wellbeing and government budgets. (JL)
ISSN: 14406381
From : <http://wileyonlinelibrary.com/journal/ajag>

- 243/50 Managers' interview invitation decisions about older job applicants: human capital, economic conditions and job demands; by Jaap Oude Mulders, Kene Henkens, Yihao Lius, Joop Schippers, Mo Wang.: Cambridge University Press.
Ageing and Society, vol 38, no 4, April 2018, pp 839-864.
Older job applicants are vulnerable to stereotype-related bias in the recruitment process. This study examined how managers' job interview invitation decisions regarding older job applicants are influenced by applicants' human capital-related characteristics, general economic conditions and managers' perceptions of changes in organisational job demands. Data were collected in two waves of a vignette experiment, three years apart, among a sample of 211 Dutch managers from various organisations. Multi-level analysis showed that managers were more likely to invite older job applicants who had matching qualifications, were employed at the time of application and came with recommendations. In addition, managers' propensity to invite older job applicants was higher in better economic conditions. The effects of recommendations were moderated by the general economic conditions and changes in organisational job demands, such that a recommendation from another employer was especially influential in bad economic conditions, while a recommendation from an internal employee was especially influential when job demands had increased. The results emphasise the importance of considering the organisational and economic context in understanding the recruitment of older workers. The findings also suggest that older workers, employers and policy makers should invest in older workers' human capital to protect their employability. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X16001343>

END-OF-LIFE CARE

- 243/51 Comfort care, peace and dignity at the end of life; by Angela Liddament.: Hawker Publications.
Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 21-23.
Good end of life care is essential in dementia, but is not always delivered. The author explains her role as an advanced nurse practitioner at Rawthorpe Care Village in Norwich. She has developed her own approach to "comfort care" (care oriented to the end of life), as something sensitive to the needs of residents with advanced dementia. Communicating an understanding of comfort care to carers and family members can also give them a chance of a bereavement that is peaceful. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/52 Moving from place to place in the last year of life: a qualitative study identifying care setting transition issues and solutions in Ontario; by Donna M Wilson, Stephen Birch.: Wiley.
Health and Social Care in the Community, vol 26, no 2, March 2018, pp 232-239.
As death nears, moving from one care setting to another is common. Many concerns exist over these end-of-life (EOL) care setting transitions, including low-quality moves as mistakes and other mishaps can occur. Delayed or denied moves are also problematic, such as a move out of hospital for dying inpatients who want to spend their last hours or days at home. This Canadian study aimed to identify current issues or problems with care setting transitions during the last year of life as well as potential or actual solutions for these problems. A grounded theory analysis approach was used based on interviews with 38 key informants representing a wide range of healthcare providers, healthcare managers, government representatives, lawyers, healthcare recipients and their family or friends across Ontario in 2016. Three interrelated themes were revealed: communication complexities; care planning and coordination gaps; and health system reform needs. Six solutions were highlighted, which were designed to prevent care setting transition issues and to monitor care setting transitions for continued improvements. (RH)
ISSN: 09660410
From : <http://wileyonlinelibrary.com/journal/hsc>

EPIDEMIOLOGY

- 243/53 Why is life expectancy in England and Wales 'stalling?'; by Lucinda Hiam, Dominic Harrison, Martin McKee, Danny Dorling.
Journal of Epidemiology & Community Health, February 2018, pp 1-5.
Several independent analyses, by both epidemiologists and actuaries, have concluded that the previous rate of improvement of life expectancy in England and Wales has now slowed markedly, and may even be reversing at older ages. However, although these findings have led the pension industry to reduce estimates of future liabilities, they have failed to elicit any significant concern in the Department of Health and Social Care (DHSC). In this essay, the evidence on changing life expectancy is reviewed, noting that the problems are greatest among older women. It estimates the gap between what life expectancy is now and what it might have been, had previous trends continued. At age 85, the gap is

0.34 years for women and 0.23 for men. The authors argue that recent changes cannot be dismissed as a temporary aberration. While the causes of this phenomenon are contested, there is growing evidence to point to the austerity policies implemented in recent years as at least a partial explanation. The authors call for a fully independent enquiry to ascertain what is happening to life expectancy in England and Wales and what should be done about it. (OFFPRINT.) (NL/RH)

From : <https://doi.org/10.1136/jech-2017-210401>

FALLS

243/54 Fall risk assessment tools for use among older adults in long-term care settings: a systematic review of the literature; by Susan Nunan, Christine Brown Wilson, Timothy Henwood, Deborah Parker.: Wiley. *Australasian Journal on Ageing*, vol 37, no 1, March 2018, pp 23-33.

The aim of this study was to conduct a systematic review of published fall risk assessment tools (FRATs) tested for predictive validity among older adults in long-term care (LTC). A literature search was conducted using five databases. Only studies reporting on sensitivity and specificity values, conducted in LTC on populations primarily aged over 60 years, were considered. 15 papers were included and three different categories of FRATs emerged: multifactorial assessment tools, functional mobility assessments and algorithms. Several FRATs showed moderate-to-good predictive validity and reliability, with the Modified Fall Assessment Tool and the Peninsula Health Falls Risk Assessment Tool (PHFRAT) also demonstrating good feasibility. Evidence for the best choice of FRAT for use in LTC remains limited. Further research is warranted for the PHFRAT, recommended for use in LTC by best practice guidelines, before its establishment as the tool of choice for these clinical settings. (JL)

ISSN: 14406381

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

FAMILY AND INFORMAL CARE

(See Also 243/38, 243/77, 243/100)

243/55 Care-giving to grandchildren and elderly parents: role conflict or family solidarity?; by Lada Zelezna.: Cambridge University Press.

Ageing and Society, vol 38, no 5, May 2018, pp 974-994.

Intergenerational help and care by family members are among the most important dimensions of contemporary welfare regimes. Recent research has indicated that a major part of caring responsibilities is placed on the middle-aged generation. This 'pivot generation' is expected to provide help to their adult children and grandchildren as well as to their ageing parents. It has been hypothesised that people helping their parents are discouraged from looking after their grandchildren, because they experience lack of energy and time. This paper uses data from the four waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) to analyse the effect of providing help to ageing parents on the likelihood and intensity of looking after grandchildren. It takes a four-generation perspective: grandchildren, children, parents and grandparents. The results show that parents' support is not associated with less frequent and less intense care of grandchildren. On the contrary, a positive association between caring responsibilities has been observed. The highest tendency to care for grandchildren has been found for people who regularly help their parents. This effect holds after controlling for grandparents' characteristics and country effects. It is suggested that caring responsibilities tend to accumulate rather than compete with one another, and therefore could represent a potential risk of excessive burden for those who have a general tendency to care. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16001434>

243/56 Longer lives, stronger families?: The changing nature of intergenerational support; by Nigel Keohane, Social Market Foundation - SMF. London: Social Market Foundation, 2016, 65 pp.

Drawing on public polling as well as long data runs, this report charts how the shape of the extended family has evolved over time. The report explores how the support given across the intergenerational family has changed historically, and how it may alter in the future, including future attitudes to family support. Publication was supported by Prudential. (RH)

From : Social Market Foundation, 11 Tufton Street, London SW1P 3QB. Website: www.smf.co.uk

FASHION

243/57 Dressing disrupted: negotiating care through the materiality of dress in the context of dementia; by Christina Buse, Julia Twigg.: Wiley-Blackwell.

Sociology of Health and Illness, vol 40, no 2, 2018, pp 340-352.

This paper explores how the materiality of dress mediates and shapes practices of care in the context of dementia. Earlier research called for an approach to conceptualising care that recognised the role played by everyday artefacts. The authors extend this to a consideration of dress and dressing the body in relation to people with dementia that involves the direct manipulation of material objects, as well as the materiality of bodies. The paper draws on an Economic and Social Research Council (ESRC) funded study Dementia and Dress, which examined experiences of dress for people with dementia, families and

care-workers using ethnographic and qualitative methods. The authors' analysis explores the process of dressing the body, the physicality of guiding and manipulating bodies into clothing, dealing with fabrics and bodies which 'act back' and are resistant to the process of dressing. They consider how the materiality of clothing can constrain or enable practices of care, exploring tensions between garments that support ease of dressing and those that sustain identity. Examining negotiations around dress also reveals tensions between competing 'logics' of care. (OFFPRINT.) (RH)
ISSN: 01419889 [From](http://onlinelibrary.wiley.com) : onlinelibrary.wiley.com DOI: 10.1111/1467-9566.12575

GERONTOLOGY (GENERAL)

- 243/58 The evolution of gerontology and geriatrics in an era of a politics of aging; by Fernando M Torres-Gil.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 38, no 4, 2017, pp 438-442.
The fields of gerontology and geriatrics are facing unprecedented changes, pressures and opportunities. The 21st century requires that we use contemporary approaches to modernising these disciplines for new populations, new cohorts and new social, economic and political demands. This article draws on the author's professional, academic and public policy experiences to suggest initiatives and paradigms that can set a road map to both change the 20th century's notions of longevity and social supports to one that accounts for technology, varied cohorts, a public/private sector divide, and the nexus of ageing and diversity. (RH)
ISSN: 02701960
[From](http://www.tandfonline.com) : http://www.tandfonline.com

GOVERNMENT AND POLICY

(See 243/89, 243/93, 243/135)

GRANDPARENTS

(See Also 243/55, 243/71)

- 243/59 Grandparents providing care for grandchildren: implications for economic preparation for later life in South Korea; by Hye Jin Kim, Tracey A Lapierre, Rosemary Chapin.: Cambridge University Press.
Ageing and Society, vol 38, no 4, April 2018, pp 676-699.
Mounting concern about economic preparation for later life combined with a growing number of grandparents providing grandchild care is fuelling increased interest in these topics in Korea. However, few studies have evaluated the relationship between providing care to grandchildren and economic behaviour. Guided by intergenerational exchange theory, this paper analyses the relationships between providing grandchild care and monetary compensation for care, and economic preparation for later life. Data come from a sub-sample of 2,599 grandmothers in the Korean Retirement and Income Study who have a grandchild under the age of ten, 279 of whom report providing regular care to grandchildren. Controlling for age, education, marital status and household income, the average amount of grandchild care provided per week is a significant negative predictor of economic preparation for later life among grandmothers. However, receiving financial compensation for providing grandchild care is not significantly related to economic preparation and did not mediate or moderate the relationship between amount of care provided and economic preparation. The implications of these findings and limitations of this study are also discussed. (RH)
ISSN: 0144686X [From](http://www.cambridge.org/aso) : http://www.cambridge.org/aso

HEALTH AND WELLBEING

- 243/60 Well-being of older persons in Central and Eastern European countries; by Radoslaw Antczak, Asghar Zaidi.: Hipatia Press.
Research on Ageing and Social Policy, vol 6, no 1, Jan-June 2018, pp 26-52.
Central and Eastern Europe is a unique region in terms of its social, economic and demographic trends, particularly because of legacy of the communist system and transformation to a market system. The transition coincided with a rapid demographic change in which the younger generation was able to reorganise themselves relatively easily, whereas older people found this change much more difficult. This paper builds a picture of well-being in the older population of eight Eastern European countries (Albania, Armenia, Georgia, Moldova, Montenegro, Serbia, Turkey and Ukraine), which are compared to eight other European Union (EU) Member States in the same region. The authors used the Global AgeWatch Index, an analytical framework by A Zaidi (2013), which offers comparative analysis of older people's well-being across the world. It is extended by gender-specific analysis for two domains: health status and capability. The results show that the combined Index value of eight Eastern and South-Eastern non-EU countries is considerably below the average observed for eight EU member States. However, for some individual indicators, some of the non-EU states performed better than the EU countries. The evidence summarised can be used to assess the position of the region, and points to areas where policy changes are necessary. (OFFPRINT.) (RH)
ISSN: 20146728 <http://www.hipatiapress.com/hpjournals/index.php/rasp/article/viewFile/3109/2256>

HEALTH CARE

(See 243/70, 243/133)

HIV AND AIDS

(See Also 243/118)

- 243/61 Training senior service providers about HIV and aging: evaluation of a multiyear, multicity initiative; by Liz Seidel, Stephen E Karpiak, Mark Brennan-Ing.: Taylor and Francis. Gerontology and Geriatrics Education, vol 38, no 2, 2017, pp 188-203. The Centers for Disease Control and Prevention estimate that in 2015, one half of all people living with HIV in the United States would have been older than age 50. Older people remain sexually active, and 16% of all new HIV diagnoses occur in adults age 50 and older - even though they rarely see themselves as being at risk for HIV/AIDS, and physicians are frequently reluctant to discuss sex. To address the issue of ageing and HIV, the AIDS Community Research Initiative of America (ACRIA) created its National Older Adults with HIV (NOAH) technical assistance and capacity-building initiative. NOAH targets ageing and HIV providers that serve older people at risk for or living with HIV. NOAH's goals include increasing knowledge, reducing stigma, and creating partnerships between senior service providers (SSPs) and HIV service providers. In its first 4 years, NOAH training was provided to 150 organisations in eight cities across the United States, reaching 332 agency staff. Outcome evaluation found significant increases in knowledge about HIV and ageing, and programmatic impact with regard to integration of older adults and HIV information in participating agencies' activities. Ongoing issues included recruiting SSPs and difficulties in reaching agencies that participated for short- and long-term follow-up. Implications for workforce development are discussed. (RH)
ISSN: 02701960
From : <http://www.tandfonline.com>

HOME CARE

(See Also 243/138)

- 243/62 The evolving role of the personal support worker in home care in Ontario, Canada; by Margaret Saari, Erin Patterson, Shawna Kelly, Ann Tourangeau.: Wiley. Health and Social Care in the Community, vol 26, no 2, March 2018, pp 240-249. To meet increasing demand for home care, the role of personal support workers (PSWs) is shifting from providing primarily personal and supportive care, to include care activities previously provided by regulated health professionals (RHPs). Much of the research examining this shift focuses on specialty programmes. Few studies investigate the daily care being provided by PSWs, frequency of care activities being provided by PSWs, and characteristics of the population receiving more complex tasks. Between January and April 2015, a review of 517 home-care service user charts was undertaken in Ontario, Canada, to: (1) describe the range of tasks being performed by PSWs in home care; (2) identify tasks transferred by RHPs to PSWs; and (3) examine characteristics of service users receiving transferred care. Findings indicate that normally PSWs provide personal and supportive care commensurate with their training. However, in approximately one quarter of care plans reviewed, PSWs also completed more complex care activities transferred to them by RHPs. Service users receiving transferred care were older and had higher levels of cognitive and functional impairment. Although there is potential for the expansion of home-care services through increased utilisation of PSWs, healthcare leadership must ensure that the right provider is being used at the right time and in the right place to ensure safe and effective quality care. Thus, several actions are recommended: PSW core competencies be clearly articulated; processes used to transfer care activities from RHPs to PSWs be standardised; and a team-based approach to the delivery of home-care services be considered. Utilisation of a team-based model can help establish positive relationships among home-care providers, provide increased support for PSWs, allow for easier scheduling of initial training, and ensure regular reassessments of PSW competence among PSWs providing added skills. (RH)
ISSN: 09660410
From : <http://wileyonlinelibrary.com/journal/hsc>

HOUSING

(See Also 243/70)

- 243/63 Aging in which place?: Connecting aging in place with individual responsibility, housing markets, and the welfare state; by Christine Thokle Martens.: Taylor and Francis. Journal of Housing for the Elderly, vol 32, no 1, January-March 2018, pp 1-11. This article proposes an analytical framework for the understanding of ageing in place, and asks which housing alternatives are compatible with ageing in place, and who is/are responsible for providing housing in old age. A literature review demonstrates that there is no agreement on the "place" in ageing

in place, but that ageing in place policies entail joint individual and public responsibility for housing. An empirical example demonstrates different policy expressions of ageing in place at national and local government levels in Norway. The article questions whether a need to move to receive care is compatible with ageing in place. (RH)

ISSN: 02763893 [From : http://www.tandfonline.com](http://www.tandfonline.com)

- 243/64 Developing best practice guidelines for designing living environments for people with dementia and sight loss; by Alison Bowes, Alison Dawson, Corinne Greasley-Adams, Louise McCabe.: Cambridge University Press.

Ageing and Society, vol 38, no 5, May 2018, pp 900-925.

The paper considers a process of developing evidence-based design guidelines to be used in environments where people with dementia and sight loss are living. The research involved a systematically conducted literature review and a series of consultations with people affected by dementia and/or sight loss who lived or worked in care homes or in domestic settings. Findings from the literature and the consultations were used in an iterative process to develop the guidelines. The process is outlined, providing examples from the guidelines about lighting, colour and contrast. In discussing the research findings and the development process, the authors consider implications of the work, including the weakness of the evidence base, the challenges of improving this, and the need for innovative approaches to understanding the complexities of design for people with dementia and sight loss. The authors highlight the emphasis in the literature on independence for people with sight loss and the focus on control for people with dementia. They argue that this falls short of a genuinely person-centred approach, which recognises the active participation of people with dementia and sight loss. (RH)

ISSN: 0144686X [From : https://doi.org/10.1017/S0144686X16001409](https://doi.org/10.1017/S0144686X16001409)

- 243/65 The residential mobility of seniors among different residential forms: analysis of metropolitan and urban issues for six contrasted regions in Quebec, Canada; by Guillaume Marois, Sebastien Lord, Paula Negron-Poblete.: Taylor and Francis.

Journal of Housing for the Elderly, vol 32, no 1, January-March 2018, pp 73-98.

This article describes and analyses older people's residential mobility in different residential set-ups in rural and metropolitan areas in the province of Quebec (Canada) between 2006 and 2011. A systematic analysis of residential form variability in territories that include both metropolitan and rural areas is performed. First, a typology of residential forms is proposed, using a principal component analysis and a hierarchical cluster analysis on environment-related and housing variables. Second, the residential mobility of older people among these different residential forms is analysed. The results reveal a certain amount of residential stability among seniors, except where specific conditions are met, such as the death of a spouse or the onset of health problems limiting day-to-day activities. For those who moved, high-rise habitat areas and mixed areas with older rental apartments held the greatest attraction. However, suburban areas attracted the largest number of older people, because these areas account for a sizeable portion of the real estate market. (RH)

ISSN: 02763893 [From : http://www.tandfonline.com](http://www.tandfonline.com)

HOUSING WITH CARE

- 243/66 Perceived safety in extra-care housing for senior residents; by Lisbeth Lindahl, Morgan Andersson, Jan Paulsson.: Taylor and Francis.

Journal of Housing for the Elderly, vol 32, no 1, January-March 2018, pp 58-72.

Extra-care housing (ECH) is a new housing model in Sweden, falling between ordinary homes and sheltered housing. The perception of safety among residents living in ECH was explored using in-depth interviews with 28 older people (mean age 83). A qualitative thematic analysis resulted in a model of perceived safety in the housing environment consisting of four themes: being able to manage on my own; a safe social context; being able to stay; and protection and safety. The model can be used for information, planning and development of ECH in general. (RH)

ISSN: 02763893

[From : http://www.tandfonline.com](http://www.tandfonline.com)

INEQUALITY AND HUMAN RIGHTS

(See 243/126)

INFORMATION AND COMMUNICATION TECHNOLOGY

- 243/67 The wisdom of older technology (non)users; by Bran Knowles, Vicki L Hanson. New York: Association for Computing Machinery.

Communications of the ACM, vol 61, no 3, March 2018, pp 72-77.

Older adults consistently reject digital technology, even when designed to be accessible and trustworthy. The authors observe that despite there being a more "tech-savvy" group of older people, the problem of older adults' "comparatively limited technology use" has not gone away. They draw on research interviews with 14 post-retirement people aged 66-86 living in the community around Dundee,

Scotland, who were open to using email and general Web browsing, but expressed concerns about security and trustworthiness. The authors note the benefits that digital tools would ostensibly provide to older people, such as: easing loneliness and isolation; being in control of decisions that affect them; living independently; and participating in, and contributing to society. They identify and discuss three clusters of factors contributing to resistance: perception of risk; the value proposition; and freedom of low expectation. They also look at factors that influence technology adoption: taking on responsibility for tasks previously handled by trained professionals; the perception that a technology replaces or erodes something of value to them; and cultural expectations. For most of their lives, this group of people had functioned perfectly well without using digital devices; and they raised valid concerns about their perceptions of greater technical vulnerability, and the time and energy needed to maintain technological proficiency. (OFFPRINT.) (RH)

ISSN: 00010782 [From](https://dl.acm.org/citation.cfm?doid=3190347.3179995) : <https://dl.acm.org/citation.cfm?doid=3190347.3179995> doi>10.1145/3179995

INHERITANCE

243/68 Where there's a will: the link between estate planning and disparities in advance care planning by White and Black older adults; by Catheryn S Koss, Tamara A Baker.: Sage.

Research on Aging, vol 40, no 3, March 2018, pp 281-302.

Data for 6,946 non-Hispanics aged 65+ from the US Health and Retirement Study (HRS) were used to test whether differences in estate planning accounted for disparities in advance care planning between White and Black older adults. White participants were more likely to have advance directives, after controlling for demographic, health and financial variables. When estate planning was also controlled, the odds of having an advance directive were equal for White and Black participants. In contrast, Whites remained more likely to discuss end-of-life preferences after controlling for demographic, health, financial, and estate planning variables. White participants were almost four times as likely to have wills or trusts. Wealth, income and home ownership were predictive of estate planning. Financial disparities contributed to lower rates of estate planning, which in turn explained in large part why Black older adults were less likely to have advance directives, but did not account for race disparities in advance care discussion. (RH)

ISSN: 01640275 [From](http://www.journals.sagepub.com/home/roa) : <http://www.journals.sagepub.com/home/roa>

INTEGRATED CARE

243/69 Could local integration of health and social care finally overcome the pull to the centre?; by Anna Dixon.: Cambridge University Press.

Health Economics, Policy and Law, April 2018, 1-4.

There are several advantages of Bevan's design, such as progressive funding through taxation and equity of access regardless of income, that we must not lose sight of as we celebrate the NHS's (National Health Service) 70th birthday. However, there remain historical fault-lines dividing health and social care. The challenge is how to preserve equity if a more radical reform were implemented to fully integrate both the funding and delivery of health and social care. Funding from national taxation with defined entitlements could preserve both equity in funding and geographical equity. This does not solve the issue of the pull to the centre, which has been a feature of the NHS throughout its history, according to Klein. This will require a fundamental shift in the use of data. Data must be wrenched from the hands of the regulators and put back in the hands of those who generate them for the purposes of improvement.

[From](https://doi.org/10.1017/S1744133118000075) : <https://doi.org/10.1017/S1744133118000075>

243/70 Improving health and care through the home: a national memorandum of understanding; by Public Health England - PHE.: Public Health England, February 2018, 9 pp.

This Memorandum of Understanding sets out a shared commitment to joint action across government, housing, health and social care sectors in England. It begins to demonstrate how this cross-sector collaboration might work in practice.

It also sets out: principles for joint-working to deliver better health and well-being outcomes, more effective healthcare and social care, and to reduce health inequalities. It further sets out the context and framework for cross-sector partnerships, nationally and locally, to design and deliver: healthy homes, communities and neighbourhoods; integrated and effective services that meet the needs of individuals, their carers (or carer) and their families. Signatories include: Alzheimer's Society; Association of Directors of Adult Social Services (ADASS); Association of Directors of Public Health (ADPH); Care & Repair England; Ministry of Housing, Communities and Local Government (MHCLG; formerly Department for Communities and Local Government, DCLG); Department of Health and Social Care; NHS Providers (formerly Foundation Trust Network); Foundations; Housing Associations' Charitable Trust (HACT); Housing Learning and Improvement Network (Housing LIN); Local Government Association (LGA); National Housing Federation (NHF); NHS England; Public Health England (PHE); Royal College of Occupational Therapists (RCOT); Royal Society for Public Health (RSPH); and Skills for Care. It would appear to update 'Joint action on improving health through the home: memorandum of understanding' (Public Health England, December 2014). (RH)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691239/Health_Housing_MoU_18.pdf

INTERGENERATIONAL ISSUES

(See Also 243/17, 243/56, 243/121)

- 243/71 The effect of childcare activities on cognitive status and depression in older adults: gender differences in a 4.4-year longitudinal study; by Caterina Trevisan, Maria Valentina Pamio, Chiara Curreri (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 348-357.
Although involvement in childcare activities seems to promote better physical and mental health in older adults, its impact on cognitive status and depression has not yet been fully examined. The aim of this Italian study was to analyse the association between engagement in childcare activities and cognitive and psychological status over a 4.4-year period in community-dwelling older adults. 2,104 individuals aged 65 years and above without severe cognitive impairment at baseline were categorised according to the frequency of their involvement in childcare activities (everyday, occasionally, never). The participants' cognitive status and depressive symptoms were evaluated at baseline and after 4.4 years. During the follow-up, 269 (12.8%) new cases of cognitive impairment and 229 (10.9%) new cases of depression were registered. Men engaged in childcare showed an almost 20% lower risk of cognitive impairment and cognitive decline. Women demonstrated similar results, except for those occasionally involved in childcare, who had a higher risk of cognitive decline compared with women who never engaged in it. The risk of developing depression was reduced in men involved daily and occasionally in childcare, who also demonstrated a lower risk of exacerbating depressive symptoms compared with subjects who were never involved in it. The onset of depression was reduced in women occasionally engaged in childcare, but not significantly in those daily involved in it. These findings demonstrate that involvement of older adults in childcare activities seems to lower the risk of cognitive impairment in both genders and to prevent onset or worsening of depression, particularly in older men. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>
- 243/72 A new generational contract: the final report of the Intergenerational Commission; by David Willetts (Chair), Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, 2018, 227 pp.
The Intergenerational Commission was convened by the Resolution Foundation to explore questions of intergenerational fairness. This report contains the Commission's conclusions. It is based on the premise of concern that today's young adults may not achieve the progress enjoyed by immediate previous generations. It expresses pessimism about these young adults' chances being particularly marked in relation to housing, work and pensions, the key economic aspects of living standards. It considers outcomes and prospects for these aspects of living standards across generations, and then suggests a policy agenda for "renewing the generational contract". It makes recommendations on these, and on the role of the state, for example by using "£2.3 billion raised from a new progressive property tax to address gaps in public social care funding"; and by charging National Insurance contributions on the earnings of workers over the State Pension Age (SPA). While the report uses statistical data from the Office for National Statistics (ONS), the research data sets used "may not exactly reproduce National Statistics aggregates". (RH)
From : Resolution Foundation, 2 Queen Anne's Gate, London SW1H 9AA. Website: intergenerationalcommission.org

INTERNATIONAL AND COMPARATIVE

(See Also 243/60, 243/93, 243/94)

- 243/73 Health literacy, self-care agency, health status and social support among elderly Chinese nursing home residents; by Yong-bing Liu, Ling-ling Xue, Hui-ping Xue, Ping Hou.: Sage.
Health Education Journal, vol 77, no 3, April 2018, pp 303-311.
Improving health literacy may enable older adults to more appropriately use self-care agency and social support as part of health promotion. This study evaluated the relationship between health literacy, self-care agency, social support and health status among older Chinese nursing home residents in four cities in Xinjiang. The study was conducted from September 2011 to June 2012 in 44 nursing homes. Participants were selected using a stratified cluster random sampling design: 1,452 people aged 60-99 met inclusion criteria. Data were collected using the Chinese Citizen Health Literacy Questionnaire, the Exercise of Self-Care Agency Scale, the Social Support Rating Scale, the Short Form 36 Health Survey Questionnaire (SF36) and the Activities of Daily Living Scale. Subsequently, 1,452 questionnaires were distributed with a response rate of 96.14% (1,396 of 1,452). Path analysis with structural equation modelling was used to test a hypothesised model linking health literacy to self-care agency, social support and health status. The optimal fitted model indicated that pathways linking health literacy to health status consisted of one direct path (path coefficient = .074) and three indirect paths (path coefficient = .194), with a total path coefficient of health literacy to health status being .268. The outcomes suggest that to enhance the effects of health promotion interventions, health professionals should aim at raising the health literacy levels of older people in China. (RH)
ISSN: 00178969 From : <http://www.journals.sagepub.com/home/hej>

- 243/74 Living arrangements and health at older ages in rural Malawi; by Jacob Kendall, Philip Anglewicz.: Cambridge University Press.
Ageing and Society, vol 38, no 5, May 2018, pp 1018-1040.
Sub-Saharan Africa's older population is projected to nearly double in size by 2030. At the same time, demographic changes have caused major shifts in the units primarily responsible for the care of older adults: the family and household. This paper examines the relationship between household composition and health at older ages in rural Malawi. The authors use data from the Malawi Longitudinal Study of Families and Health (MLSFH), which contains detailed information on household and family structure, along with measures of mental and physical health (from the Short Form-12, SF-12). The focus is on several measures of living arrangements that are expected to be associated with health: overall household size, sex composition and kin structure (based on co-residence with offspring and grandchildren). Results show that: (a) older women who co-reside with offspring have better mental and physical health compared to those living only with grandchildren; and (b) older men who live in larger households or in households with a higher proportion of females have better physical health. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 243/75 Prevalence and trends in morbidity and disability among older Mexican Americans in the Southwestern United States, 1993-2013; by Marc A Garcia, Adriana M Reyes.: Sage.
Research on Aging, vol 40, no 4, April 2018, pp 311-339.
This study examines the prevalence of morbidity and disability among older Mexican Americans using 5-year age groups. Twenty-year panel data from the Hispanic Established Populations for the Epidemiological Study of the Elderly (H-EPESE) are used to make detailed comparisons by nativity and gender. Results show that prevalence rates for most chronic conditions for both males and females do not vary by nativity. For disabilities, nativity is a significant predictor of increased instrumental activity of daily living (IADL) disability for foreign-born females, and reduced activity of daily living disability for US-born males. Additionally, results show significant interactions between nativity and age cohorts, with the gap increasing with age for males and decreasing with age for females. These results have important implications for health services and health policy. Given the rapid ageing of the Mexican American population, the prevention and treatment of medical conditions, particularly among the foreign-born, should be a major public health priority to reduce dependence from disabilities. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>
- 243/76 Profile of ethnicity, living arrangements and loneliness amongst older adults in Aotearoa New Zealand: a national cross-sectional study; by Hamish A Jamieson, Helen M Gibson, Rebecca Abey-Nesbit (et al.): Wiley.
Australasian Journal on Ageing, vol 37, no 1, March 2018, pp 68-73.
The aim of this New Zealand based study was to explore the patterns of living arrangements, ethnicity and loneliness amongst older adults aged 65 years and above living at home. National interRAI-HC (International Residential Assessment Instrument-Home Care) assessments conducted between 1 September 2012 and 31 January 2016 were analysed. The analyses focused on the associations between loneliness, ethnic groups and living arrangements. There were 71,859 eligible participants with an average age of 82.7 years, comprising Maori (5%), Pasifika (3%), Asian (2%) and European/Other (89%) ethnic identification. Most stated that they were not lonely (79%), but those living alone were more likely to be lonely (29%) than those living with others (14%). Amongst those living alone, significant differences in the likelihood of being lonely emerged between ethnic groups. Ethnic identification and living arrangements were significantly associated with the likelihood of loneliness for those having an interRAI-HC assessment. Efforts to reduce the negative impacts of loneliness need a nuanced approach. (JL)
ISSN: 14406381
From : <http://wileyonlinelibrary.com/journal/ajag>
- 243/77 Receipt of informal care in the Chinese older population; by Bo Hu, Sai Ma.: Cambridge University Press.
Ageing and Society, vol 38, no 4, April 2018, pp 766-793.
This paper examines the factors affecting the receipt of informal care among older people in China. It uses the second wave data of the China Health and Retirement Longitudinal Survey, which collected ageing and health-related information on a nationally representative sample of 8,906 older people aged 60 and over in 2013. Apart from the factors that have been examined in the contexts of developed countries, the paper further investigates two factors specific to Chinese society: rural-urban residence, and regular financial assistance from children. Based on binary and multinomial logit regression analyses, the research findings are threefold: the determinants of receiving informal care differ remarkably according to the sources of care; disability and living arrangements are the most important determinants; rural-urban residence plays a vital role in the Chinese context, but regular financial assistance from children makes little difference. It is estimated that 53 million older people are receiving informal care each year, a figure equivalent to the entire population of England. With continuous population ageing, Chinese society will face huge pressure to meet the demand for social care among older people in the future. The Chinese government needs to build a well-rounded welfare system that

tackles this challenge from multiple dimensions. The formal care services should aim to complement informal care in the short run, and reduce inequality in social care in the long run. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X16001318>

LGBT

- 243/78 'We treat them all the same': the attitudes, knowledge and practices of staff concerning old/er lesbian, gay, bisexual and trans residents in care homes; by Paul Simpson, Kathryn Almack, Pierre Walthery.: Cambridge University Press.
Ageing and Society, vol 38, no 5, May 2018, pp 869-899.
The distinct needs of lesbian, gay, bisexual and trans (LGBT) residents in care homes accommodating older people have been neglected in scholarship. On the basis of a survey of 187 individuals, including service managers and direct care staff, the authors propose three related arguments. First, whilst employees' attitudes generally indicate a positive disposition towards LGBT residents, this appears not to be matched by the ability to recognise such individuals and knowledge of the issues and policies affecting LGBT people. Statements such as, 'We don't have any [LGBT residents] at the moment' and 'I/we treat them all the same' were common refrains in responses to open-ended questions. Care home employees suggest the working of heteronormativity which could deny sexual and identity difference. Second, failure to recognise the distinct health and social care needs of LGBT residents means that they could be subject to a uniform service, which presumes a heterosexual past and cisgender status (compliance with ascribed gender), which risks compounding inequality and invisibility. Third, LGBT residents could be obliged to depend largely on the goodwill, knowledge and reflexivity of individual staff (including people of faith) to meet care and personal needs, though such qualities were necessary but not sufficient conditions for inclusion and no substitute for collective practices (involving commitment to learn about LGBT issues) that become integral to care homes' everyday functioning. A collective approach is key to advancing inclusion, implementation of legal rights to self-expression and securing equality through differentiated provision. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X1600132X>

- 243/79 Staying out of the closet: LGBT older adults' hopes and fears in considering end-of-life; by Kimberley Wilson, Katherine Kortess-Miller, Arne Stinchcombe.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 1, March 2018, pp 22-31.
There is increasing diversity among Canada's older population today. The purpose of this study was to help fill research gaps on ageing and end-of-life among Canada's LGBT (Lesbian, gay, bisexual and transgender) older population. Through focus groups the authors sought to better understand the lived experience of older LGBT individuals and to examine their concerns associated with end-of-life. The study analysis highlighted the idea that identifying as LGBT matters when it comes to ageing and end-of-life care. In particular, gender identity and sexual orientation matter when it comes to social connections, in the expectations individuals have for their own care, and in the unique fear related to staying out of the closet and maintaining identity throughout the process. This study underscores the need to consider gender identity and sexual orientation at end-of-life. In particular, recognition of intersectionality and social locations is crucial to facilitating positive ageing experiences and end-of-life care. (JL)
ISSN: 07149808 From : <http://www.cambridge.org/cjg>

LIFE-LONG LEARNING

- 243/80 Lifelong learning in active ageing discourse: its conserving effect on wellbeing, health and vulnerability; by Miya Narushima, Jian Liu, Naomi Diestelkamp.: Cambridge University Press.
Ageing and Society, vol 38, no 4, April 2018, pp 651-675.
The Active Ageing Framework has been adapted as a global strategy in ageing policies, practices and research over the last decade. However, lifelong learning has not been fully integrated into this discourse. Using survey data provided by 416 adults (aged 60+) enrolled in non-formal general-interest courses in a public continuing education programme in Canada, this study examined the association between older adults' duration of participation in the courses and their level of psychological well-being, while taking their age, gender, self-rated health and vulnerability level into consideration. An analytical framework was developed based on the literature of old-age vulnerabilities and the benefits of lifelong learning. Two logistic regression and trend analyses were conducted. The results indicate that older adults' participation is independently and positively associated with their psychological well-being, even among those typically classified as 'vulnerable'. This result provides additional evidence that suggests the continuous participation in non-formal lifelong learning may help sustain older adults' psychological well-being. It provides older learners, even those who are most vulnerable, with a compensatory strategy to strengthen their reserve capacities, allowing them to be autonomous and fulfilled in their everyday life. The result of this study highlights the value of the strategic and unequivocal promotion of community-based non-formal lifelong learning opportunities for developing inclusive, equitable and caring active ageing societies. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X16001136>

- 243/81 A study of the co-operative learning model used by the University of the Third Age in the United Kingdom; by Rebecca Marsden.: Association for Education and Ageing. International Journal of Education and Ageing, vol 2, no 1, 2011, pp 55-66.
Since its inception in the UK in the early 1980s, the University of the Third Age (U3A) has used a co-operative learning model in which members are described as both teachers and learners. This study examined the learning model as experienced by some members of the U3A in Northbridge (a pseudonym), and aimed to study some of the variation in members' experience of it. Phenomenographic analysis of the interview transcripts showed a variety of experience from that of a didactic relationship between teacher and learners to full participation by all members of a group in planning of their learning programme and in leading individual sessions. U3A members reported finding value in aspects of each of the four conceptions of co-operative learning identified by the phenomenographic analysis. The social and supportive nature of the U3A was found to be significant for the reported overall success of this application of a co-operative learning model. (RH)
ISSN: 20445458
From : <http://www.associationforeducationandageing.org>

LONELINESS AND SOCIAL ISOLATION

- 243/82 Interventions to reduce social isolation and loneliness among older people: an integrative review; by Clare Gardiner, Gideon Geldenhuys, Merryn Gott.: Wiley. Health and Social Care in the Community, vol 26, no 2, March 2018, pp 147-157.
Loneliness and social isolation are major problems for older adults. Interventions and activities aimed at reducing social isolation and loneliness are widely advocated as a solution to this growing problem. The aim of this study was to conduct an integrative review to identify the range and scope of interventions that target social isolation and loneliness among older people, to gain insight into why interventions are successful and to determine the effectiveness of those interventions. Six electronic databases were searched from 2003 until January 2010 for literature relating to interventions with a primary or secondary outcome of reducing or preventing social isolation and/or loneliness among older people. Data evaluation followed Evidence for Policy and Practice Information and Co-ordinating Centre guidelines, and data analysis was conducted using a descriptive thematic method for synthesising data. The review identified 38 studies, and the range of interventions described relied on differing mechanisms for reducing social isolation and loneliness. The majority of interventions reported some success in reducing social isolation and loneliness, but the quality of evidence was generally weak. Factors which were associated with the most effective interventions included adaptability, a community development approach, and productive engagement. A wide range of interventions have been developed to tackle social isolation and loneliness among older people. However, the quality of the evidence base is weak, and further research is required to provide more robust data on the effectiveness of interventions. Furthermore, there is an urgent need to further develop theoretical understandings of how successful interventions mediate social isolation and loneliness. (RH)
ISSN: 09660410
From : <https://onlinelibrary.wiley.com/doi/epdf/10.1111/hsc.12367>
- 243/83 Loneliness: what characteristics and circumstances are associated with feeling lonely?: Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017; by Office for National Statistics - ONS.: Office for National Statistics - ONS, 10 April 2018, 18 pp.
The analysis presented is based on data collected for the Community Life Survey (CLS) between August 2016 and March 2017, and on this question, "How often do you feel lonely?" The focus is on identifying personal characteristics and circumstances that increase or reduce the likelihood of experiencing loneliness. It finds that 5% of adults in England reported feeling lonely "often" or "always", and that younger adults aged 16-24 reported feeling lonely more often than those in older age groups. Three profiles of people at particular risk from loneliness were identified: widowed older homeowners living alone with long-term health conditions; unmarried, middle-aged with long-term health conditions; and younger renters with little trust and sense of belonging to their area. Among 13 factors identified as independently affecting loneliness are health and disability; and those with caring responsibilities. Also available at same link is a technical report (28 pp), 'Logistic regression and latent class analysis of loneliness using the Community Life Survey August 2016 to March 2017: description of the statistical methods and techniques which underpin the article ...' (RH)
From : Link for this and other items on Loneliness in older people:
<https://www.ons.gov.uk/search?q=loneliness>

- 243/84 Longitudinal loneliness and its risk factors among older people in England; by Keming Yang.: Cambridge University Press. Canadian Journal on Aging, vol 37, no 1, March 2018, pp 12-21.
This study involved the longitudinal trajectories of loneliness with ageing and modelled the effects of relevant risk factors. Data came from the second to the sixth waves (2004/5-2012/13) of the English Longitudinal Studies of Ageing (ELSA). 9,171 respondents who participated in at least two waves and offered valid responses to the UCLA three-item loneliness scale were included. Although statistics

describing the inter-wave changes confirmed the longitudinal stability of loneliness among older people, it was found that serious attention should be paid to the small percentage of older people who were 'longitudinally lonely'. Self-reported health and relations with spouse and children were significant risk factors, and it was the change of closeness to spouse rather than the loss of spouse that most affected the change of loneliness scores. Future research should aim to identify personal and social events that make older people lonely over a long period of time. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

243/85 Social isolation in later life: extending the conversation; by Rachel Weldrick, Amanda Grenier.: Cambridge University Press.

Canadian Journal on Aging, vol 37, no 1, March 2018, pp 76-83.

As Canada's population continues to age social isolation among older people is a growing concern and national level priority. Although much is known about individual level risks and negative health outcomes associated with social isolation in later life, the impact of life course trajectories and the more collective experiences are seldom considered. Current definitions and programme responses tend to rely on individualised approaches to social isolation. In this study it is argued that the conversation be extended to consider the social and cultural aspects of social isolation among older people. Specifically the authors suggest that definitions and approaches consider three particular dimensions: temporal factors, spatial factors and the relationship between social isolation and exclusion. Doing so would result in a more inclusive approach to social isolation in later life, and the development of capacity to address social isolation among a wide range of older people, particularly the needs of vulnerable or marginalised groups. (JL)

ISSN: 07149808

From : <http://www.cambridge.org/cjg>

243/86 Transitions in loneliness among older adults: a 5-year follow-up in the National Social Life, Health, and Aging Project; by Louise C Hawkley, Masha Kocherginsky.: Sage.

Research on Aging, vol 40, no 4, April 2018, pp 365-387.

A substantial portion of the older adult population suffers from frequent feelings of loneliness, but a large proportion remains relatively unscathed by loneliness. To date, research examining both protective and risk factors for loneliness has not included data from the United States. This study used the first two waves of data from the National Social Life, Health, and Aging Project (NSHAP) to examine sociodemographic, structural and functional factors thought to be associated with loneliness in older adults. Functional limitations and low family support were associated with an increase in loneliness frequency (as were more strained friendships), and with transitioning from non-lonely to lonely status. Better self-rated health, higher levels of socialising frequency, and lower family strain were associated with transitioning from lonely to non-lonely status. Interventions that target these factors may be effective in preventing and reducing loneliness and its effects on health and well-being in older adults. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

LONG TERM CARE

(See Also 243/45)

243/87 'Replacement care' for working carers?: A longitudinal study in England, 2013-15; by Linda Pickard, Nicola Brimblecombe, Derek King, Martin Knapp.: Wiley.

Social Policy and Administration, vol 52, no 3, May 2018, pp 690-709.

In the context of rising need for long-term care, reconciling unpaid care and carers' employment is becoming an important social issue. In England, there is increasing policy emphasis on paid services for the person cared for, sometimes known as 'replacement care', to support working carers. Previous research has found an association between 'replacement care' and carers' employment. However more information is needed on potential causal connections between services and carers' employment. This mixed methods study drew on new longitudinal data to examine service receipt and carers' employment in England. Data were collected from carers who were employed in the public sector, using self-completion questionnaires in 2013 and 2015, and qualitative interviews were conducted with a sub-sample of respondents to the 2015 questionnaire. It was found that, where the person cared for did not receive at least one 'key service' (home care, personal assistant, day care, meals, short-term breaks), the carer was subsequently more likely to leave employment because of caring, suggesting that the absence of services contributed to the carer leaving work. In the interviews, carers identified specific ways in which services helped them to remain in employment. The study concludes that if a policy objective is to reduce the number of carers leaving employment because of caring, there needs to be greater access to publicly-funded services for disabled and older people who are looked after by unpaid carers. (JL)

ISSN: 01445596

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

- 243/88 Feasibility of compliant flooring in long-term care: results from a stakeholder symposium; by Chantelle C Lachance, Dawn C Mackey.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 1, March 2018, pp 84-94.
Compliant flooring aims to prevent fall-related injuries among older people at risk in long-term care, but uptake of compliant flooring in this setting is limited. This study reports on a one-day stakeholder symposium to identify advantages and disadvantages of implementing compliant flooring in long-term care and the most pressing directions for future research from the perspective of key stakeholders. 23 stakeholders representing health care, industry and research attended the symposium. Attendees believed that the most important advantages of compliant flooring were reducing injuries in residents who had fallen, potential benefits to care staff and potential increases in quality of life for residents. Attendees perceived the most significant disadvantages of compliant flooring were financial considerations, lack of research evidence and challenges with installation. Attendees indicated a need for additional research on cost-effectiveness and clinical effectiveness. While stakeholders perceived compliant flooring to add value to long-term care, there were found to be significant informational and financial barriers to uptake. (JL)
ISSN: 07149808
From : <http://www.cambridge.org/cjg>
- 243/89 A fork in the road: next steps for social care funding reform: the costs of social care funding options, public attitudes to them - and the implications for policy reform; by Simon Bottery, Michael Varrow, Ruth Thorlby, Dan Wellings, Health Foundation; King's Fund. London: Health Foundation, May 2018, 56 pp.
This paper pulls together new financial modelling, public perceptions work and policy analysis to identify the problems with adult social care in England and outline options for its reform.
Section 1 identifies how the problem with social care has developed, noting policy developments since 1997. Section 2 suggests options for reform, their costs and considerations. Section 3 looks at public attitudes to social care funding reform; and Section 4 considers policy implications for social care reform. The paper does not aim to make firm proposals or recommendations, but rather to identify and make explicit the advantages and disadvantages, impact and consequences of adopting one option over another. It concludes that reforming the current system will be expensive, but that if reform is chosen, England is now at a clear 'fork in the road' between a better means-tested system and one that is more like the NHS, free at the point of use for those who need it. (RH)
<https://www.kingsfund.org.uk/sites/default/files/2018-05/A-fork-in-the-road-next-steps-for-social-care-funding-reform-May-2018.pdf>
- 243/90 Job demand, control and unresolved stress within the emotional work of long-term care in England; by Shereen Hussein.: Policy Press.
International Journal of Care and Caring, vol 2, no 1, February 2018, pp 89-108.
Long-term care work is known for its difficult working conditions, with potential implications for workers' well being. In England, long-term care policies are moving progressively towards marketisation, while public social care funding is under considerable strain. Little evidence exists on the job demand and control of long-term care workers who provide personal and direct care to adults and older people. This article uses survey data from 991 long-term care workers in England to examine the levels of, and differentials in, job strain among long-term care workers. The findings highlight the vulnerability of certain groups of workers, with potential negative impacts on their well-being. (RH)
ISSN: 23978821
From : <https://doi.org/10.1332/239788218X15187915863909>
- 243/91 Living with Parkinson's disease: perceptions of invisibility in a photovoice study; by Kerstin Roger, Monika Wetzel, Leslie Penner.: Cambridge University Press.
Ageing and Society, vol 38, no 5, May 2018, pp 1041-1062.
There are more than 65,000 people living with Parkinson's disease in Canada. In this paper, the authors discuss a single case about how one such person describes invisible and visible symptoms in the context of being part of a couple, and how this context shapes their social and life world.
Based on previous community research, the authors prioritise the need to understand better how experiences and feelings of invisibility could be shaped by relational dynamics, interfacing with service provision, and social forces, with the overarching view of understanding better the experiences of participants living with Parkinson's disease. A photovoice methodology (using photography and open-ended interviews) was employed. A discussion of Bindy and Volta's case study leads to a better understanding of how strong spousal support can significantly alter how one individual experiences and defines living with Parkinson's. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 243/92 Older persons' views on using cash-for-care allowances at the crossroads of gender, socio-economic status and care needs in Vienna; by Andrea E Schmidt.: Wiley.
Social Policy and Administration, vol 52, no 3, May 2018, pp 710-730.
This study aimed to contribute to understanding social inequalities resulting from familisation (or de-familisation) tendencies among cash-for-care beneficiaries in Austria, a Conservative welfare state. It highlighted justifications for choices in accessing and using care in a cash-for-care scheme from the

perspective of care recipients aged 80 years and older in Vienna. Along key dimensions characterising care recipients' experiences, four different user groups were identified which reflected recipients' individual characteristics, particularly gender, socio-economic status (SES), and care needs, and the respective care arrangement. The groups were dubbed: (1) the self-confident; (2) the illiterate; (3) the dependent; and (4) the lonely. Narrative interviews with 15 frail older people were held in 2014 and analysed using the framework analysis method. Results showed that familiarity with support structures associates with higher SES, while those who depend on others for acquiring information or organising care express ambivalence in choosing between formal and informal care. Engagement in deciding which care type to use was limited among people of lower SES or with complex care needs, but own experience as informal caregiver for a family member increased care recipients' long-term care (LTC) system literacy. Gender differences among care recipients were limited, yet middle-class female recipients often expressed normative claims for family care from female relatives. The study concludes that unconditional care allowance schemes may reinforce existing gender relations, particularly among informal caregivers, as well as underpin socio-economic differences among LTC users in old age. Results also partly question the assumptions of choice and empowerment implicit in many cash-for-care schemes. (JL)

ISSN: 01445596

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

- 243/93 The vicious layering of multilevel governance in Southern Europe: the case of elderly care in Italy and Spain; by Marco Arlotti, Manuel Aguilar-Hendrickson.: Wiley. Social Policy and Administration, vol 52, no 3, May 2018, pp 646-661.

Ageing and changes in family arrangements and female employment have brought about important policy developments in long-term care (LTC). Southern European countries have relied for a long time on family care and residual social care for older dependents. Two paradigmatic cases, Italy and Spain, have shown two apparently different trends during the last 15 years: while in Italy reforms seem to have been persistently blocked, in Spain an ambitious reform has fallen short of expectations. Based on data on services and institutional arrangements, this study shows that a complex and inconsistent allocation of responsibilities across government levels, a sort of 'vicious layering' of multilevel governance, may be playing a key role in this situation. The study discusses the dysfunctional effects of such arrangements, namely territorial inequalities, cost-shifting between government levels and towards users, and misallocation of resources. It is suggested that the development and reform of LTC in Southern European countries must address these problems if they want to avoid getting marooned by a complex network of vetoes and resource allocation problems. (JL)

ISSN: 01445596

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

- 243/94 What can England learn from the long-term care system in Japan?: research report; by Natasha Curry, Sophie Castle-Clarke, Nina Hemmings, Nuffield Trust. London: Nuffield Trust, May 2018, 58 pp.

In anticipation of the adult social care Green Paper this summer, the Nuffield Trust undertook a visit to Japan to study the country's social care system. Japan introduced a long-term care insurance system in 2000, which established new models of funding and delivery, and endeavoured to create a positive vision of ageing. Part social insurance, part taxation and part co-payment model, the new system aims to provide comprehensive and holistic care according to need. This report offers an overview of the Japanese long-term care insurance system, and asks what lessons can be drawn from a country that has demonstrated it is possible to achieve fundamental social care reform, despite formidable demographic, economic and social pressures. (RH)

From : https://www.nuffieldtrust.org.uk/files/2018-05/1525856899_learning-from-japan-final.pdf

MEDICAL ISSUES

(See Also 243/91)

- 243/95 Life, death and the stories in between: storytelling in geriatric medicine; by Bryan H McGill.: British Geriatrics Society.

BGS Newsletter, no 64, February 2018, pp 6-8.

Storytelling has many roles within society, including in geriatric medicine. It unites us, imparting wisdom from one generation to the next, and gives us a glimpse into the lives of those dearest to us. It can also be used to reduce anxiety when faced with difficult subjects such as end of life decisions and Advance Care Plans. (RH)

ISSN: 17486343

From : <http://www.bgs.org.uk>

MENTAL CAPACITY

- 243/96 Going it alone: a scoping review of unbefriended older adults; by Stephanie Chamberlain, Sol Baik, Carole Estabrooks.: Cambridge University Press.

Canadian Journal on Aging, vol 37, no 1, March 2018, pp 1-11.

Older adults who have reduced decision-making capacity and no family or friends to compensate for these deficiencies are known as unbefriended and require a public guardian. The purpose of this study

was to review peer-reviewed and grey literature to determine the scope of available research on unbefriended older adults in Canada and the United States. There was found to be limited research examining unbefriended older adults. No Canadian studies or reports were located. Unbefriended older adults were childless or had fewer children, were more cognitively impaired and were older than older adults who were not unbefriended. These findings demonstrate a stark scarcity of studies on unbefriended older adults. Research is urgently needed using standardised data collection of guardianship status in order to enable studies of the prevalence of public guardianship in Canada.. (JL) ISSN: 07149808

From : <http://www.cambridge.org/cjg>

MENTAL HEALTH

(See Also 243/44, 243/71)

- 243/97 The age-related positivity effect in electronic gambling; by Phoebe E Bailey, Craig J Gonsalves, Michelle Maiuolo, Tarren Leon, Gulden Benedek.: Taylor and Francis.
Experimental Aging Research, vol 44, no 2, March-April 2018, pp 135-147.
Older adults are increasingly spending time and money playing electronic gambling machines (EGMs). The current study assessed whether the age-related positivity effect influences responding to various EGM outcomes, including wins and losses of equivalent magnitude and frequency. This Australian study also explored cognitive mechanisms potentially underpinning the positivity effect. The authors recorded the skin conductance response (SCR) of healthy older and younger adults while playing for wins, losses and fake wins (losses disguised as wins). After every win and fake win, participants were forced to choose red or black to either double their win or lose it. They also provided ratings of enjoyment and excitement, estimated number of wins and losses, and completed measures of cognitive function. Young and older adults demonstrated larger SCRs to wins relative to losses. When these wins and losses were of equivalent magnitude and frequency following a double-or-nothing scenario, only older adults responded more to a win than a loss. There were no age group differences in excitement and enjoyment, but older adults were more accurate than young adults in their recall of wins and losses. The study concludes that during EGM play, young and older adults demonstrate similar patterns on autonomic arousal. However, young adults' responses suggests generalised excitement, whereas older adults respond more to the prospect of financial gain. (RH)
ISSN: 0361073X
From : <http://www.tandfonline.com>
- 243/98 The brain and social connectedness: GCBH recommendations on social engagement and brain health; by Global Council on Brain Health - GCBH. [Washington, DC]: Global Council on Brain Health, 2017, 28 pp.
The Global Council on Brain Health (GCBH) is an independent organisation created by AARP in collaboration with Age UK, to provide trusted information on how we can all maintain and improve our brain health. Members of the Council met on 20-22 October 2016 at Age UK in London, to discuss current scientific evidence underlying the question, how does social engagement affect our brain health as we age? This paper presents examples of social activities for adults that have been evaluated by social scientists to show positive benefits for brain health, as well as various other common social engagement opportunities. Among consensus statements made is that there is "some evidence from observational studies that increased social engagement can lower the risk of certain diseases characterised by cognitive decline; however, such evidence is limited". Appendices include a glossary of terms used in the document, comparison of epidemiological versus randomised controlled trials (RCTs), discussion questions and a list of additional resources. (RH)
https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health-wellbeing/gcbh/gcbh_brain-social-connectedness.pdf
- 243/99 Diagnosis of cognitive decline and dementia in rural areas: a scoping review; by Janina Barth, Franziska Nickel, Peter L Kolominsky-Rabas.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 3, March 2018, pp 459-474.
Due to demographic change the global prevalence of dementia will continue to rise, however timely diagnosis is associated with valuable benefits and can promote timely and optimal management. Receiving an early diagnosis is a particular problem in rural areas due to limited access to assessments. The aim of this scoping review was to investigate different interventions targeted at older people living in rural areas in order to screen and diagnose cognitive decline and dementia. The review was conducted in line with the framework of Arksey and O'Malley and a range of databases were systematically searched. Interventions were categorised in four main categories: interventions for general practitioners/institutions; online/mobile offers; telehealth applications; and telephone-based screenings. In all, 30 studies were included. The four categories showed different scopes of application. Telehealth applications showed that it is feasible and valid to diagnose dementia via videoconference. Assessments described in the three other categories showed that remotely used tools are appropriate to screen for mild cognitive impairment or cognitive decline, but are not valid to establish a dementia diagnosis. Telehealth applications can appropriately be used to diagnose dementia. However most of the studies included only small sample sizes and did not test the applications explicitly in rural or remote

populations. Therefore studies taking these limitations into account are needed. In addition, only two randomised controlled trials (RCTs) were included in this review indicating that more high quality studies in the field are needed. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

- 243/100 Social support, negative interactions, and mental health: evidence of cross-domain buffering effects among older adults in Japan; by Ken Harada, Hidehiro Sugisawa, Yoko Sugihara (et al.): Sage. *Research on Aging*, vol 40, no 4, April 2018, pp 388-405.

This study examined the additive effects of social support and negative interactions in various relationship domains, and the cross-domain buffering effects of social support on the detrimental impact of negative interactions on mental health among older adults in Japan. Data were obtained from a survey of 1,592 residents of 30 municipalities in the Tokyo metropolitan area. The results indicate that family members living together may share ambivalent social ties, anchored in positive sentiments and serving as sources of support, but where criticism and excessive demands may occur. The study found that negative interactions had a more potent additive effect on mental health. Moreover, the interaction effects of negative interactions with family and social support from other relatives suggest reverse buffering. The findings suggest that interventions might be more necessary to cope with the negative social exchanges of close kin relationships among older Japanese people. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

MENTAL HEALTH CARE

(See Also 243/119, 243/120, 243/121)

- 243/101 Community mental health teams for older people in England: variations in ways of working; by Hilde Verbeek, Angela Worden, Mark Wilberforce (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 3, March 2018, pp 475-481.

Integrated community mental health teams (CMHTs) are a key component of specialist old age psychiatry services internationally. However in England, significant shifts in policy, including a focus on dementia and age inclusive services, have influenced provision. The aim of this study was to portray teams in 2009 against which subsequent service provision could then be compared. A bespoke national postal survey of CMHT managers collected data on teams' structure, composition, organisation, working practices, case management and liaison activities. A total of 376 CMHTs (88%) responded. Teams comprised a widespread of disciplines. However just 28% contained the full complement of professionals recommended by government policy. Over 93% of teams had a single point of access but some GPs bypassed this, and 40% of teams did not accept direct referrals from care homes. Initial assessments were undertaken by multiple disciplines, and 71% of teams used common assessment documentation. Nevertheless many social workers maintained both NHS and local authority records. In 92% of teams, nominated care coordinators oversaw the support provided by other team members. However inter-agency care coordination was less prevalent. Few teams offered the range of outreach/liaison activities anticipated in the national dementia strategy. Compared with previous studies, teams were found to have grown and changed, with a clear increase in non-medical practitioners, particularly support workers. Measures to facilitate integrated care within CMHTs (eg, common access and documentation) were widespread, but integration across health and social care/primary and secondary services was less developed. Consideration of barriers to further integration, and the impact of current reforms is potentially fruitful. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

- 243/102 Peer support, expert help and social interaction; by Sarah Roberts, Lisa Smith.: Hawker Publications.

Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 32-34.

'Memory Matters' courses are designed to offer education and advice to people soon after a diagnosis of with dementia or other memory problems, and their carers. The authors wanted to know how these courses were experienced by participants, and this article reports on the results of their evaluation. Commissioned and initially run by Devon partnership NHS Trust (DPT), the course aimed to help people to adapt more quickly to their diagnosis of dementia. The evaluation found that the course had a positive impact on how participants live with memory problems, and with evidence that their well-being is significantly enhanced. It found the courses provided a combination of reassurance through peer support, social interaction and professional advice. (RH)

ISSN: 13518372

From : <http://www.journalofdementiacare.co.uk>

- 243/103 Provision and perceived quality of mental health services for older care home residents in England: a national survey; by Karen Stewart, Claire Hargreaves, Rowan Jasper ... (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 364-370.

This study examined the nature, extent and perceived quality of the support provided by community mental health teams for older people (CMHTsOP) to care home residents. A postal survey was sent to

all CMHTsOP in England. Information was collected about teams' staffing and their involvement in case finding, assessment, medication reviews, care planning and training as well as team managers' rating of the perceived quality of the service they provided for care home residents. Data were analysed using chi-squared tests of association and ordinal regression. Responses were received from 225 (54%) CMHTsOP. Only 18% of these teams contained staff with allocated time for care home work. Services for care home residents varied considerably between teams. Two-fifths of teams provided formal training to care home staff. Team managers were more likely to perceive the quality of their service to care homes as good if they had a systematic process in place for reviewing antipsychotic drugs or routine mental health reviews, including contact with a GP.

The findings suggested that more evidence is needed on the best approach for supporting care home residents with mental health needs. Areas to consider are the potential benefits of training to care home staff and regular mental health reviews, utilising links between GPs and CMHTsOP. (JL)

ISSN: 08856230

From : <https://doi.org/10.1002/gps.4753>

MIGRATION

243/104 Life satisfaction of migrants, stayers and returnees: reaping the fruits of migration in old age?; by Helen Baykara-Krumme, Lucinda Platt.: Cambridge University Press.

Ageing and Society, vol 38, no 4, April 2018, pp 721-745.

Turks constitute one of the largest migrant groups in Europe, and the growing population of older Turkish migrants display greater risks of loneliness and material disadvantage compared to native-born populations in Europe. However, compared to their non-migrant peers from the country of origin, older migrants may experience gains from migration that are reflected in their life satisfaction. The authors evaluate the effects of migration on life satisfaction in later life, by comparing older migrants' life satisfaction with that of non-migrants and return migrants of a similar age and originating from the same regions in Turkey. They use the 2000 Families Study, a large survey of Turkish migrants from the peak labour migration period and their non-migrant comparators, to investigate whether life satisfaction of migrants and stayers differs and the possible causes of any differences. They find that both migrants and return migrants experience higher life satisfaction in old age than stayers. However, the gap cannot be explained by the classical determinants of life satisfaction such as income, health, partner and friends, or religiosity, nor by the better outcomes of the migrants' children. Possible reasons for this migration satisfaction advantage are discussed. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

NEIGHBOURHOODS AND COMMUNITIES

(See Also 243/70)

243/105 The creation of age-friendly environments is especially important to frail older people; by Jane M Cramm, Hanna M Van Dijk, Anna P Nieboer.: Cambridge University Press.

Ageing and Society, vol 38, no 4, April 2018, pp 700-720.

Older people's preferences may be modified by levels of frailty, when it comes to ageing in place. This research aimed to characterise the relationship between frailty and ageing in place, and to identify differences in neighbourhood characteristics supporting ageing in place missed by frail and non-frail older people. A concurrent nested mixed-methods approach was used. For quantitative evaluation, a sample of 945 independently living older adults residing in four districts of Rotterdam were asked to complete a questionnaire in 2013 (response rate = 62%; N = 558). In addition, 32 interviews were conducted with frail and non-frail older people. Results showed that gender, age and especially frailty were related to missed neighbourhood characteristics. People displayed awareness of their increasing frailty and often acknowledged that it increased the need for neighbourhood characteristics enabling them to age in place. The authors conclude that dependence on neighbourhoods varies with frailty status. This relationship is dynamic; with frailty, older people become more dependent on their neighbourhood. However, expectations regarding neighbourhood characteristics seem to dissipate with advanced age and increasing frailty. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16001240>

243/106 The Seniors' Outdoor Survey (SOS Tool): a proposed weighting and scoring framework to assess outdoor environments in residential care settings; by Eric Bardenhagen, Susan Rodiek, Adela Nejha, Chanam Lee.: Taylor and Francis.

Journal of Housing for the Elderly, vol 32, no 1, January-March 2018, pp 99-120.

Spending time outdoors offers substantial health benefits for older adults. However, in long-term care settings, outdoor areas may fail to adequately support older residents' needs and preferences. The Seniors' Outdoor Survey (SOS Tool) has been developed to help users to evaluate outdoor areas and indoor-outdoor connections in residential facilities for older people, by rating 60 environmental features on a 1-7 scale. This article proposes a weighting strategy to approximate the relative importance of different items on the tool, according to their potential level of support for resident usage and

preferences. A standardised scoring system will allow multiple stakeholders to apply the results to research, design, construction and renovation projects. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>

- 243/107 Urban ageing; by J van Hoof, J K Kazak.: Sage.
Indoor and Built Environment, vol 27, No 5, May 2018, pp 583-586.
The increasing number of people growing older in an urban environment is driving a move towards creating more age-friendly cities. This editorial article very briefly considers some of the main issues and possibilities, including: building accessibility; walkable neighbourhoods; communal and shared living; the use of technology; living with dementia; and the efficient use of energy to address climate change. The needs of people with dementia and their interactions with indoor and outdoor urban environments are also acknowledged. (OFFPRINT.) (NL/RH)
From : <https://doi.org/10.1177/1420326X18768160>

OLDER MEN

- 243/108 Older men's perceptions of the need for and access to male-focused community programmes such as Men's Sheds; by Mary Anne Nurmi, Corey S Mackenzie, Kerstin Roger, Kristin Reynolds, James Urquhart.: Cambridge University Press.
Ageing and Society, vol 38, no 4, April 2018, pp 794-816.
Although participating in community social programmes is associated with positive physical and mental health outcomes for older adults, older men participate less often than women. Men's Sheds is a community programme used primarily by older men that originated in Australia and is well established there. The goal of the current study was to explore men's perceptions of the need for Men's Sheds and issues concerning access to them in Canada, a country with a small but growing Men's Sheds movement. The authors conducted focus groups with 64 men aged 55+, including Men's Sheds members and men from the community who were unfamiliar with this programme, and analysed the data using the framework analytic approach. The data revealed two primary themes, the first of which concerned the need for male-focused community programmes, including the sub-themes reducing isolation, forming friendships and engaging in continued learning. The second theme was access to programmes, including the sub-themes points of contact, sustaining attendance and barriers to participation. Findings suggest that in order to reduce the likelihood of isolation and increase opportunities for social engagement, exposure to the concept of male-focused programming should begin before retirement age. In addition, such programmes should be mindful of how they are branded and marketed, in order to create spaces that are welcoming to new and diverse members. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X16001331>

OLDER OFFENDERS

- 243/109 Systematic review of aged care interventions for older prisoners; by Bruce A Stevens, Rhonda Shaw, Peter Bewert (et al.): Wiley.
Australasian Journal on Ageing, vol 37, no 1, March 2018, pp 34-42.
Aged care intervention in prisons is a growing problem. In this study a systematic review was conducted following preferred reporting items for systematic reviews and meta-analyses guidelines. A total of 1,186 abstracts were screened for inclusion. Quantitative and qualitative studies were included. Of these, two quantitative studies and five qualitative studies examined aged care interventions. An intervention involving physical health activities was not effective in reducing distress compared to a control, and an intervention of psychosocial, physical and spiritual health activities for veterans was not effective when compared to a comparison group. Qualitative analysis generated themes that applied to best practices: addressing older prisoners' needs, identifying barriers for older prisoners and staff, considering the prison culture, programme delivery and cultivating older prisoners and staff attitudes. Overall this review found no significant interventions in prisons, however the qualitative findings showed evidence of best practice. (JL)
ISSN: 14406381
From : <http://wileyonlinelibrary.com/journal/ajag>

- 243/110 The victim-offender overlap in late adulthood; by Michael D Reisig, Kristy Holtfreter.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 2, March-May 2018, pp 144-166.
This study contributes to the general knowledge of the victim-offender overlap, by determining whether the phenomenon exists among older adults and whether known correlates of crime and victimisation explain the relationship. Cross-sectional survey data from telephone interviews conducted with 2,000 people aged 60+ living in Arizona and Florida are used to estimate confirmatory factor models for both victimisation and criminal offending. The results from a series of multivariate regression models show that victimisation is associated with criminal offending. While factors such as low self-control, depression and spending time in commercial drinking establishments partially attenuate the victimisation-crime link, the statistically significant relationship persists in a multivariate context. Further

testing indicates that the observed findings are robust across measurement and modelling strategies. Coupled with previous research, the results support the argument that the victim-offender overlap exists (and is difficult to explain) over the life course. (RH)

ISSN: 08946566

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

PENSIONS AND BENEFITS

- 243/111 Comparing occupational welfare in Europe: the case of occupational pensions; by Emmanuele Pavolini, Martin Seeleib-Kaiser.: Wiley.
Social Policy and Administration, vol 52, no 2, March 2018, pp 477-490.
The article provides an assessment to what extent reforms of occupational pensions (OPs) have fostered a "risk shift" or increased social protection dualism across countries. The essay focuses on workers, whilst previous research primarily analysed provision for current pensioners. The empirical analysis confirms that in countries such as the Netherlands and Sweden, increased private pension or (OP) provision does not necessarily lead towards social protection dualism and comprehensive risk shifts. Britain continues to be characterised by strong social protection dualism and entrenched social divides, creating "social policy enclaves". Divisions of welfare are also very likely to be a feature of the German pension system in the future. The latter two countries have witnessed clear risk shifts and processes of dualisation. The pension systems in Austria, Italy, and Spain have not witnessed paradigm changes, and continue to be primarily based on public or statutory pension schemes. The idea that multi-pillarisation in itself fosters major risk shifts and dualisation has to be reconsidered. Under specific conditions, encompassing OPs can be functionally equivalent to public pension schemes. However, countries relying on voluntarism with regard to OPs coverage tend to witness processes of dualisation. (RH)
ISSN: 01445596
From : <http://wileyonlinelibrary.com/journal/spol>
- 243/112 Occupational pensions in Europe: Trojan horse of financialization?; by David Natali.: Wiley.
Social Policy and Administration, vol 52, no 2, March 2018, pp 449-462.
This article aims to answer two questions. First, has the recent evolution of occupational pensions (OPs) contributed to the financialisation of pension policy? Second, is the nexus between OPs and financialisation the result of the increased influence of financial markets in the pension field, or of a more complex interaction of state, market and social actors? By comparing Italy, the Netherlands and the United Kingdom, the article shows financialisation is a broad process that affects the three countries, but it has followed three different paths. In Italy, financialisation is spreading through individual pension schemes rather than OPs. The Dutch collective OPs are still a central part of the pension systems, but are increasingly influenced by the financial markets. In the UK, employer-led OPs are in the hands of the financial services industry. This proves that financialisation is a powerful trend, but has to deal with domestic socioeconomic institutions (a country's political economies and pensions institutions) that shape strategies and reforms. Financial actors have an increased role in pension politics, but are involved in complex interactions with the state, employers and trade unions. (RH)
ISSN: 01445596
From : <http://wileyonlinelibrary.com/journal/spol>
- 243/113 Pensions planning in the UK: a gendered challenge; by Liam Foster, Martin Heneghan.: Sage.
Critical Social Policy, vol 38, no 2, 2018, pp 345-366.
Gender differences in the accumulation of pension savings are well documented. Work in this field has concluded that while differing lifetime work profiles (and family history) explained much of the difference, other factors such as pension knowledge and confidence in decision-making, may also be significant. This research (commissioned by the Fawcett Society and funded by Scottish Widows) explores some of these factors through the use of 30 semi-structured interviews and a focus group with women (aged 24-39) about their attitudes and motivations towards pension saving. It concentrates on discussions around pension knowledge, advice and decision-making, and identifies challenges in relation to women's pension knowledge and the use of male 'role models' in making decisions. The article then explores potential policy mechanisms to enhance women's pension saving for retirement, including the manner in which information and advice is provided and strategies to improve confidence in pension decision-making. (OFFPRINT.) (RH)
ISSN: 02610183
From : <http://journals.sagepub.com/doi/abs/10.1177/0261018317726639>
- 243/114 Towards a comprehensive explanation of the development of occupational pension: the interplay between welfare state legacies, industrial relations, and housing regimes in Belgium and the Netherlands; by Johan De Deken.: Wiley.
Social Policy and Administration, vol 52, no 2, March 2018, pp 519-533.
The author investigates the interplay between social policies, industrial relations and housing regimes, to explain the development of occupational pensions. The structure of statutory provisions and industrial relations of the Bismarckian "latecomer" Belgium make it appear a "most likely case" for a successful transition into "mature" multi-pillarism. The continued importance of outright home

ownership in the retirement package turns out to be key in explaining that such a transition largely failed in Belgium. In the Netherlands, on the other hand, two financial crises have eroded the apparent advantages of securing the second-tier function of retirement provisions by relying on pre-funded occupational plans and a financialised housing regime. The crises provoked a drift away from the "high road" of second-pillar pensions, and initiated a process that increases the importance of outright home ownership in the retirement package at the expense of generously funded occupational plans. (RH)
ISSN: 01445596 [From : http://wileyonlinelibrary.com/journal/spol](http://wileyonlinelibrary.com/journal/spol)

- 243/115 When finance captures labor's capital: dominant personal pensions, resurgent occupational provision in Central and Eastern Europe; by Marek Naczyk.: Wiley.
Social Policy and Administration, vol 52, no 2, March 2018, pp 549-562.
Whereas in Western Europe occupational plans dominate private pension provision, coverage of such plans is marginal in Central and Eastern Europe (CEE). Previous literature has shown the World Bank's instrumental role in persuading CEE countries to divert part of their social security contributions towards mandatory personal pensions. The dominance of the Bank's model of pension privatisation from the mid-1990s largely explains the marginalisation of occupational plans. However, as this model has been challenged since the late 2000s, occupational pensions (OPs) have re-appeared on the agenda. To shed light on the changing politics of OPs, this article focuses on the role of organised interests - namely employers' associations, trade unions and financial groups - that are key players in Western Europe, but whose role has been insufficiently studied in CEE. The article follows these actors' activities in the last three decades of pension politics in Poland, i.e., one of the few CEE countries to have promoted occupational provision. It shows that, although organised interests had limited policy expertise and mainly mobilised social consent for - or opposition to - reform in the early phases of post-communist pension reform, the growing organisational resources of business groups - in contrast with unions - make them increasingly influential actors in reshaping the contours of CEE private pension provision. (RH)
ISSN: 01445596 [From : http://wileyonlinelibrary.com/journal/spol](http://wileyonlinelibrary.com/journal/spol)

PHYSICAL ACTIVITY

(See Also 243/121)

- 243/116 A physical activity intervention in a Bingo club: significance of the setting; by Josie M M Evans, Jenni Connelly, Ruth Jepson (et al): Sage.
Health Education Journal, vol 77, no 3, April 2018, pp 377-384.
A Bingo club was selected for the design and delivery of a health intervention (Well!Bingo), to engage with older women living in areas of socio-economic disadvantage. In the light of their experience, the authors discuss the significance of the setting to a typology of health promotion settings in relation to the Well!Bingo physical activity intervention piloted in a Bingo club in Scotland. Eighteen women (55-92 years), half of whom lived in areas of socio-economic deprivation, were recruited face-to-face at a Bingo club over 2 weeks. The 12-week intervention consisted of three different structured exercise sessions per week, followed by refreshments, with trained instructors delivering a schedule of simple pre-defined health messages. Participants completed a baseline questionnaire, and in-depth qualitative interviews were carried out with participants and instructors post-intervention. The framework method was used to retrieve and analyse the data coded as relating to the setting. Practical and social familiarity with the setting (a sense of belonging and being with people like themselves) encouraged them to take part, and implicit features of the setting may have enhanced recruitment and effectiveness. In settings-based health promotion, a Bingo club could be seen as a 'passive' setting, simply facilitating access to a target population. It cannot be an 'active setting', because health promotion will never be a core activity and features cannot be drawn upon to influence change. However, calling it a passive setting overlooks the importance of characteristics that may enhance recruitment and effectiveness. This highlights the need to extend current concepts of 'passive' health promotion settings. (RH)
ISSN: 00178969 [From : http://www.journals.sagepub.com/home/hej](http://www.journals.sagepub.com/home/hej)

POLITICS AND CAMPAIGNING

- 243/117 Yes or no?: Older people, politics and the Scottish Referendum in 2014; by Jim Crowther, Ellen Boeren, Alan Mackie.: Hipatia Press.
Research on Ageing and Social Policy, vol 6, no 1, Jan-June 2018, pp 1-25.
Scottish citizens actively participated in the political issues raised by the 2014 referendum on independence from the UK. The authors report on the issues, experiences and patterns of response to the independence referendum, with particular reference to older voters. By older voters, they are referring to the 61+ age group, although information cited from different opinion polls can refer to slightly different age ranges. They interpret the data through the lens of informal learning, that is, by understanding the referendum as a process of action and reflection that developed as people engaged with the arguments through different media and educative experiences in everyday life environments. This view differs markedly from the dominant narrative applied to explain the pattern of voting amongst older members of the Scottish electorate. (OFFPRINT.) (RH)
ISSN: 20146728 [From : DOI: http://dx.doi.org/10.17583/rasp.2018.3095](http://dx.doi.org/10.17583/rasp.2018.3095)

PUBLIC SERVICES

(See 243/133)

RELIGION AND SPIRITUALITY

- 243/118 "The journey I have been through": the role of religion and spirituality in aging well among HIV-positive older adults; by Charles A Emler, Lesley Harris, Christine M Pierpaoli, Charles Furlotte.: Sage. Research on Aging, vol 40, no 3, March 2018, pp 257-280.
The National Institutes of Health human immunodeficiency virus (HIV) and Aging Working Group identified spirituality as a research emphasis. This qualitative study examines the importance of religion and spirituality among 30 HIV-positive older adults. Using modified grounded theory, adults age 50+ were recruited in Ontario, Canada, through AIDS service organisations, clinics and community agencies. Descriptions of religion and spirituality encapsulated the idea of a journey, which had two components: the long-term HIV survivor profile, combined with the experience of ageing itself. A final category of HIV as a spiritual journey was finalised through consensus and included the properties of: (1) being rejected by as well as rejection of formalised religion; (2) differentiating spirituality from religion; (3) having a connection; (4) feeling grateful; and (5) mindfulness and learning new skills. Interventions fostering resilience and strengths in HIV-positive older adults using spirituality should be considered, including the promotion of person-centred spirituality and interventions that include mindfulness and skill building. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>

REMINISCENCE

- 243/119 Effects of modified 8-week reminiscence therapy on the older spouse caregivers of stroke survivors in Chinese communities: a randomized controlled trial; by Yongxia Mei, Beilei Lin, Yingshuang Li (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 4, April 2018, pp 633-641.
The aim of this study was to evaluate the effectiveness of a modified eight week reminiscence therapy on the burden, positive experience and life satisfaction of older spouse caregivers and the life satisfaction of stroke survivors. The authors conducted a randomised controlled trial by using 75 older stroke couples recruited from communities in Zhengzhou, China. Participants were randomly assigned to one of three groups: Group 1 (25 couples, all attending intervention) and Group 2 (22 couples, only caregivers attending intervention), who participated in a modified eight week reminiscence therapy, and a waiting list (control) group (28 couples). Interviewers blinded to treatment group assignment administered the life satisfaction to both stroke survivors and caregivers, caregiver burden and positive experience for caregivers, at pre-intervention, immediately post-intervention, and at one month and three months after cessation of the intervention. There was found to be a statistically significant interaction between treatment groups and assessment time points for the four outcome measures. Although the effects were decreased after intervention at one month, the improvement in caregivers' positive experience, life satisfaction, burden and life satisfaction of stroke survivors were still significant. The use of a modified eight week reminiscence therapy in this study sample improved the life satisfaction of stroke survivors and their spouse caregivers, improved the positive experience of caregivers and decreased the burden of caregivers. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 243/120 Evaluation of MESSAGE communication strategy combined with group reminiscence therapy on elders with mild cognitive impairment in long-term care facilities; by Huan-huan Zhang, Peng-cheng Liu, Jie Ying (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 4, April 2018, pp 613-622.
This study aimed to evaluate the combined effects of MESSAGE communication strategy and group reminiscence therapy (GRT) on older adults with mild cognitive impairment (MCI) in long-term care facilities in Changchun, China. The study was a non-randomised controlled trial. Subjects included 60 older people with MCI. Participants were divided into intervention (MESSAGE communication strategy combined with GRT) and control groups (without any intervention). Primary outcomes comprised cognitive function and quality of life of older people, as measured by the Beijing version of the Montreal Cognitive Assessment and the Chinese (mainland) version of Short Form 36 Health Survey assessment. Significant changes in cognitive function were observed with mean difference of 1.962 after 12 weeks, delayed memory dimension of 1.115. The intervention group exhibited the following improvements: general health of 14.731, mental health of 21.038, role-emotional of 26.925 and vitality of 14.231. Using a sample of Chinese older people with MCI and residing in long-term care facilities, the study concluded that application of MESSAGE communication strategy combined with GRT resulted in improved cognitive function and quality of life. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>

- 243/121 Involving young players in football reminiscence; by Ian James.: Hawker Publications.
Journal of Dementia Care, vol 26, no 2, March/April 2018, pp 22-24.
Sporting reminiscence can have a significant impact on well-being. This article looks at an intergenerational men's sports reminiscence group which ran at a day hospital providing therapeutic care for older people with mood-related or dementia-related difficulties. The author and colleagues aim to demonstrate the value of developing partnerships with local organisations and the benefits of intergenerational activities, something confirmed by the positive Feedback from those participating in this particular group. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 243/122 Remembering yesterday, caring today: 20 years on; by Pam Schweitzer.: Hawker Publications.
Journal of Dementia Care, vol 26, no 3, May-June 2018, pp 24-27.
As Director of the European Reminiscence Network, Pam Schweitzer is a pioneer of reminiscence work, particularly in dementia care. In this article, she looks back at 20 years of the International Remembering Yesterday, Caring Today (RYCT) project. The Remembering Yesterday, Caring Today approach has offered new, positive ways of communicating, also discovering or rediscovering shared mutual enjoyment. Carers also feel better about how they were coping, and to become more positive: they experienced the project as an antidote to "carer burnout". (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- RESIDENTIAL AND NURSING HOME CARE**
- (See Also 243/8, 243/73, 243/78, 243/103)
- 243/123 'They're just who they've always been': the intersections of dementia, community and selfhood in Scottish care homes; by Steve Mullay, Pat Schofield, Amanda Clarke, William Primrose.: Cambridge University Press.
Ageing and Society, vol 38, no 5, May 2018, pp 1063-1082.
Issues stemming from differences and similarities in cultural identities affect residents and workforces in care homes in Scotland, as they do across the United Kingdom. Theoretical guidance and policy drivers emphasise the importance of considering cultural diversity when planning or enacting person-centred care processes, regardless of where health or social care takes place. Nevertheless, there is a recognised worldwide dearth of research concerning the intersections of culture, dementia and long-term care. This being so, a recent research study which found that inadequate understandings of issues stemming from cultural diversity could be seen to constrain person-centred care in some Scottish care homes. In addition, the study uncovered little-recognised socio-cultural phenomena which were observed to positively enhance person-centre care. This article focuses on that, and lays out findings from the study which lead to the following broad assertion: there is a broad lack of understanding of the power, and potential utility, of shared identity and community as a bulwark against the erosion of personhood which is often associated with dementia. The article describes these findings in some detail, thereby providing fresh insights into how shared cultural identity, and the sense of community it may bring, bears upon the interactions between workers and residents with dementia in Scottish care homes. It then suggests how the school of 'person-centred care' may be developed through further research into these phenomena. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 243/124 Attitudes toward aging and retirement homes before and after entry into a retirement home; by Alexander Seifert, Hans Rudolf Schelling.: Taylor and Francis.
Journal of Housing for the Elderly, vol 32, no 1, January-March 2018, pp 12-25.
The change of one's habitual living conditions in favour of institutionalised living in a retirement home can be a stressful event. Therefore, the question arises, how does entry into a retirement home affect attitudes toward one's life and ageing and toward retirement homes? To answer this question, the authors used longitudinal data from 53 older individuals who were surveyed before and after entry into a retirement home in Zurich, Switzerland. The data revealed that attitudes toward one's life and ageing changed negatively, and attitudes toward retirement homes changed positively. However, there are gains and losses in both attitudes. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>
- 243/125 Becoming at home in residential care for older people: a material culture perspective; by Melanie Lovatt.: Wiley-Blackwell.
Sociology of Health and Illness, vol 40, no 2, 2018, pp 366-378.
Residential homes encourage new residents to bring belongings with them, so that they can personalise their room and 'feel at home'. Existing literature on material culture in residential homes views objects as symbols and repositories of home and identity, which can facilitate a sense of belonging in residents through their display in residents' rooms. The author suggests that this both misunderstands the

process and fluid nature of home and identity, and conceptualises objects as essentially passive. This article uses ethnographic data and theories of practice and relationality to argue that rather than the meaning of home being inherent in objects, or felt subjectively by residents, meaning is generated through ongoing, everyday interactions between the two. The author shows that residents became at home by acquiring new things - as well as displaying existing possessions - and also through interacting with mundane objects in everyday social and relational practices such as cleaning and hosting. She concludes that being at home in older people's residential homes need not be so different from being at home at other stages of the life course and in other settings. This challenges conceptualisations of older people's homes - and older age itself - as somehow unknowable and unfamiliar. (OFFPRINT.) (RH)

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From : onlinelibrary.wiley.com DOI: 10.1111/1467-9566.12568

- 243/126 Exploring care home providers' public commitments to human rights in light of the United Nations Guiding Principles on Business and Human Rights; by Caroline Emmer De Albuquerque Green.: Emerald. *Journal of Adult Protection*, vol 19, no 6, 2017, pp 357-367.

The purpose of this paper was to explore care home providers' public communications covering their commitments to respecting residents' human rights. The discussion considered the United Nations Guiding Principles on Business and Human Rights (UNGPs) and a domestic legal and regulatory human rights framework. A qualitative content analysis was undertaken of 70 websites of England's largest commercial care home providers during 2017. There were found to be strong value-based public commitments in the websites of many English care home providers, which may or may not be interpreted as expressing their commitments to human rights. Research was limited to websites which were public facing and marketing tools of care home providers. It did not provide inferences regarding the practical implementation of value-based statements or human rights based procedures or policies. There is a need for clarification and debate about the potential role and added value of the corporate responsibility to respect human rights and the UNGPs' operating principles within the English residential care sector. Further exploration of the relationship between personalisation/person-centred care and human rights might be useful. (JL)

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- 243/127 If you always do what you have always done, you will always get what you have always got: commissioning and regulating care homes to prevent abuse; by Steve Moore.: Emerald. *Journal of Adult Protection*, vol 19, no 6, 2017, pp 418-430.

The purpose of this paper was to present a review of some of the fundamental theoretical and contextual components of commissioning and regulatory processes as applied to care home services, revisiting and examining how they impact on the potential prevention of abuse. By revisiting a number of the theoretical bases of commissioning activity, some of which may also be applied to regulatory functions, the reasons for the apparent limited impact on the prevention of the abuse that occurs in care homes by these agencies are analysed. The paper demonstrates how the application of commissioning and regulatory theory may be applied to the oversight of care homes to inform proposed preventative strategies. A factual and 'back to basics' approach is taken to demonstrate why current strategies that should contribute to tackling abuse in care homes are of limited efficacy. (JL)

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- 243/128 Nursing homes with lifestyle profiles: part of the marketisation of Swedish eldercare; by Magnus Nilsson, Hakan Jonson, Elisabeth Carlstedt, Tove Harnett.: Policy Press. *International Journal of Care and Caring*, vol 2, no 1, February 2018, pp 49-63.

Swedish nursing home residents are very frail, but a new trend is for nursing homes to adopt a lifestyle profile. Based on interviews with 16 representatives of care organisations, this study investigates the reasons for adopting profiles in this way. The analysis shows that the existence of lifestyle profiles is strongly linked to a market discourse centred on freedom of choice. It is concluded that lifestyle profiles are used as a differentiation strategy in order to justify marketisation, exposing the Swedish eldercare system - which does not permit competition on the basis of price or standards of care - to market forces. (RH)

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

RETIREMENT

- 243/129 Barriers to later retirement for men: physical challenges of work and increases in the full retirement age; by Joanne Song McLaughlin, David Neumark.: Sage. *Research on Aging*, vol 40, no 3, March 2018, pp 232-256.

Policy changes intended to delay retirements of older workers and extend their working lives may run up against barriers, owing to rising physical challenges of work as people age. The authors examine whether physical challenges at work influence employment transitions of older male workers in the age range for which public policy is trying to extend work lives, and whether older male workers are able to mitigate these challenges while still remaining employed. They use the US Health and Retirement Study

(HRS) data from 1992 to 2008, a period which includes the first phase of increases in the full retirement age (FRA) from age 65 for those born in 1937 or earlier, to age 65 and 10 months for those born in 1943. The evidence indicates that physical challenges pose a barrier to extending working lives, although some older male workers with physically demanding jobs are able to mitigate these demands - either at new jobs or with the same employer. The findings suggest that greater accommodation of physical challenges faced by older workers would likely increase the success of policies intended to induce later retirement. (RH)

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RURAL ISSUES

(See 243/74, 243/99)

SENSORY LOSS

(See Also 243/64)

- 243/130 The relationship between vision impairment and well-being among centenarians: findings from the Georgia Centenarian Study; by Aya Toyoshima, Peter Martin, Shinichi Sato, Leonard W Poon.: Wiley. *International Journal of Geriatric Psychiatry*, vol 33, no 2, February 2018, pp 414-422.

This study used the data set of the Georgia Centenarian Study including 106 centenarians (18 men and 88 women). It used scores of the Snellen chart for objective vision and self-reports for subjective vision. Social support, depression and loneliness were also assessed. Approximately 75% of the centenarians showed some level of objective visual impairment, and 56% of them reported that they had visual impairment. Objective vision impairment was significantly related to depression. Multiple regression analysis revealed that both variables of visual function were significantly associated with depression, but not loneliness. In the model including depression, a significant interaction was obtained for social support and objective vision. Centenarians reported lower level of depression when they had social support. However centenarians who had low level of visual function tended to report higher depression even if they had social support. These results indicate that vision function was related to centenarians' well-being, especially depression. (JL)

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SOCIAL CARE

(See Also 243/70, 243/89)

- 243/131 Barriers to receipt of social care services for working carers and the people they care for in times of austerity; by Nicola Brimblecombe, Linda Pickard, Derek King, Martin Knapp.: Cambridge University Press.

Journal of Social Policy, vol 47, no 2, April 2018, pp 215-233.

Reconciliation of unpaid care and employment is an increasingly important societal, economic and policy issue, both in the UK and internationally. Previous research shows the effectiveness of formal social care services in enabling carers to remain in employment. Using quantitative and qualitative data collected from carers and the person they care for in 2013 and 2015, during a period of cuts to adult social care in England, the authors explore barriers experienced to receipt of social care services. The main barriers identified in their study were availability, characteristics of services (such as quality), and attitudes of carer and care-recipient to receiving services. These barriers have particular implications for carers' ability to reconcile care and employment. (RH)

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From : <https://doi.org/10.1017/S0047279417000277>

- 243/132 Changing the culture of social care in Scotland: has a shift to personalization brought about transformative change?; by Charlotte Pearson, Nicholas Watson, Kainde Manji.: Wiley.

Social Policy and Administration, vol 52, no 3, May 2018, pp 662-676.

In 2014 the Social Care (Self-directed Support) (Scotland) Act 2013 (SDS Act) was implemented in Scotland. This marked a major shift in how social care is delivered and organised for both users and professionals across the country. Whilst it emerged through the personalisation agenda _ which has dominated international social care systems over recent years _ self-directed support (SDS) represented a significant shift in thinking for service provision in Scotland. In this article the authors review the initial stages of policy implementation. Drawing on two Freedom of Information requests from 2015 and 2016 and a series of interviews with local authority practitioners they argue that, to date, SDS has yet to produce radical transformative change. The reasons behind this are explored through four key themes. Firstly the study highlights the challenges of promoting the principles of co-production in policy and suggests that, in reality, this has been compromised through SDS implementation. Secondly it is suggested that SDS has been caught up in a policy overload and ultimately overshadowed by new legislation for health and social care integration. In looking at the impact of this relationship, a third

theme questions the role of new partnership working. Lastly it is argued that the timing of SDS in a period of acute austerity in social care has resulted in disabled people being offered limited choice rather than increased opportunities for independent living. (JL)

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

243/133 A new health and care system: escaping the invisible asylum; by Alex Fox. Bristol: Policy Press, 2018, 244 pp.

How do we find sustainable and human ways to care for people with long-term needs? This book reveals the ways in which public services squander the potential of people with long-term support needs and the creativity and caring capacity of front line workers. The book draws on the ethos, practices and economics of human-focused and assets-based initiatives such as Shared Lives; it outlines a new model for public services to replace the 'invisible asylum'. This approach, focused on achieving and maintaining well-being, rather than on reacting to crisis or attempting to 'fix' people, would both ask of us and offer us more. Responsibilities, resources and risks would be more fairly and transparently shared. The book offers the steps which citizens, front line services and government could take to achieve this vision. Chapters cover: how we divide the world into community and asylum; how we create problems by trying to fix them; why failure pays, but success costs; risk aversion and risk indifference; the humanisation experiment; Shared Lives; designing a new national health and well-being service; and delivering the national health and well-being service. (RH)

Price: £18.99

From : Policy Press, University of Bristol, 1-9 Old Park Hill, Bristol BS2 8BB. www.policypress.co.uk

243/134 Weathering the perfect storm: facing the challenge of maintaining gains for carers against a background of shrinking resources in one area of England; by Tim Anfilogoff.: Policy Press.

International Journal of Care and Caring, vol 2, no 1, February 2018, pp 125-32.

The financial crash of 2008 has led to significant cuts to public sector services in England. The 2017 budget survey by the Association of Directors of Adult Social Services (ADASS) identifies 400,000 'missing users' (calculated from reductions in the numbers of those using social services since 2010), linked to a 26% reduction in funding for local authority provision, and a rise in need. The King's Fund's assessment of the NHS is similarly bleak. Carers UK's latest survey (2017) indicated that 50% of carers thought that lack of support was damaging their physical health, and 78%, their mental well-being. This article outlines the sort of services which could have helped one carer, whose needs were not met until it was too late (and her husband had died).

Carers in Hartfordshire can be assisted by services offered via GPs, including: a Carer's Passport; HertsHelp, a single point of access to voluntary and community services; the Community Navigator Service (for those with hearing impairment, for example); Carers Champions in primary care; and carer friendly hospitals. If access to formal care has been reduced, more value must be directed to and placed in a more integrated voluntary and statutory sector 'system'. (RH)

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From : <https://doi.org/10.1332/239788217X15090950200723>

243/135 Why the UK needs a social policy on ageing; by Alan Walker.: Cambridge University Press.

Journal of Social Policy, vol 47, no 2, April 2018, pp 253-273.

The case is made for a radical new strategy on ageing which focuses on the whole life course, with the intention of preventing many of the chronic conditions associated with old age. The case is built on recent research evidence; and the life-course concept of 'active ageing' is used to encapsulate the practical measures required. Combining biological and social science insights it is argued that, while ageing is inevitable, it is also plastic. This means that it not only manifests itself in different ways, but also that it can be modified by mitigating the various risk factors that drive it. Such action would have considerable potential to reduce the personal costs of chronic conditions such as strokes and those falling on family carers but, also, to cut the associated health and social care expenditures. The question of why such apparently beneficial policy action is not being taken is discussed, and a range of barriers are identified. One of these appears to be the UK's extreme brand of neo-liberalism, which militates against the collective approach necessary to implement a social policy for active ageing. Although the case is made with primary reference to UK policy and practice, the call for action to prevent chronic conditions has global relevance. (RH)

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SOCIAL NETWORKS

(See Also 243/100)

243/136 Gendered trajectories of support from close relationships from middle to late life; by Jing Liao, Anne McMunn, Shannon T Mejia, Eric J Brunner.: Cambridge University Press.

Ageing and Society, vol 38, no 4, April 2018, pp 746-765.

The authors investigate gender differences in trajectories of support from close relationships among adults in the transition from middle to old age, taking into account stability and change in the identity

of the closest persons. Multi-level modelling was used to estimate gendered age trajectories in three dimensions of support: emotional support, practical support and negative encounters, which were repeatedly measured over ten years amongst 6,718 participants in the Whitehall II study (from 20 London-based civil service departments). Men were more likely than women to nominate their partner as their closest person throughout follow-up, whereas women drew support from a wider range of sources. Gender differences were only evident in age-related trajectories of emotional support, and were contingent on stability and change in the closest relationships. Men reported increased emotional support from closest relationships with age, except for those who had transitioned out of a partnership. For women, emotional support was stable among those whose closest person remained consistent, but decreased among those who changed their closest person. Further, emotional support increased with age for all married men, which was only the case for married women who nominated their partner as their closest person. This analysis highlights gender-specific trajectories of perceived support from adults' closest relationships in late life, and indicates more pronounced socio-emotional selectivity in older men than women. (RH)

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From : <http://www.cambridge.org/aso>

TRAUMA, CONFLICT AND WAR

243/137 Life in a continuous traumatic situation: perspective of the older population; by Orit Nuttman-Shwartz, Irit Regev.: Cambridge University Press.

Ageing and Society, vol 38, no 5, May 2018, pp 954-973.

The literature is divided regarding how older people cope with traumatic situations of war and terror, and few studies have focused on continuous exposure to traumatic situations. To fill the gap in existing knowledge, this study's authors examined how older people cope with a continuous security threat which includes periods of intensive attacks. Three focus groups were conducted with older residents of rural localities situated near the Israeli border with Gaza. Content analysis of transcripts from the group sessions revealed four main aspects that concern the older participants when they cope with situations of war: moral issues; emotional issues; intergenerational issues; and resilience and future challenge. The analysis revealed that the older participants' coping patterns derive from a combination of their stage of life, the changing lifestyle in their communal rural localities, and the ways that older and younger residents of the communities cope with exposure to a continuous security threat. The theoretical framework for discussion of the findings is based on social theories of trauma and resilience. In addition, recommendations are provided for interventions at the individual and community levels. (RH)

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From : <http://www.cambridge.org/aso>

VOLUNTEERING AND THE VOLUNTARY SECTOR

243/138 'You're not really a visitor, you're just a friend': how older volunteers navigate home visiting; by Lucy E R Lilburn, Mary Breheny, Rachael Pond.: Cambridge University Press.

Ageing and Society, vol 38, no 4, April 2018, pp 817-838.

At the intersection of increasing social support needs due to population ageing and the promotion of older age as a time of contribution and social connection, volunteering is an important focus with advantages for older people. One service that addresses both these imperatives is home visiting. Home visiting services connect home visitors with isolated older people. To examine how older people navigate volunteering for a home visiting service, six visitors from an Age Concern accredited visiting service in New Zealand were interviewed and the interviews were analysed using discourse analysis. A professionalism discourse was used to construct home visiting as a structured social support service that improved the lives of isolated older people. A personal relationship discourse constructed home visiting as an opportunity to forge long-term relationships that benefit both parties. At times, these two discourses created tension for home visitors. Examining how the home visiting service is described by the service organisation online explains these tensions. The online materials construct active older volunteers as providing professional services, while those they visit are constructed as receiving friendship. These discourses provide different ageing identities for visitors from those they visit, which contributes to the difficulties in navigating home visiting services. Addressing these tensions will enable service co-ordinators to better meet the needs of both visitors and clients in the context of increasing need for such services. (RH)

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From : <http://www.cambridge.org/aso>

243/139 Religious vs secular volunteering motivations: a study on European elders; by Antonio Ariza-Montes, Pilar Tirado-Valencia, Vicente Fernandez-Roriguez, Mark A Hager.: Hipatia Press.

Research on Ageing and Social Policy, vol 6, no 1, Jan-June 2018, pp 82-111.

Volunteering is difficult to define and typify because of the great variety of interpretations, motivations, socio-demographic variables and cultural aspects that shape the volunteer profile. This work aims to analyse the differential and inter-related impact of socio-demographic and contextual variables, and cultural values on elder volunteer profile in Europe. The authors conduct an empirical study involving

the use of a logistic regression model that shows, in probabilistic terms, traits that characterise senior and retired volunteers. Further, they study which variables motivate senior volunteers to a determined type of volunteering. Results from the European Value Study help to explain variable influence on volunteering, and confirm that cultural values affect older people, both in the selection to volunteering activities and decisions regarding which kind of activity volunteers are drawn to. By analysing two types of volunteering (religious and secular) that are supposed to be motivated by different forces, the authors conclude that certain values encourage religious volunteering, while others stimulate secular volunteering. (OFFPRINT.) (RH)

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