New Literature on Old Age

EDITOR
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Subject Headings   Page

ABUSE, SAFEGUARDING AND PROTECTION

244/1   Elder abuse, depression, relationships and attachments: determinants of mental health in later life; by Ritu Sharma, Rupinder Kaur.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 1, 2016, pp 68-81.
The issue of elder abuse and depression among older people in India is explored. In addition, relationship and attachment with relevant others, and their effect on positive mental health of older persons were also examined. Data were collected from 200 older people living either with their families or in care homes. Schedules of social support, socialisation, depression and elder abuse were used. Immediate support system, relationship with relevant others, mental health and abuse were assessed, using both quantitative and qualitative methods. The study revealed that depression was prevalent among both groups, with incidents of elder abuse least admitted by people living with their families. People living in care homes affirmed experiencing abuses of several types. Lack of social support and socialisation were found to be the key factors behind abuse and depression. (RH)
ISSN: 25191594   From : https://www.inia.org.mt

244/2   Financial abuse of older people in low and middle-income countries: the case of South Africa; by Peter Lloyd Sherlock, Bridget Penhale, Natal Ayiga.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 3, March-July 2018, pp 236-246.
This article assesses what is currently known about the financial abuse of older people in low and middle-income countries (LMICs), with specific reference to South Africa. It demonstrates that individual and environmental risk factors for financial abuse are present, but the issue is generally neglected by researchers and policymakers. As a result, empirical data are limited and there is an urgent need for new studies. This article begins by introducing the issue of elder financial abuse in LMICs more generally, identifying keys risk factors and evaluating available evidence. The article provides a detailed case study of south Africa, reviewing local risk factors and available evidence of financial abuse. It concludes with recommendations about future research in this emerging area of concern. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

244/3   Learning from safeguarding adult reviews on self-neglect: addressing the challenge of change; by Michael Preston-Shoot.: Emerald.
Journal of Adult Protection, vol 20, no 2, 2018, pp 78-92.
The purpose of this paper is to update the core data set of self-neglect safeguarding adult reviews (SARs) and accompanying thematic analysis, and to address the challenge of change, exploring the necessary components beyond an action plan to ensure that findings and recommendations are embedded in policy and practice. Following an updated review of the websites of Safeguarding Adults Boards (SABs) it is concluded that the repetitive nature of the findings prompts questions about how to embed policy and practice change, to ensure impactful use of learning from SARs. A framework for taking forward an action plan derived from SAR findings and recommendations is presented. Familiar, repetitive findings emerge once again from the analysis. This level of analysis enables an understanding of both local geography and the national legal, policy and financial climate within which it sits. While such learning is valuable in itself, it is argued that something more than a straightforward action plan to implement the recommendations is necessary. A framework is conceptualised for a strategic and longer-term approach to embedding policy and practice change. There is still no national database of reviews commissioned by SABs so the data set reported here might be incomplete. The Care Act 2014 does not require publication of reports but only a summary of findings and recommendations in SAB annual reports. This makes learning for service improvement challenging. Reading the reviews reported here enables conclusions to be reached about issues to address locally and nationally to transform adult safeguarding policy and practice. Answering the question 'how to create sustainable change' is a significant challenge for SARs. A framework is presented, drawn from research on change management and learning from the review process itself. The critique of serious case reviews challenges those now engaged in SARs to reflect on how transformational change can be achieved to improve the quality of adult safeguarding policy and practice. (JL)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

244/4   The mistreatment of older Canadians: findings from the 2015 national prevalence study; by Lynn McDonald.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 3, March-July 2018, pp 176-208.
Hitherto, there has been one national investigation of the prevalence of elder mistreatment in Canada, which was carried out in 1989 on 2,008 randomly selected Canadians aged 65+. Sometimes called the Ryerson Study, findings published in the early 1990s found that 4% of the sample had reported some form of abuse. The present article reports on the National Survey on the Mistreatment of Older Canadians 2015. This second survey had four aims, the first being to present overall prevalence for aggregate elder abuse and neglect and for each of five subcategories of abuse in the Canadian population aged 55+. Second, it presents a sociodemographic, health and social contact profile of

participants. Third, it provides a bivariate analysis of those mistreated compared to those not mistreated. Lastly, it estimates a model predicting elder mistreatment and the various subtypes of mistreatment. The survey found that 8.2% of community-dwelling Canadians aged 55+ experienced some form of mistreatment in 2015. The article presents information on: physical and psychological, sexual and financial mistreatment; perpetrators; and abuse across the life course. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

244/5   The Rosalie Wolf Memorial Lecture: abuse-free care in a world of age-friendly health systems; by Terry Fulmer.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 3, March-July 2018, pp 167-175.
The author is President of the John A Hartford Foundation (JAHF) in New York City, which was founded in 1929 and dedicated to improving older people's care, including eradicating all forms of elder mistreatment. The Foundation allows serious gaps in older people's quality of care to be identified, also to take action through grantmaking, convening and using strategies and tactics that spread best geriatric care models and practice. Under current strategic initiatives, the JAHF has three main areas of emphasis, which the author describes: age-friendly health systems; support for family caregivers; and improving serious illness and end-of-life care. When there are failures in any of these three systems, the likelihood of elder mistreatment increases proportionately. He concludes that it is "time for an abuse-free society and age-friendly health systems". (RH)
ISSN: 08946566   From : http://www.tandfonline.com

244/6   Through a glass darkly: exploring commissioning and contract monitoring and its role in detecting abuse in care and nursing homes for older people; by Steve Moore.: Emerald.
Journal of Adult Protection, vol 20, no 2, 2018, pp 110-127.
The purpose of this paper was to present findings from face-to-face interviews undertaken with 16 care and nursing home managers employed in homes situated in two English local authorities. The research sought to explore managers' perceptions of the role of contract monitoring in the prevention of abuse. To this end, semi-structured interviews were undertaken with 16 care and nursing home managers. Although staff employed by the local authority who conducted contract monitoring were generally thought of positively by care home managers on a personal level, their effectiveness was perceived to be limited as a result of their lack of experience and knowledge of providing care as well as the methods that they were required to use. Overall findings of this study suggest that current contract monitoring activity is of limited use in determining the true nature of care and the presence of abuse. (JL)
ISSN: 14668203   From : http://www.emeraldinsight.com/loi/jap

ACTIVE AGEING

244/7   Active ageing, pensions and retirement in the UK; by Liam Foster.
Journal of Population Ageing, vol 11, no 2, June 2018, pp 117-132.
The ageing population has led to increasing concerns about pensions and their future sustainability. Much of the dominant policy discourse around ageing and pension provision over the last decade has focussed on postponing retirement and prolonging employment. These measures are central to productive notions of 'active ageing'. Initially, the paper briefly sets out pension developments in the UK. Then it introduces active ageing and active ageing policy, exploring its implications for UK pension provision. The paper demonstrates that a more comprehensive active ageing framework, which incorporates a life-course perspective, has the potential to assist the UK in responding to the challenges of an ageing population. In doing so, UK policy needs to highlight older people as an economic and social resource, and to reduce barriers to older people's participation in society. (RH)
From : https://link.springer.com/content/pdf/10.1007%2Fs12062-017-9181-7.pdf

244/8   Gender, aging, and the economics of "active aging": setting a new research agenda; by Amira Paz, Israel Doron, Aviad Tur-Sinai.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 3, May-June 2018, pp 184-203.
The world is ageing, and the percentages of older people are on a dramatic ascent. This dramatic demographic ageing of human society is not gender neutral; it is mostly about older women. One of the key policy approaches to address the ageing revolution is known as "active ageing", crystalised by the World Health Organization (WHO) in 2002 by three pillars: participation, health and security. The active ageing policy has financial and economic aspects and affects both men and women. However, as argued in this article, a gender-based approach has not been adopted within the existing active ageing framework. Therefore, a new gender-specific research agenda is needed, one that focuses on an interrelationship between gender and different economic aspects of "active ageing" from international, comparative, cultural and longitudinal perspectives. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

ADVOCACY

244/9 Making voices heard: older people's access to independent advocacy in Wales; by Older People's Commissioner for Wales. Cardiff: Older People's Commissioner for Wales, May 2018, 65 pp.

A key focus of the role of the Older People's Commissioner for Wales is to ensure that older people have a strong voice and to be a voice for those who do not have one. This principle was in the Commissioner's Framework for Action 2013-17, which outlined her commitment to `take action to ensure that older people in situations of vulnerability have a strong voice of their own and are heard, including a right to independent advocacy, both for those who have and do not have capacity'. This report reviews the extent to which older people in Wales are getting access to independent advocacy. It finds a lack of understanding of independent advocacy and people's right to it, and shortcomings in the way in which it is offered. It considers the effectiveness of current legislation and the way it is applied, and insufficiency of the data in relation to statutory independent advocacy. Recommendations are made for action required of local authorities, health boards and the Welsh Government. (RH)
From : http://www.olderpeoplewales.com/en/Reviews/advocacy2018.aspx

AGE-FRIENDLY COMMUNITIES

(See 244/55, 244/99, 244/100, 244/101, 244/102, 244/103, 244/104, 244/105, 244/106, 244/107, 244/127)

AGEING (GENERAL)

244/10 Stories of contemporary aging: an analysis of "lived" citizenship in later life; by Isabelle Marchand.: Taylor and Francis.

Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 472-491.

The new political economy of ageing portrays 'active citizenship' among older people as a key challenge for the years to come. As a policy framework, Active Aging ranks high on the agendas of most supranational bodies. Informed by discourse analysis and a narrative approach, this article focused firstly on older women's everyday 'active' practices, their meaning and purpose and secondly, their day-to-day practical citizenship and social engagement experiences. A typology consisting of four figures of 'lived' citizenship is proposed. Social contribution in later age is expressed through various types of engagement identified through these citizenship figures. The figures support older women's social anchoring and sustain their feeling of belonging to the community. However the figures outlined also reveal tensions, produced by relations of power between 'dominant citizenship' and 'relational citizenship', pertaining to social relations and to caring for the other. In the latter case, the coupling of action between the choice of action and social engagements in later age is more limited, due to social and health inequalities as well as lack of opportunities throughout the life course. Finally, in order to guarantee the right to age with dignity, the study suggests a change of orientation in ageing policies. (JL)   ISSN: 01634372   From : http://wwwtandfonline.com

AGEING WITHOUT CHILDREN

244/11 "I'm missing out and I think I have something to give": experiences of older involuntarily childless men; by Robin Andrew Hadley.: Emerald.

Working with Older People, vol 22, no 2, 2018, pp 83-92.

The experiences of childless men are mostly absent from gerontological, psychological, reproduction, and sociological, research. These disciplines have mainly focussed on family formation and practices, whilst the fertility intentions, history, and experience of men have been overlooked. Not fulfilling the dominant social status of parenthood provides a significant challenge to both individual and cultural identity. Distress levels in both infertile men and women have been recorded as high as those with grave medical conditions. This paper reports on the implications of the global trend of declining fertility rates and an increasingly ageing population. It aims to provide some insight into the effect involuntarily childless has on the lives of older men. This auto/biographical qualitative study used a pluralistic framework drawn from the biographical, feminist, gerontological and life course approaches. Data were gathered from in-depth semi-structured biographical interviews with 14 self-defined involuntarily childless men aged 49-82 from across the UK. A broad thematic analysis highlighted the complex intersections between involuntary childlessness and agency, biology, relationships and socio-cultural structures. Diverse elements affected the men's involuntary childlessness: upbringing, economics, timing of events, interpersonal skills, sexual orientation, partner selection, relationship formation and dissolution, bereavement, and the assumption of fertility. The importance of relationship quality was highlighted for all the men, with and without partners. Quality of life was affected by health, relationships, and social networks. Awareness of "outsiderness" and a fear of being viewed as a paedophile were widely reported. As this study is based on a small self-selecting "fortuitous" sample, care should be taken in applying the findings to the wider population. Health and social care policy, practice and research have tended to focus on family and women. The ageing childless are absent and excluded from policy, practice and research. Since it is predicted that there will be over two million childless people aged 65 and over by 2030 (approximately 25 per cent of the 65 and over population), recognition of those ageing without children or family is urgent. (RH)
ISSN: 13663666   From : http://www.emeraldinsight.com/loi/wwop

AGEISM AND AGE DISCRIMINATION

(See Also 244/14)

244/12   That age old question: how attitudes to ageing affect our health and wellbeing; by Royal Society for Public Health - RSPH. London: Royal Society for Public Health; Calouste Gulbenkian Foundation, UK Branch, 2018, 40 pp.
The Royal Society for Public Health (RSPH) is calling for action to tackle intergenerational isolation, end the stigmatisation of older people, and undo media clichés that keep ageism alive and well. RSPH evaluated ageist attitudes across 12 main areas of life, of which the public are most ageist about memory loss, appearance, and participation in activities (both physical and community). The report presents results from focus groups and a national survey regarding attitudes towards ageing and older people. It finds that while ageist views are held across the generations, these are most prevalent among "millennials" (aged 18-34), who have by far the most negative attitudes to ageing. A sizeable minority of people (30%) believe that "being lonely is just something that happens when people get old", while a quarter (25%) of 18-34 year olds believe it is "normal" for older people to be unhappy and depressed. The report calls on stakeholders in the media, government, voluntary sector and schools to take action to reframe the way our nation views ageing in a more positive light. It makes recommendations on dealing with ageing by: integrating the generations; educating young people; and getting employers to promote age diversity and support well-being and resilience in the workplace in preparation for later life. It also recommends training those working in health and care settings to understand the effects of ageism. (RH)
From : Royal Society for Public Health, John Snow House, 59 Mansell Street, London E1 8AN.
https://www.rsph.org.uk/uploads/assets/uploaded/010d3159-0d36-4707-aee54e29047c8e3a.pdf

ARTS, CRAFT AND MUSIC

(See Also 244/126)

244/13   Creative and cultural activities and wellbeing in later life; by Libby Archer, Susan Davidson, Jose Iparraguirre (et al), Policy and Research Department, Age UK; Age UK Oxfordshire. London: Age UK, April 2018, 16 pp.
Through its well-being research, Age UK has attempted to find out what makes later life worth living. This report explores the impact of participation in creative and cultural activities; the factors linked to participation; and the relationship with well-being. The activities considered are literature, visual and performing arts, music, crafts, dance and visiting historic places. (RH)
From : https://www.ageuk.org.uk/creativewellbeing

244/14   How are you ageing today?: Art, activism and ageing; by David James Martin.: Emerald.
Working with Older People, vol 22, no 2, 2018, pp 121-128.
This paper aims to highlight the need to challenge ageism and to draw attention to how art, especially art activism, can challenge ageism and bring about a new personal understanding of ageing. The paper is a summary of personal reflections by the author. Its findings explore the pervasive, ageist, stereotypical attitudes developed at an early age, also the possible means to challenge and transform thinking through art. Artist and arts organisations, their commissioners and funders could consider focusing on ageing across the life course, and commission and create work which challenges thinking and the status quo on ageing, reflecting society's adjustment to an ageing society. Art and especially art activism could make a fundamental contribution to a raft of strategies, not only to combat ageism, but also assist personal understanding of our ageing. Currently, there are relatively few artists and arts organisation focusing on ageing across the life course. The author states the view that such art activity could assist with new ways of understanding personal ageing and challenge ageist attitudes. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

244/15   Music for life: a Japanese experience of spirituality, ageing and musical growth; by Koji Matsunobu.: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1100-1120.
The nexus of music, spirituality and ageing has been relatively unexplored. Change of styles, means of expression and ways of engagement are among the transformations that older musicians often encounter. This paper examines the role of musical engagement in later-life spiritual development and ageing. Based on an ethnographic study of Japanese music practitioners, the paper introduces a community music practice in which spiritual cultivation is a collective goal of musical pursuit. A case introduced in this paper suggests that music helps to develop a sense of purpose and enhance the meaning of life by instilling the feeling that people are still able to develop musically and spiritually. Some of the transformation identified in the study include changes of repertoire, the purpose of practice, and the meaning of progress, all of which was characterised in the dictum of less-is-more. The paper highlights the process in which spiritual development and musical growth are linked and support positive ageing. (RH)
ISSN: 0144686X   From : http://www.cambridge.org/aso

ASSISTIVE TECHNOLOGY

244/16　Providing telecare for older adults: understanding the care navigators' experience; by Madeline Naick.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 1, 2018, pp 31-41.
The provision of telecare for older adults in England is increasingly being facilitated by care navigators in the non-statutory sector. The purpose of this paper was to explore the experiences of care navigators when assessing older adults for telecare and to understand what contextual and organisational factors impact on their practice. A purposeful sample of care navigators and telecare installers was selected. Care navigators were recruited from five non-statutory organisations. In order to provide an insight into telecare provision by this sector telecare installers were also recruited. Semi-structured interviews were conducted with 11 participants covering: role, training, assessment, reviews, installation, suitability, impact, aims, outcomes and organisational structure. Interview data were analysed using the framework approach. Five main themes emerged from the analysis: responsiveness, autonomy, knowledge exchange, evolving practice and sustaining performance. This study included a small sample and was only based in one local authority, focusing on the experience of care navigators in one sector. The findings suggest that strategic placement of care navigators could support the demand for telecare assessment to facilitate discharges from hospital. (JL)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi.qaoa

BLACK AND MINORITY ETHNIC GROUPS

(See 244/34, 244/78)

CARE MANAGEMENT

244/17　Eldercare agencies and the marketing of care work in the Czech Republic: relieving a family burden?; by Tereza Hronova, Adela Souralova.: Policy Press.
International Journal of Care and Caring, vol 2, no 2, May 2018, pp 235-251.
This article focuses on the private for-profit agencies providing eldercare that have recently emerged in the post-socialist Czech Republic, a country with strong familist tendencies in eldercare organisation. The authors draw upon 10 in-depth interviews with owners of these agencies, focusing on how they create their services, define the care they provide, and target potential clients. The authors also analyse the websites of the selected agencies, to investigate how they promote their services online. The main aim of this article is to illuminate agencies' strategies in marketising eldercare. The authors identify the process of the 'burdenisation' of eldercare as an outcome of its marketisation. (RH)
ISSN: 2397883X
From : http://www.policypress.co.uk/journals/international-journal-of-care-and-caring

244/18　A member's guide to choosing care management software; by Andrew Heffernan, Ben Carter.: UKHCA.
Homecarer, May 2018, pp10-12.
A survey of UKHCA member organisations on their use of technology suggests that, for the majority of homecare providers, call scheduling or rostering systems are the "engine" of their services, offering an integrated system for staff management, client management, scheduling, invoicing and payroll. This article looks at those results which offer suggestions and experiences likely to be of help, whether in improving organisational efficiency or in the provision of electronic care plans, medication records and monitoring care. (RH)
From : http://www.ukhca.org.uk

CARERS AND CARING

(See Also 244/133)

244/19　"Well it is for their sake we are here": meaningful work tasks from care workers' view; by Asa Vidman, Annika Stromberg.: Emerald.
Working with Older People, vol 22, no 2, 2018, pp 111-120.
Employees in elderly care have a high rate of sick leave. One explanation is that employees that experience a low level of meaning of work are at a higher risk for long-term sick leave. This Swedish qualitative interview study aims to examine what employees in residential care facilities experience as the meaningful aspects of their work tasks. Interviews were conducted with 14 people employed in residential care facilities. The findings show that, in order to support relations with older people, meaningful work tasks are about organising the work to make use of the creativity and knowledge of the staff. The knowledge about what constitutes a healthy work environment is not as comprehensive as it is about what constitutes health risks. Furthermore, these issues have been considered by only a few qualitative studies about sick leave in social care. Therefore, this qualitative interview study examines what employees in residential care facilities experience as meaningful aspects of their work tasks. (RH)
ISSN: 13663666　From : http://www.emeraldinsight.com/loi/wwop

244/20   Making a world of difference for carers: the Pathways for Carers project; by Fiona Burridge.: Policy Press.
International Journal of Care and Caring, vol 2, no 2, May 2018, pp 285-290.
Maroondah City Council in Victoria State, Australia has been working with carers in their community on a Pathways for Carers project. This project takes into consideration the health and well-being needs of carers, and the chance to walk, talk, share their experiences, and find out about support services available to them. The walks are also a chance for carers to be educated and empowered, and explore opportunities to make changes to their lives. The project has also been a way of recognising and celebrating the importance of carers in the local community, such as to have a Carers Seat (unveiled in October 2017 during National Carers Week). Thia article outlines the project's successful outcomes, and comments on the contribution of carers to society, there being almost 2.7 million Australians who were carers (11.6%) in 2014. (RH)
ISSN: 2397883X   From : http://www.policypress.co.uk/journals/international-journal-of-care-and-caring

244/21   Reconstruction of a caregiver burden scale: identifying culturally sensitive items in Saudi Arabia; by Eradah O Hamad, Ahmad N AlHadi, Paul F Tremblay (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 218-233.
The present study adapted the Montgomery Borgatta Caregiver Burden Scale, used widely in the United States, to the Saudi Arabian context. To produce an Arabic, culturally sensitive version of the scale the study conducted semi-structured interviews with 20 Saudi family caregivers. Families were largely composed of older members with dementia. The Arabic version of the scale was tested and participants were asked to comment on the appropriateness of items for the construct of 'caregiver burden' using the repertory grid technique and laddering procedure _ two constructivist methods derived from personal construct theory. From interview findings the study then examined the content of the items and the caregiver burden construct itself. Findings suggested that the use of constructivist methods to refine constructs and quantitative instruments is highly informative. This strategy is feasible even when little is known about the investigated constructs in the target culture and further elucidates understanding of cross-cultural variations or invariance of different versions of the scale. (JL)
ISSN: 07149808   From : http://www.cambridge.org/cjg

244/22   Supporting carers in a remote region of Quebec, Canada: how much space for social innovation?; by Marco Alberio.: Policy Press.
International Journal of Care and Caring, vol 2, no 2, May 2018, pp 197-214.
This research moves from the general hypothesis that assistance provided to a person needing support, and the effort needed to articulate work and care may, under certain conditions, become a factor in carers' inequality and vulnerability. The article presents the results of qualitative research conducted in Quebec, Canada, with carers of older people who also have full-time paid employment in the labour market, and on professionals providing these carers with services. It considers how the services offered to carers have been implemented, and how they can affect carers' daily lives. (RH)
ISSN: 2397883X   From : http://www.policypress.co.uk/journals/international-journal-of-care-and-caring

244/23   What does client engagement mean in aged care?: An analysis of practice; by Andrea Petriwskyj, Alexandra Gibson, Glenys Webby.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1350-1376.
Client engagement is an important part of contemporary aged care. However, the extent to which decisions are delegated to the older person, and the scope of issues about which decision making occurs, vary. The types of engagement that are offered to, and taken up by, aged-care clients have implications for the extent of power and influence older people hold. This paper reports on a qualitative study conducted in a large Australian service provider. It identifies the forms that client engagement takes in the aged-care context, the roles for staff and older people that are enacted through these activities, and the implications these have for power relationships and older people's influence. An inverse relationship was seen between the depth and scope of client influence, but a desire to address this suggested potential spaces for greater empowerment. A relationship was evident between the retention of control by staff and the perceived effectiveness of existing engagement strategies, highlighting the limitations of traditional power dynamics in engagement practice. An expanded model of engagement in aged care is proposed that recognises the foundational role of connection building as a facilitator of greater empowerment for older people. Implications for theory regarding engagement in aged care, and the practice of engagement in aged-care organisations, are discussed. (RH)
ISSN: 0144686X   From : http://www.cambridge.org/aso

CLIMATE CHANGE

244/24   Climate change and the health of older people in Australia: a scoping review on the role of mobile applications (apps) in ameliorating impact; by Deborah A Black, Kate O'Loughlin, Leigh A Wilson.: Wiley.
Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 99-106.
Due to the impact of climate change, mobile applications (apps) providing information about the external environment have the potential to improve the health of older people. The purpose of this research was to undertake a scoping review of the evidence on the usability, feasibility and effectiveness of mobile

apps to encourage access to activities outside the home in older people. A search of databases was undertaken with relevant keywords. Selected manuscripts were judged for relevance to the inclusion criteria and assessed for quality. Very few published studies examined mobile apps specifically designed to prevent, or to treat, chronic disease in ageing populations, and fewer had rigorous designs. No study addressed accessing the external environment in the context of climate change. This study demonstrates that there is a gap in the evidence about mobile apps designed for healthy ageing and, more specifically, to improve access to the external environment. (JL)
ISSN: 14406381   From : http://www.wileyonlinelibrary.com/journal/ajag

DEATH AND DYING

(See 244/136)

DEMENTIA

(See Also 244/27, 244/55, 244/81)

244/25   Dementia - the true cost: fixing the care crisis; by Rachel Hutchings, Dominic Carter, Katie Bennett, Alzheimer's Society. London: Alzheimer's Society, May 2018, 42 pp.
People with dementia face costs to pay for their care and support which they would not be expected to pay if they had another medical condition. They also face difficulties in accessing care; and once they receive support, care is often poor quality. This report uses case studies to point out the costs of care (£26 billion a year, two-thirds of which is met by those affected), and the access to and quality of dementia care and support. The Alzheimer's Society calls on governments in England, Wales and Northern Ireland to reform social care, and for the cost of extra care charges for dementia to be met by the state. All health and social care workers must be given the training and support needed to deliver quality dementia care. On access to care, everyone with dementia should have a care navigator to support access to timely, preventative and integrated support. In sum, "a social care system that works for people with dementia can work for everyone". (RH)
From : Alzheimer's Society, 43-44 Crutched Friars, London, EC3N 2AE. Website: alzheimers.org.uk

244/26   Emotional distress with dementia: a systematic review using corpus-based analysis and meta-ethnography; by Stephanie Petty, Kevin Harvey, Amanda Griffiths (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 5, May 2018, pp 679-687.
More understanding is needed about the emotional experiences of dementia from the sufferer's perspective. This understanding can then inform the provision of health care to meet individual needs. This systematic review aimed to present all available descriptions of emotional distress and explanations for emotional distress experienced by individuals with dementia, articulated personally and by others. A systematic mixed-method review identified literature that was screened and quality appraised. Data were analysed quantitatively and qualitatively using corpus-based methods and meta-ethnography. The 121 included studies showed that individuals with dementia have expressed emotional distress comprehensibly. Family, professional caregivers, clinicians and academic writers have also observed and described extreme emotional experiences. Feeling fearful and lonely were predominant and show the importance of anxiety in dementia. Explanations for emotional distress included threats to universal, human needs for identity, belonging, hope and predictability. The variable and personal emotional experiences of individuals with dementia are well described and should not continue to be overlooked. Limitations, future research and clinical implications are discussed. (JL)
ISSN: 08856230   From : http://www.orangejournal.org

DEMENTIA CARE

244/27   Dementia: assessment, management and support for people living with dementia and their carers; by NICE - National Institute for Health and Care Excellence.: NICE - National Institute for Health and Care Excellence, 20 June 2018, 43 pp (NICE guideline, NG97).
In 2018, the Alzheimer's Society report found that the total cost of dementia in the UK was estimated to be £26.3 billion, of which: some £4.3 billion for health care; approximately £10.3 billion for social care. The remaining £11.6 billion accounts for estimated unpaid care contributions. This guideline covers diagnosing and managing dementia (including Alzheimer's disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia. It makes evidence-based recommendations aiming to support these areas of practice: involving people living with dementia in decisions about their care assessment and diagnosis; interventions to promote cognition, independence and well-being; pharmacological interventions; managing non-cognitive symptoms supporting carers; and staff training and education. This guideline is an update of the NICE guideline on dementia (CG42, published November 2006) and replaces it. It also replaces recommendation 1.3 in the NICE technology appraisal guidance on donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (TA217). (RH)
https://www.nice.org.uk/guidance/ng97?utm_campaign=9632540_SCIELine%206%20July%202018&utm_medium=email&utm_source=SCIE&utm_sfid=003G000001HuDnVIAV&utm_role=Information%20specialist%2F%20Librarian&dm_i=4O5,5QGIK,BGP06H,MCTB1,1

244/28   Supporting ethical use of electronic monitoring for people living with dementia: social work's role in assessment, decision-making, and review; by Eleanor Bantry-White.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 3, April 2018, pp 261-279.
Walking outdoors supports health and wellbeing but some people living with dementia are at increased risk of getting lost and of harm while missing. Electronic monitoring can potentially play an important preventative role by enabling the person's location to be continuously monitored by caregivers. However there are considerable ethical concerns arising from electronic monitoring. This paper explores these thematically, drawing attention to its implications for autonomy and liberty; privacy; dignity; the rights and needs of caregivers and families; beneficence and nonmaleficence. Following from this key questions for consideration in social work assessment are identified. The ethical issues necessitate assessment of the person's unique circumstances and preferences and that of their caregivers, and careful ethical deliberation in decision-making. Social work can play an important role in facilitating inclusive assessment and decision-making, leading to consensus on intervening with electronic monitoring. The need for the ongoing review following implementation is discussed to track whether decisions need modification in light of the experience of usage. In conclusion, while legislative instruments and professional codes of ethics frame social work practice responses, there is need for a nuanced debate about ethical use of electronic monitoring and specific guidance to inform assessment, decision-making and review. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

244/29   The growth, ageing and urbanisation of our world; by George W Leeson.
Journal of Population Ageing, vol 11, no 2, May 2018, pp 107-115.
The world population is ageing and, simultaneously, becoming more urbanised. Since the 1950s life expectancy at birth has increased from 47 years to 71 while the overall urban-rural divide has changed from 30%-70% to 66%-54%. Urbanisation is highest in the Americas (80%+) and Europe (73%), and population growth rates are highest in Latin America and the Cariibbean (2.8%). At the same time, in Europe in the early 21st century, no country's population growth has reached replacement rate. These regional difference may affect future migration patterns while across the world, ageing and urbanisation is forcing governments to address questions of service provision.
From : https://doi.org/10.1007/s12062-018-9225-7

DIET AND NUTRITION

244/30   "I am a fat baby, who moved to a fat child, who moved to a fat teenager, who moved to a fat adult": women's reflections of a lifetime of body and weight concern; by Eva Pila, Shauna Solomon-Krakus, Kara Egelton, Catherine M Sabiston.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 2, March-April 2018, pp 158-177.
This Canadian study explored how women aged 50-65 reflect and make meaning of a lifetime of body and weight struggles. Seven purposefully selected women with longstanding body image challenges participated in interviews and reflected on their perceptions, thoughts and emotions about their body and weight since childhood. Findings revealed consistent and consuming concerns about the body; prevalent body-related self-conscious emotions; influential social experiences that impact physical self-perceptions; and enduring impacts of weight bias, stigma and discrimination. Collectively, these findings provide support for the stability of body disturbances, and highlight the need to explore the unique body-related narratives of women in midlife. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

EMPLOYMENT

(See Also 244/134, 244/135)

244/31   Job displacement and social safety net on depressive symptoms in individuals aged 45 years or above: findings from the Korean Longitudinal Study of Aging; by Woorim Kim, Young Choi, Tae-Hoon Lee (et al).: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1199-1222.
This study aimed to investigate the relationship between the unemployment experience and depressive symptoms among middle-aged (ages 45-59) and older (age 60+) people. The study further examines the effects of unemployment insurance, industrial accident compensation insurance (IACI) and national pension on the stated relationship. Data were used from the Korean Longitudinal Study of Aging (KLoSA) between 2006 and 2012. A total of 1,536 individuals employed at the 2006 baseline were followed. The association between employment status change during 2006 to 2008, 2008 to 2010 or 2010 to 2012 and depressive symptoms in years 2008, 2010 or 2012 were analysed using a generalised estimating equation model. Depressive symptoms were measured with the Center for Epidemiological Studies Depression Scale (CES-D 10) scale. The results showed that the 'employed to unemployed' group

had statistically significant increases in depression scores in the middle-aged (beta = 0.4884, p = 0.0038) and older people (beta = 0.8275, p < 0.0001) categories, compared to the 'employed to employed' group. Findings were maintained in groups without a social safety net. Contrastingly, the 'employed to unemployed' groups with unemployment insurance and IACI did not show statistically significant increases in depression scores. The 'employed to unemployed' category of individuals enrolled in the national pension system exhibited a lower increase of depression. Therefore, an enhanced focus on the mental health of unemployed individuals is required, in addition to the provision of a reliable social safety net. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

244/32   Older people and employment: fourth report of session 2017-19: report, together with formal minutes relating to the report; by Women and Equalities Committee, House of Commons. London: House of Commons, 17 July 2018, 49 pp (HC 2017-19 359).
The Women and Equalities Committee investigated whether the Government's Fuller Working Lives (Department for Work and Pensions, 2017) strategy is sufficient, and whether age diversity issues address the needs of women, carers, people with long-term health conditions and disabilities, and black and minority ethnic (BME) groups among older workers. This report focuses on three key issues that need significant attention: tackling age bias and discrimination, particularly in recruitment; making workplaces and working practices more flexible and adaptable to older workers' changing needs; and access to skills development, career advice and support throughout people's lives. The report is based on written evidence from a range of organisations, including older people's organisations, business organisations, recruitment and human resources specialists, academic experts and the Government. The Committee recommends that: the Equalities and Human Rights Commission (EHRC) develops a clear plan to tackle age discrimination in employment; and employers acknowledge working carers' needs for paid or unpaid leave. (RH)
From : https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/359/359.pdf

END-OF-LIFE CARE

(See 244/136)

FALLS

(See Also 244/94)

244/33   Key issues to consider and innovative ideas on fall prevention in the geriatric department of a teaching hospital; by Daniel K Y Chan, Cathie Sherrington, Vasi Naganathan (et al).: Wiley.
Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 140-143.
Falls in hospital are common and up to 70% result in injury, leading to increased length of stay and accounting for 10% of patient safety-related deaths. Yet high quality evidence guiding best practice is lacking. Fall prevention strategies have worked in some trials but not in others. Differences in study setting (acute, subacute, rehabilitation) and sampling of patients (cognitively intact or impaired) may explain the difference in results. This New South Wales based study looked at these important issues and described strategies to prevent falls in the acute hospital setting, based on the authors' own practice experience. In particular they engaged cognitively impaired patients who were more likely to fall. The authors used video clips rather than verbal instruction to educate patients, and were optimistic that this approach may work. They also explored the option of co-locating high fall risk patients in a close observation room for supervision with promising results. Further studies using larger sample sizes are required to confirm these findings. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

244/34   Risk factors for falls among older Aboriginal and Torres Strait Islander people in urban and regional communities; by Caroline Lukaszyk, Kylie Radford, Kim Delbaere (et al).: Wiley.
Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 113-119.
The objective of this study was to examine associations between fall risk factors identified previously in other populations and falls among Aboriginal people aged 60 years and older, living in New South Wales, Australia. Interviews were conducted with older Aboriginal people in five urban and regional communities. Associations between past falls and 22 fall predictor variables were examined using linear and multiple regression analyses. Of the 336 participants, 80 people (24%) reported at least one fall in the past year, and 34 (10%) reported two or more falls. Participants had an increased fall risk if they were female; used three or more medications; had arthritis, macular degeneration, depression, history of stroke; were unable to do their own housework; or were unable to do their own shopping. In all, falls were experienced by one-quarter of study participants. Fall risk factors identified for older Aboriginal people appear to be similar to those identified in the general population. Understanding of fall risk factors may assist with the development of appropriate and effective community-led fall prevention programmes. (JL)
ISSN: 14406381   From : http://www.wileyonlinelibrary.com/journal/ajag

FAMILY AND INFORMAL CARE

FRAILTY

244/35   Understanding frailty: meanings and beliefs about screening and prevention across key stakeholder groups in Europe; by Rachel L Shaw, Holly Gwyther, Carol Holland (et al).: Cambridge University Press. Ageing and Society, vol 38, no 6, June 2018, pp 1223-1252.
Innovative methods to manage frailty are critical to managing the needs of an ageing population. Evidence suggests there are opportunities to reverse or prevent frailty through early intervention. However, little is known about older adults', families' and practitioners' beliefs about the malleability of frailty. This qualitative study forms part of research within the European Innovation Partnership for Active and Healthy Ageing (EIP-AHA). It examined European stakeholders' accounts of the acceptability and feasibility of frailty screening and prevention to inform future intervention development. Semi-structured focus groups and individual interviews were conducted in three European Union (EU) countries (Italy, Poland and the United Kingdom) with key stakeholders - frail and non-frail older adults, family care-givers, and health and social care professionals. Thematic analysis identified four themes: synchronicity between the physical and the psychological in frailty, living with frailty in the social world, the need for a new kind of care, and screening for and preventing frailty. Findings emphasised the need for a holistic approach to frailty care and early intervention. Integrated care services and advocacy were important in the organisation of care. Central to all stakeholders was the significance of the psychological and social alongside the physical elements of frailty and frailty prevention. Support and care for older adults and their family care-givers needs to be accessible and co-ordinated. Interventions to prevent frailty must encompass a social dimension to help older adults maintain a sense of self while building physical and psychological resilience. (RH)
ISSN: 0144686X   From : https://doi.org/10.1017/S0144686X17001283

GENDER ISSUES

244/36   Toward a gender politics of aging; by Gemma M Carney.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 3, May-June 2018, pp 242-258.
A Gender Politics of Ageing approach to the study of ageing societies is proposed. The approach recognises the feminisation of old age, ageism's roots in sexist discourse, and the need to recognise the role of politics in driving demographic debates. Drawing together arguments from feminist gerontology and political demography, the article argues that the intersection of politics and gender must be considered if appropriate responses to an older, feminised demography are to be produced. The author concludes that the work of ageing feminists provides a rich vein of research and praxis from which a gender politics of ageing approach can draw. (RH)
ISSN: 08952841   From : http://www.tandfonline.com

GOVERNMENT AND POLICY

GRANDPARENTS

244/37   Grandparent care: a key factor in mothers' labour force participation in the UK; by Shireen Kanji.: Cambridge University Press.
Journal of Social Policy, vol 47, no 3, July 2018, pp 523-542.
The relationships between paid work and informal care are critical to understanding how paid work is made possible. An extensive source of childcare in the UK is the intergenerational care grandparents provide. The author investigates the effect of grandparents' care on mothers' paid work in terms of participation and hours of work. She uses data from the UK's Millennium Cohort Study, a nationally representative sample of children born in 2000 to conduct biprobit and instrumental variables (IV) analysis of mothers' participation, and thereby identify causal effects of grandparents' childcare. The first is the raising of labour force participation of mothers with a child of school entry age on average by 12 percentage points (the average marginal effect). Second is raising the participation of the group of mothers who use grandparent childcare by 33 percentage points, compared to the situation if they did not have access to this care (the average treatment effect on the treated). Thus, grandparent-provided childcare has a substantial impact on the labour market in the UK, an impact that may not be sustainable with forthcoming changes to the state pension age (SPA). Grandparents' childcare increases the labour force participation of lone and partnered mothers at all levels of educational qualifications, but by different degrees. Grandparents' childcare enables mothers to enter paid work rather than extending their hours of paid work. (RH)
ISSN: 00472794   From : http://www.cambridge.org/JSP

244/38   Housing needs of grandparent caregivers: grandparent, youth, and professional perspectives; by Lauren Polvere, Camille Barnes, Eunju Lee.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 549-566.
This qualitative study examined the housing needs of grandparent caregivers and the youth in their care in New York State. Nine focus groups were conducted separately with 46 grandparent caregivers and 34 young people, and interviews were conducted with 17 key informants knowledgeable about housing and issues. Housing needs of greatest priority, contextual differences, and potential barriers to securing housing and social services were identified. Key themes indicated that housing challenges stem from four problem domains: the experience of poverty, which creates affordability challenges that trap grandparent caregivers and their grandchildren in unsuitable homes and unsafe neighbourhoods; physical challenges of ageing grandparents which require specific housing accommodations; changes in family composition when taking in grandchildren, which necessitate moving out of prior accommodations or changing housing plans due to regulatory issues; and obstacles to obtaining needed benefits, including a lack of information, burdensome application processes, ineligibility and a shortage of resources. These issues are discussed with implications for policy and practice. (JL)
ISSN: 01634372
From : http://wwwtandfonline.com

244/39   Pathways to grandparents' provision of care in skipped-generation households in Thailand; by Berit Ingersoll-Dayton, Sureeporn Punpuing, Kanchana Tangchonlati, Laura Varas.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1429-1452.
In many parts of the world, grandparents live with their grandchildren in 'skipped-generation households' in which no parent resides. In Thailand, this living arrangement is more common in rural areas where parents often migrate to find employment. The focus of this article is on how grandparents make the decision to live in skipped-generation households. The study is based on open-ended interviews with 48 grandparents living in three rural areas of Thailand. Using an interpretative phenomenological approach, the analysis uncovers several factors that contribute to grandparents' decisions about their living arrangements. These factors include: norms about care-giving and family obligation; inadequate child-care options; the need for financial support; problematic relationships within the family; and a desire for companionship. Three different decision-making patterns are also identified: grandparents initiating the decision to provide grandchild care; adult children asking grandparents to assume this role; and adult children abandoning grandchildren to the grandparents. Based on these findings, the authors provide implications for practice that address the conditions of grandparents and their family members. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

HEALTH AND WELLBEING

(See Also 244/12, 244/65, 244/118)

244/40   Financial well-being of older Australians with multiple health conditions; by Jeromey B Temple, Ruth Williams.: Wiley.
Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 127-134.
Given recent rises in out-of-pocket health expenses this study examined the financial wellbeing of older Australians with multiple health conditions and disabilities. The 2014 General Social Survey was used to measure: (i) their current financial position; (ii) their propensity to experience financial difficulties; and (iii) types of behaviours older people with multiple health conditions engage in to improve financial resilience. Compared to older Australians with no health conditions, respondents with multiple health conditions had lower incomes and assets and a higher propensity to hold consumer debt once controls were included. They were at a higher risk of cash flow difficulties, dissaving to meet day-to-day living expenses and exclusion from financial providers. However the majority of people with multiple health conditions engaged in financially resilient behaviours. Many older Australians with multiple health conditions were in a financially precarious situation with implications for the ability to afford ongoing increases in out-of-pocket health care costs. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

244/41   Illness experience and illness representation among older adults with hypertension; by Elise A G Duwe, Breanna M Holloway, Jessie Chin, Daniel G Morrow.: Sage.
Health Education Journal, vol 77, no 4, June 2018, pp 412-429.
This correlational study investigated how 293 independently living, community-based older adults' representations of hypertension related to their illness experience (years of illness), health literacy and self-rated health. The authors measured health literacy (Short Test of Functional Health Literacy in Adults, S-TOFHLA), hypertension knowledge (Hypertension Knowledge Questionnaire), and self-rated health and illness representation (IR by Brief Illness Perception Questionnaire, BIPQ). Confirmatory factor analysis divided illness representation (IR) into cognitive (chronicity, understanding and control)

and emotional (more concern, higher impact of illness on affect) dimensions. Ordinary least-squares regression analyses demonstrated that more years of education, more hypertension knowledge, longer duration of hypertension and natural cause beliefs predicted cognitive IR, while fewer years of education, less hypertension knowledge and behavioural cause beliefs (e.g. diet and exercise) predicted emotional IR. More years of education, emotional IR and belief in natural versus psychosocial causes of hypertension were associated with better self-rated health. More years of illness provides older adults with the opportunity to develop an understanding of their condition. More years of education is associated with a lower emotional impact of illness, perhaps through the development of coping strategies. Emotional IR is more important than cognitive IR in predicting self-rated health. Intervening to promote better health outcomes and self-care should take place not only through health education but also through social support and health care access. The study was funded by the US National Institutes of Health. (RH)

ISSN: 00178969   From : http://www.journals.sagepub.com/home/hej

244/42   Personal well-being in the UK: January to December 2017: estimates of personal well-being in the UK, with analysis by country; by Office for National Statistics - ONS.: Office for National Statistics, 17 May 2018, 14 pp (Statistical bulletin).

Since 2011, the Office for National Statistics (ONS) has asked adults in the UK questions about their personal well-being, to better understand how they feel about their lives and to estimate life satisfaction, happiness and anxiety in the UK and constituent countries. This Statistical bulletin finds that between the years ending December 2016 and 2017, average ratings of happiness and feeling that the things done in life are worthwhile have slightly increased in the UK.

Scotland was the only country to show improvements across any measures of personal well-being. While people in Northern Ireland continued to report higher levels of personal well-being compared with the UK average, a larger proportion of people in Wales reported low ratings of life satisfaction, worthwhile and happiness compared with the UK average. This Statistical Bulletin includes findings from ONS-commissioned research by the New Economics Foundation (NEF) in collaboration with the What Works Centre for Well-being, to investigate a range of possible measures of well-being inequalities. (RH)

https://www.ons.gov.uk/releases/personalwellbeingintheukjanuarytodecember2017?utm_source=go vdelivery&utm_medium=email

HEALTH CARE

(See Also 244/5, 244/50, 244/64, 244/80)

244/43   Beyond barriers: how older people move between health and care in England; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, July 2018, 72 pp.

Many older people have complex care needs requiring help from more than one service; but their experience depends on how well services work together with and for them, their families and carers. The Care Quality Commission (CQC) has reviewed local health and social care systems in 20 local authority areas in England: Birmingham, Bracknell Forest, Bradford, Coventry, Cumbria, East Sussex, Halton, Hampshire, Hartlepool, Liverpool, Manchester, Northamptonshire, Oxfordshire, Plymouth, Sheffield, Stockport, Stoke-on-Trent, Trafford, Wiltshire and York. This report is based on qualitative and quantitative analysis by CQC, specifically looking at: maintaining people's well-being at home; care and support when people experience a crisis; and supporting people when they have to move from their home or leave hospital. It found a culture in which organisations prioritised their own goals over the whole system's shared responsibility to their users; and none of the areas visited had a fully joint, system-wide accountability framework. The report recommends: encouraging and enabling joined-up planning and commissioning; a new approach to performance management; a move to joint workforce planning; and better regulation and oversight of local systems. The report includes case studies and examples of good practice; it was developed with the support and challenge of an external Expert Advisory Group.

https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between -health-care-england

244/44   The health and social care interface: Ministry of Housing, Communities and Local Government, Department of Health and Social Care and NHS England: report by the Comptroller and Auditor General; by National Audit Office - NAO. London: National Audit Office, 4 July 2018, 47 pp (HC 1917-19 950).

The National Audit Office (NAO) presents and discusses 16 challenges to improved joint working between health and social care in a report arranged in fourt parts. Part One sets out the case for improved working at the interface between health and social care, along with the key strategies and initiatives of NHS England and the departments concerned. Parts Two to Four discuss the challenges that have made closer working difficult: financial challenges; culture and structures; and strategic issues. The report highlights examples of work being carried out nationally and locally to overcome these challenges and the progress that has been made. Among challenges identified are: pressures, arrangements and priorities for funding; leadership; health and local government geographies; information systems and data sharing; separate workforces; and how to increase preventative care. (RH)

https://www.nao.org.uk/wp-content/uploads/2018/07/The-health-and-social-care-interface.pdf

244/45   Inequity in cardiovascular care in the English National Health Service (NHS): a scoping review of the literature; by Sheena Asthana, Graham Moon, Alex Gibson (et al).: Wiley.
Health and Social Care in the Community, vol 26, no 3, May 2018, pp 259-272.
There is a general understanding that socioeconomically disadvantaged people are also disadvantaged with respect to their access to NHS care. Insofar as considerable NHS funding has been targeted at deprived areas, it is important to better understand whether and why socioeconomic variations in access and utilisation exist. The authors explore this question with reference to cardiovascular care. Their our aims were to synthesise and evaluate evidence relating to access to and/or use of English NHS services around: (i) different points on the care pathway (i.e. presentation, primary management and specialist management); and (ii) different dimensions of inequality (socioeconomic, age- and gender-related, ethnic or geographical). Restricting the search period from 2004 to 2016, they were concerned to examine whether, compared to earlier research, there has been a change in the focus of research examining inequalities in cardiac care, and whether the pro-rich bias reported in the late 1990s and early 2000s still applies today. A scoping study was conducted drawing on Arksey & O'Malley's 'Scoping studies: towards a methodological framework (2005). A total of 174 studies were included in the review and appraised for methodological quality. Although, in the past decade, there has been a shift in research focus away from gender and age inequalities in access or use and towards socioeconomic status and ethnicity, evidence that deprived people are less likely to access and use cardiovascular care is very contradictory. Patterns of use appear to vary by ethnicity: South Asian populations enjoying higher access, black populations lower. By contrast, female gender and older age are consistently associated with inequity in cardiovascular care. The degree of geographical variation in access and/or use is also striking. Finally, evidence of inequality increases with stage on the care pathway, which may indicate that barriers to access arise from the way in which health professionals are adjudicating health needs rather than a failure to seek help in the first place. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

244/46   Nurse-led multidisciplinary initiatives to improve outcomes and reduce hospital admissions for older adults: the Care coordination through Emergency Department, Residential Aged Care and Primary Health Collaboration project; by Elizabeth Marsden, Alison Craswell, Andrea Taylor (et al).: Wiley.
Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 135-139.
This article describes the Care coordination through Emergency Department, Residential Aged Care and Primary Health Collaboration (CEDRiC) project, based in Queensland, Australia. CEDRiC is designed to improve the health outcomes for older people with an acute illness. It attempts this via enhanced primary care in residential aged care facilities, focused and streamlined care in the emergency department and enhanced intersectoral communication and referral. Implementing this approach has the potential to decrease inappropriate hospital admissions while improving care for older people in residential aged care and community settings. The article discusses an innovative way of caring for older adults in an ageing population utilising the existing evidence. A formal evaluation is currently underway. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

HIV AND AIDS

244/47   Timing of diagnosis: understanding resilience narratives of HIV positive older adults diagnosed pre- and post-HAART; by Lesley M Harris, Charles A Emlet, Christina Pierpaoli Parker, Charles Furlotte.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 1, January 2018, pp 78-103.
Despite the growing population of older adults living with HIV/AIDS, few studies have examined this population in terms of timing of HIV diagnosis. This study looked at resilience and protective factors among HIV-positive older adults, 17 of whom were diagnosed prior to the development of highly active antiretroviral therapy (HAART), and 13 of whom were diagnosed after the development of HAART. The study explored the concepts of resilience and protective factors in 30 older adults living with HIV in Ontario, Canada. A qualitative approach was used to conduct in-depth interviews and grounded theory techniques were used to analyse the interview transcripts. Having lived with HIV for nearly 30 years, the pre-HAART group had developed more personal strategies for enhancing resilience, including self-care behaviours. They were more regimented and dedicated to their daily health, and were more engaged in their medical care as opposed to the post-HAART group who viewed self-care as staying adherent and refraining from risky health behaviours. Although HAART has radically changed the prognosis of HIV there is limited information about the differences between those who were diagnosed before and after the development of HAART. In this study the authors present recommendations for addressing previous trauma and improving self-care. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

244/48   Too old to test?: prevalence and correlates of HIV testing among sexually active older adults; by Emeka Oraka, Stacey Mason, Mingjing Xia.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 460-470.
Older adults account for 17% of new HIV diagnoses in the US and are more likely to be diagnosed with HIV later in the course of the disease compared to younger people. This study calculated the prevalence and associated factors of having ever been tested for HIV among sexually active older adults. It analysed data from the 2008-2016 General Social Survey Limited to respondents aged 65 years or older who reported more than one sex partner in the previous 12 months. HIV testing prevalence, prevalence ratios, and 95% confidence intervals were calculated by demographic variables and HIV-related risk behaviours. An estimated 16.3% of sexually active older adults were found to have tested for HIV, and 15.9% were at increased risk for HIV infection (reported injection drug and/or crack-cocaine use, exchanging money for sex, more than three sex partners in the past year, or men who reported having sex with another man). In the adjusted model, adults aged 65-70, not married, self-identified as gay/bisexual, and at increased risk for HIV infection were more likely to have tested for HIV. An estimated 83.7% of sexually active older adults never tested for HIV. Strategies are needed to increase HIV awareness and testing among potentially high-risk older adults. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

HOME CARE

(See Also 244/84)

244/49   Developing and utilising a new funding model for home-care services in New Zealand; by Matthew Parsons, Paul Rouse, Laszlo Satjos (et al).: Wiley.
Health and Social Care in the Community, vol 26, no 3, May 2018, pp 345-355.
Worldwide increases in the numbers of older people alongside an accompanying international policy incentive to support ageing-in-place have focused the importance of home-care services as an alternative to institutionalisation. Despite this, funding models that facilitate a responsive, flexible approach are lacking. Casemix provides one solution, but the transition from the well-established hospital system to community has been problematic. This New Zealand research seeks to develop a Casemix funding solution for home-care services through meaningful client profile groups and supporting pathways. Unique assessments from 3,135 older people were collected from two health board regions in 2012. Of these, 1,009 arose from older people with non-complex needs using the interRAI Contact Assessment (CA) and 2,126 from the interRAI Home-Care (HC) from older people with complex needs. Home-care service hours were collected for 3 months following each assessment, and the mean weekly hours were calculated. Data were analysed using a decision tree analysis, whereby mean hours of weekly home-care was the dependent variable with responses from the assessment tools, the independent variables. A total of three main groups were developed from the interRAI CA, each one further classified into "stable" or "flexible". The classification explained 16% of formal home-care service hour variability. Analysis of the interRAI HC generated 33 clusters, organised through eight disability "sub" groups and five "lead" groups. The groupings explained 24% of formal home-care services hour variance. Adopting a Casemix system within home-care services can facilitate a more appropriate response to the changing needs of older people. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

244/50   Identifying acceptable components for home-based health promotion services for older people with mild frailty: a qualitative study; by Rachael Frost, Kalpa Karicha, Ana Jovicic (et al).: Wiley.
Health and Social Care in the Community, vol 26, no 3, May 2018, pp 393-403.
Mild frailty is common in later life, increasing the risk of hospitalisation, loss of independence and premature death. Targeted health promotion services may reduce adverse outcomes and increase quality of life; however, effective, well-developed, theory-based interventions are lacking. The authors aimed to explore perceptions of health promotion behaviours undertaken by older people with mild frailty, barriers and facilitators to engagement, and to identify potential components for new home-based health promotion services. They carried out 17 semi-structured qualitative interviews and six focus groups with 53 stakeholders, including 14 mildly frail older people, 12 family carers, 19 community health and social care professionals, and 8 homecare workers, in one urban and one semi-rural area of England. Transcripts were thematically analysed. Older people with mild frailty reported engaging in a variety of lifestyle behaviours to promote health and well-being. Key barriers or facilitators to engaging in these included transport, knowledge of local services, social support and acceptance of personal limitations. Older people, carers and professionals agreed that any new service should address social networks and mobility, and tailor other content to each individual. Services should aim to increase motivation through focussing on independence, and facilitate older people to continue carrying out behaviours that improve their well-being, as well as provide information, motivation, psychological support and practical support. Stakeholders agreed services should be delivered over a sustained period by trained non-specialist workers. New services including these components are likely to be acceptable to older people with mild frailty. (RH)
ISSN: 09660410   From : http://www.wileyonlinelibrary.com/journal/hsc

244/51   Watching over me: positive, negative and neutral perceptions of in-home monitoring held by independent-living older residents in an Australian pilot study; by Dana Kai Bradford, Yasmin van Easterman, Qing Zhang, Mohan Karunnanthi.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1377-1398.
With an increase in the proportion of Australians aged over 65, and high government expenditure on residential care, there is a strong imperative to find smart, safe solutions to support older people to stay in their own homes. There is a growing interest in Australia for assistive technologies that provide home monitoring to promote health and well-being. This solution will only be viable if it meets the expectations of older residents and their families. In the first smart homes pilot in Australia, the authors sought to ascertain barriers and facilitators of this technology. There was an overall positive response to the system, despite a slight tendency for residents to modify their behaviour due to perceived surveillance. Positive outcomes included increases in family communication, health autonomy and advances in technology uptake. Findings suggest that a combination of considered placement of in-home technology, straightforward medical devices and a supportive human element will ensure that the technology meets the balance of service provision and preservation of dignity. Smart homes could mitigate the challenges associated with aged care, while affording peace of mind for older people and families. (RH)
ISSN: 0144686X   From : http://www.cambridge.org/aso

HOMELESSNESS

244/52   Later-life homelessness as disenfranchised grief; by Victoria F Burns, Tamara Sussman, Valérie Bourgeois-Guérin.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 171-184.
Although interest on older homelessness is gaining momentum little research has considered the experiences of first-time homelessness from the perspective of older adults themselves. This constructivist grounded-theory study addressed this gap by exploring how societal perceptions of homelessness and ageing shape access to housing, services and perceptions of self for 15 older adults residing in emergency homeless shelters in Montreal, Quebec. Findings revealed that homelessness evoked a grief response characterised by shock, despair, anger, and in some cases, relief. Connecting and receiving support from other shelter residents and staff helped participants to acknowledge and grieve their losses. However difficult shelter conditions, the stigma associated with ageing and homelessness, and not having their grief recognised or validated served to disenfranchise grief experiences. Conceptualising later-life homelessness as disenfranchised grief contributes to the ageing and homelessness literature while providing new avenues for understanding and validating the experiences of a growing population of vulnerable older adults. (JL)
ISSN: 07149808   From : http://www.cambridge.org/cjg

HOSPITAL DISCHARGE

244/53   Telephone discharge support for frail, vulnerable older people discharged from hospital: impact on readmission rates - participant and general practitioner feedback; by Claire P Heppenstall, Hugh C Hanger, Timothy J Wilkinson, Michelle Dhanak.: Wiley.
Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 107-112.
The objective of this study was to assess the use and acceptability to older participants and general practitioners (GPs) of telephone support post-discharge to reduce hospital readmissions. This was a prospective cohort study of older people after discharge from a specialist geriatric unit, and comparison with a previous cohort. Telephone follow-up calls were made fortnightly for three months. Structured questionnaires were used to obtain feedback from participants and GPs. At 40% readmission rates were high, despite the intervention. This rate had significantly increased since the earlier cohort. Almost one-fifth of the sample (19%) were readmitted before the first telephone call. Subsequent readmissions were not related to whether participants had reported deteriorating health during the preceding telephone call. Feedback on the intervention from both participants and GPs was supportive. Telephone follow-up as used in the study did not reduce readmission rates. However the service was well received and appreciated by participants. It is possible that the telephone calls were not made early enough or frequently enough to achieve the desired outcome. (JL)
ISSN: 14406381   From : http://www.wileyonlinelibrary.com/journal/ajag

HOUSING

(See Also 244/73, 244/121)

244/54   The 100-year life: the role of housing, planning and design; by Social Care Institute for Excellence - SCIE; Centre for Ageing Better; Design Council. London: Social Care Institute for Excellence, 2018, 14 pp (Future of care, 7).
Leading organisations from across housing, care and ageing convened for a one-day workshop, to consider some of the biggest challenges to good health and well-being in later life. The aim was to collectively think and apply design principles, and find new ideas to age-proof our society and

communities. This paper outlines the conclusions reached on four key areas: integrating services; making finance more flexible; creating age-friendly communities (including homes and the built environment); and engaging with older people in designing new products. Case studies from across the UK serve to illustrate each area. (RH)
From : https://www.scie.org.uk/files/future-of-care/100-year-life/100-year-life.pdf

244/55   Dementia-friendly housing charter; by Sarah Miles, Vanessa Pritchard-Wilkes.: Emerald.
Working with Older People, vol 22, no 2, 2018, pp 76-82.
The dementia-friendly housing charter was developed by the sector in response to the Prime Minister's challenge on dementia, and a need for this resource within the housing sector. This paper highlights the positive impact the housing sector can have on people living with dementia. The charter identifies relevant resources and examples of good practice to encourage their integration into all aspects of people, places and processes, the three "pillars" which the charter is built around. To develop the charter, people with dementia were engaged to identify the challenges they face and potential solutions that could be provided. The feedback of people with dementia highlighted the importance of design in housing to ensure it meets an individual's needs as their dementia progresses. This could include adaptations such as sensor lights, plug sockets at arm level, wet rooms and open plan living. The importance of good quality training for staff was also highlighted. There are a number of areas that were not included in the housing charter (such as care homes), while other issues apparent when considering the wider agenda of equality are now being explored and will be incorporated. In the first three months, mor than 600 copies of the charter were downloaded by a range of organisations including housing with care providers, local authorities and housing associations. An evaluation of the effectiveness of the charter was taking place during Autumn 2017, to understand more about the charter's success and limitations, after which amendments will be made if required. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

244/56   Evaluation of the Homeshare pilots: final report; by Tarran Macmillan, Jackie Gallagher, Melissa Ronca, Tim Bidey, Perla Rembiszewski, Traverse. [Liverpool]: Lloyds Bank Foundation and Big Lottery Fund [on behalf of Homeshare UK], 2018, 83 pp.
The Homeshare pilots initiative brings together older people and others who need support to stay in their homes (householders), with young people and others (homesharers), who provide companionship and ten hours per week of low level practical support in return for an affordable place to live. Commissioned by Social Care Institute for Excellence (SCIE) and conducted by Traverse, this evaluation looked at what works to develop a sustainable homeshare scheme. It considers: the experiences of living in a Homeshare - its benefits and challenges, and the costs avoided by health and social care services; key factors in operating a sustainable scheme, including financing; and referring individuals to Homeshare. The £2 million Homeshare Partnership Programme (HSP) is funded by Lloyds Bank Foundation for England and Wales (LBF) and Big Lottery Fund (BLF), which used these funds to support eight HSP sites in England and Scotland: Age UK Isle of Wight, Age UK Oxfordshire, Click Nottingham, Edinburgh Development Group, Knowsley Housing Trust and Person Shaped Support (PSS), Leeds City Council, Novus and PossAbilities. (RH)
From : https://homeshareuk.org/wp-content/uploads/2018/05/Homeshare-Evaluation-Report-1.pdf

244/57   Systematic review of the physical home environment and the relationship to psychological well-being among community-dwelling older adults; by Shannon M Trecartin, Sherry M Cummings.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 567-582.
Older adults with functional impairments are at risk of being excluded from participation in day-to-day life. This exclusion can have detrimental effects on psychological wellbeing. The physical home environment is a potential force for both enhancing and limiting participation for this population. This systematic review of literature examined relationships between the physical home environment, functional impairment and psychological wellbeing among older adults living in community settings. The Ecological Model of Aging served as the guiding framework for this review. Results suggested that knowledge of the relationships between these constructs is still in the early stages. While associational relationships are established, the nature of these relationships is clouded by the inconsistency of measurement across studies as well as design challenges. Objective and subjective features of the physical home environment are linked to psychological wellbeing throughout the literature. A growing body of evidence demonstrates that personal competence serves as a moderator of those relationships. (JL)
ISSN: 01634372
From : http://wwwtandfonline.com

INEQUALITY AND HUMAN RIGHTS

(See 244/45)

INFORMATION AND COMMUNICATION TECHNOLOGY

244/58   General Data Protection Regulation: 12 top tips for home care providers; by Anthony Collins Solicitors LLP; UKHCA.: United Kingdom Home Care Association.
Homecarer, March 2018, pp 14-15.
Coming into effect in May 2018, the General Data Protection Regulation (GDPR) amends how personal information about individuals is used. Anthony Collins Solicitors LLP have compiled a list of 12 top tips for home care providers and their staff for tackling the key elements. These include issues such as reporting personal data breaches and security of data systems. The website of the Information Commissioner's Office (www.ico.org.uk) is recommended as the source for guides to the regulations and detailed queries. (RH)
From : http://www.ukhca.co.uk

244/59   Is it love or loneliness?: Exploring the impact of everyday digital technology use on the wellbeing of older adults; by Carolyn Wilson.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1307-1331.
Loneliness is a prevalent phenomenon within the older adult population. Previous literature suggests that technology use, specifically internet use, can alleviate loneliness and improve well-being. This research study follows 32 people over the age of 65 using a digital technology for six months. A mixed-method approach was used to collect quantitative and qualitative data throughout the time period. The repeated questionnaire measured changes in frequency of use, emotional attachment towards a device, a sense of belonging and perceptions of self-worth, whilst an event-based diary was used to note usages and influences of technology on lifestyle. Results revealed positive relationships between frequency of use and emotional attachment, and frequency of use and perceptions of self-worth. There was no significant relationship between frequency of use and a sense of belonging for the aggregate data. There was, however, a negative relationship between emotional attachment towards a device and a sense of belonging, suggesting a fine balance between technology use to improve self-esteem through connections with social networks, and an over-dependence on technology that can actually reduce feelings of belonging. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

244/60   What do we know about the relationship between internet-mediated interaction and social isolation and loneliness in later life?; by Roser Beneito-Montagut, Nizaia Cassian-Yde, Arantza Begueria.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 1, 2018, pp 14-30.
Social isolation and loneliness are recognised social, health and wellbeing problems that particularly affect later life. They have been the subject of many recent studies. Studies examining the role of the internet in addressing these problems have multiplied. However it is still not known whether internet-mediated social interaction has any role in mitigating social isolation and/or loneliness. To address this gap the present paper aimed to review previous research that investigated the relationship between internet use for communication and social isolation and loneliness. The paper reviewed empirical literature published since 2000 and expanded on previous literature reviews by including a variety of research designs and disciplines. Despite the recent increase in studies, there is still little evidence to show how internet usage mitigates social isolation and loneliness. It is concluded that future research programmes should include more robust methodological and theoretical frameworks, employ longitudinal research designs and provide a more nuanced description of both the social phenomena (social isolation and loneliness) and internet-mediated social interaction. (JL)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi.qaoa

INTEGRATED CARE

(See Also 244/43, 244/44, 244/116)

244/61   The business of integrated care: implementing new models of care in a fee-for-service setting; by Serena Yu, Kees van Gool, Karen Edwards (et al).: Emerald.
Journal of Integrated Care, vol 26, no 1, 2018, pp 16-28.
Integrated care (IC) is often seen as a potential solution to the challenges of multimorbid and chronic care patients, yet its implementation can face significant challenges. This Australian study reports on the Western New South Wales Integrated Care Strategy (ICS), rolled out from November 2014 across three rural sites. The authors assess its impact on general practices and examine the feasibility of implementing an ICS within a predominantly fee-for-service delivery model. Mixed methods were used to analyse the implementation of the ICS, including practice-level patient data on changes in service provision. This included unit-record data on 130 enrolled patients across three rural sites, as well as qualitative data collection from providers. Study findings showed that there were significant increases in both revenue-generating and non-revenue-generating activities (primarily care coordination activities) associated with implementing the ICS. Each occasion of service involved greater contact time with practice staff other than GPs, as well as greater administration time. There is evidence that ICS activities such as case conferencing and team care planning substitute for traditional GP consultations. Overall

the study found that a significant investment of resources _ namely staff time devoted to a range of activities _ was required to support the implementation of the ICS. Such an investment was supported both externally and through revenue-generating practice-level activities. At the practice level, a substantial commitment of resources is required to invest in and sustain a new model of integrated care (IC). This commitment can currently be supported both through higher revenue generation at the practice level and externally by health system stakeholders but changes in financial settings could impact on financial viability. (JL)

ISSN: 14769018
From : htttp://www.emeraldinsight.com/loi/jica

244/62   Integrated care approaches used for transitions from hospital to community care: a scoping review; by Cara L Brown, Verena Menec.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 145-170.
Integrated care is a promising approach for improving care transitions for older adults but this concept is inconsistently defined and applied. This scoping review described the size and nature of literature on integrated care initiatives for transitions from hospital to community care for older adults (aged 65 and older) and how this literature conceptualised integrated care. A systematic search of literature from the past 10 years yielded 899 documents that were screened for inclusion by two reviewers. Of the 48 included documents, there were 26 journal articles and 22 grey literature documents. Analysis included descriptive statistics and a content analysis approach to summarise features of the integrated care initiatives. Results suggested that clinical and service delivery integration is being targeted rather than integration of funding, administration and/or organisation. To promote international comparison of integrated care initiatives aiming to improve care transitions detailed descriptions of organisational context are also needed. (JL)

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

244/63   The perceptions regarding social workers from within an integrated trust in an age of austerity; by Darryl James Phillipowsky.: Emerald.
Journal of Integrated Care, vol 26, no 1, 2018, pp 38-53.
The purpose of this paper was to explore community professionals' opinions concerning: social workers' roles and statutory functions; understanding of collaborative and cooperative work; experiences of professional support; opinions on aspects of anti-oppressive practices in social work; views on social work identity within multi-disciplinary team structures; and perceptions regarding the challenges of cultural and contextual drivers of social work practice. The study was a thematic analysis of free-text data from a survey. Study participants were social workers, occupational therapists and nurses working within an integrated Health and Social Care NHS Trust. Most free-text respondents (51%) were from social workers, with 32% from occupational therapists and 17% from nurses. These respondents provided comments that the authors developed into four overarching themes: (1) Culture _ cultural biases and clashes of culture within an integrated care organisation which resulted in a negative experience for professionals and confusion for service users and/or carers; (2) Austerity: the impact of economic austerity; (3) Organisation: conceptual confusion in respect of defining/organising/structuring integrated care within a health organisation; and (4) Political: the political drivers of integration. The study presented specific areas of concern for social workers and for integrated social care and health as a whole, revealing a number of themes present across the integration journey. While the majority of comments were negative analysis revealed concerns shared by a significant numbers of respondents: conceptual confusion in respect of organising integrated care within a health organisation, a lack of shared socialisation and the development of a shared culture within the integrated organisation, and the impact of economic austerity on integration. (JL)

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From : htttp://www.emeraldinsight.com/loi/jica

244/64   Service integration through medical leadership in England's NHS; by Steve Iliffe, Jill Manthorpe.: Emerald.
Journal of Integrated Care, vol 26, no 1, 2018, pp 77-86.
The purpose of this paper was to explore the current interest in leadership within the National Health Service (NHS), especially within medicine, as a solution to the slow rate of integration of health and social care services. Leadership is a new common sense, promoted despite the limited evidence that it actually delivers. Leaders take risks, develop organisational vision and involve others in change using influence rather than hierarchic authority. They work together in ad hoc local networks, and because leaders experience the work first hand, they are trusted by fellow professionals and bring to the organisation of work a flexible, immediate, policy-oriented dynamism and pragmatic adaptability. This paper argues that the leadership movement represents a historic compromise between professionals (mostly medical) who want to shape decision making about service reconfiguration, and managers and politicians seeking ways to integrate health and social care services. (JL)

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INTERGENERATIONAL ISSUES

(See 244/56)

INTERNATIONAL AND COMPARATIVE

(See Also 244/2, 244/34, 244/39, 244/49, 244/88, 244/89, 244/110)

244/65   'Good Living' and the education of older adults; by Jose Alberto Yuni, Claudio Ariel Urbano.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 2, no 1, 2017, pp 28-40.
This article deals with the notion of Good Living - Living Well, deeply rooted in critical Latin American thinking. Its aim is to revise some theoretical conceptions inherited from the prevailing European and American gerontological traditions. First, an epistemic framework is established, to consider how the cultural dimension influences ways of making up scientific knowledge on old age and ageing. Secondly, the authors discuss the concept of Good Living or Living Well as a theoretical and political contribution that may allow us to rethink meanings, policies and gerontological practices in the Latin American region. Next, they look at ageing in the imagination of Indo-American ancestral cultures. Finally, they produce some guidelines on the concept of Good Living that may contribute to the education of older adults. (RH)
ISSN: 25191594
From : https://www.inia.org.mt

244/66   Ageing and development: putting gender back on the agenda; by Rachel Bennett, Asghar Zaidi.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 1, 2016, pp 5-19.
We live in a world where women over fifty account for almost one quarter of the total population. This article highlights the potential of global population ageing as a vehicle for socio-economic development, and demonstrates the value of taking a gendered approach to ageing and development. Using country level data on gender equality, education, health and life expectancy in later life, the analysis shows that older women in low-income countries face disproportionate disadvantages relative to both their male counterparts in low-income countries and female counterparts in high-income countries. For instance, an older woman in a low-income country is more than 24 times less likely to have completed secondary education than an older woman in a high-income country. Despite the widely documented female survival advantage, an older woman in a low-income country spends a smaller percentage of her remaining life expectancy at age sixty in good health than her male counterparts. The authors' analysis shows there are strong correlations between gender inequality and diminished life expectancy and healthy life expectancy at age 60 amongst both genders, indicating that both older women and older men fare better when they live in societies which realise women's contributions to the development process. The correlation is particularly strong in low-income countries, suggesting that countries with the lowest levels of economic development have the most to gain from promoting gender equality. The United Nations Millennium Development Goals (2000-2015) had given an exclusive place to women in the standalone goal on maternal mortality and a goal on gender equality and female empowerment with explicit indicators on school enrolment amongst girls and literacy amongst young women. These goals are linked to the achievements such as the near doubling of the number of women in parliament and a near halving of the maternal mortality ratio over the last twenty years. However, the development discourse has given minimal attention to women beyond reproductive age. The new, broader post-2015 Sustainable Development Goals provide unparalleled opportunities to place gender back on the emerging ageing and development agenda, support both older men and women to realise their potential, and in the process maximize opportunities for prosperity and well-being for all.
ISSN: 25191594
From : https://www.inia.org.mt

244/67   Challenges and opportunities of population ageing in the CIS+ countries; by Alexandre Sidorenko.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 1, 2016, pp 20-39.
This article reviews the main characteristics of population ageing, its societal implications and possible policy responses in the twelve countries of the former Soviet Union (which on its break-up became known as the Commonwealth of Independent States, or CIS). In spite of demographic, cultural and economic diversity, the countries under consideration share several common characteristics, such as joint political history, as well as the context and content of social policy. These common characteristics are essential for understanding the specifics of the ongoing process of multifaceted transition (including demographic transition) in these countries. As elsewhere in the world, population ageing in the ex-Soviet states presents both challenges and opportunities, which should be carefully examined and taken into consideration while designing and implementing the measures of adjustment to population changes in this unique group of countries. (RH)
ISSN: 25191594
From : https://www.inia.org.mt

244/68   Education for older adults in Tanzania: trends, issues and concerns; by Mpoki J Mwaikokesya, Philemon A K Mushi.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 2, no 1, 2017, pp 19-27.
Globally, education for older adults has become one of the key issues in educational policy debates in recent years, due to the need to meet the lifelong learning imperatives. Given this trend, many countries have made conscious efforts to create educational opportunities for older adults that would ensure that their learning needs are met so that they are fully engaged in community as active citizen, even at retirement age and beyond. However, the challenges in meeting older adults' educational and learning goals seem to be extremely acute for developing nations like Tanzania, than it is the case for the developed nations. Reluctance in supporting education for older adults in some countries has sometimes been associated with the fact that in most cases, the rationale for provision of education and training has always been based on the demands in the labour market, in which the majority of educational and training programmes for older adults do not fit. This article traces the trends, issues and concerns in the provision of education for older adults in Tanzania. It assesses both the needs for such education, and the institutional responses that are in place to ensure the effective provision of education and learning opportunities for older adults. (RH)
ISSN: 25191594
From : https://www.inia.org.mt

244/69   The effect of family formation on the build-up of pension rights among minority ethnic groups and native women in Belgium; by Karel Neels, David De Wachter, Hans Peeters.: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1253-1278.
Gender penalties in pension outcomes are widely acknowledged and have been documented for majority populations in various settings. A recurring finding is that the gendered impact of family formation on work-care trajectories adversely affects women's accumulation of pension rights over the life-course relative to men. Although maternal employment is particularly low in migrant populations, few papers have explicitly addressed pension protection of migrant women. Using longitudinal microdata from the Belgian Social Security Registers, the authors analyse whether entry into parenthood differentially affected the build-up of first pillar pension rights of working-age migrant women compared to natives between 1998 and 2010, further distinguishing by origin group and migrant generation. The results show that native women are most likely to build up pension rights through full-time employment both before and after parenthood. In contrast, first-generation women and women of Turkish and Moroccan origin are more likely to build up pension rights though assimilated periods or rely on derived pension rights after parenthood, even when controlling for type of pension build-up before parenthood. The authors conclude that policies reinforcing individualisation of pension rights based on employment or decreasing the importance of derived rights may erode pension protection of groups with limited access to the labour market, and require co-ordination with employment and family policies that support the combination of work and care responsibilities. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

244/70   Gender differences in health promotion behaviors and quality of life among community-dwelling elderly; by Pei-Lin Chen, Ying-Lan Tsai, Mei-Hsiang in, Jang Wang.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 3, May-June 2018, pp 259-274.
The differences in basic attributes, health promotion behaviours and quality of life between older men and women in Taiwan were compared. Several scales were used to examine the gender differences and the factors associated with quality of life. Regression analysis revealed that gender, education level, depression level and healthy diet were key factors influencing the overall quality of life. The education level of women was lower, and their depression level was higher; however, they had healthier diets. With regards to their satisfaction with quality of life, older men scored higher than women in both the physical and psychological domains. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

244/71   Grandparents providing care for grandchildren and employment status of grandparents in South Korea; by Hye Jin Kim.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 1, January-February 2018, pp 49-61.
This study examines the association between providing care for grandchildren and the economic status of grandparents, focusing on the employment status. Two questions are asked. First, is providing care for grandchildren related to Korean grandparents' employment status? Second, are the intensities of providing care for grandchildren related to grandparents' employment status? In examining these research questions, the focus is on gender and caregiving intensity. The findings suggest that providing care for grandchildren is associated with Korean grandmothers' employment status. In addition, there are different relationships between providing care for grandchildren and grandparents' employment status according to the caregiving intensities. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

244/72   Later life learning in Botswana, Nigeria and South Africa: a contextual analysis; by Akpovire Oduaran.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 2, no 1, 2017, pp 4-18.
Learning will continue to remain a major national resource of immense value in the contexts of individual, community and national development in most African countries for a long time to come. For that reason, no segment of the population should ever be denied the right to learn. This paper aims to explore selected dimensions of learning in later life in Botswana, Nigeria and South Africa from the perspective of a contextual analysis. The analysis reveals some elements of similarity in policy frameworks adopted in the three countries, but with noticeable differences in terms of established structures, programmes, participation, achievements and challenges. Based on this observation, some recommendations are made that might be useful in working towards maximal and effective programme designs and implementation strategies that could help in enhancing later life learning. (RH)
ISSN: 25191594
From : https://www.inia.org.mt

244/73   Living arrangements of community-dwelling older Singaporeans: predictors and consequences; by Bina Gubhaju, Truls Ostbye, Angelique Chan.: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1174-1198.
In this paper, the authors examine predictors and consequences of living arrangements among community-dwelling older Singaporeans. An holistic approach is taken, and a range of social and economic as well as emotional and physical well-being indicators are considered. Two waves (2009, 2011) of the Panel on Health and Ageing of Singaporean Elderly (PHASE) are analysed to (a) provide an overview of living arrangements in 2009 and assess the extent to which living arrangements change by 2011; (b) examine the predictors of living arrangements in 2009; and (c) examine the consequences of living arrangements over a two-year period. The majority (88%) of older Singaporeans co-reside with either their spouse and/or children. A small yet growing proportion live with others (5%) or live alone (6%). Very little change in living arrangements is observed over the two years. The results show that women, the oldest-old and older adults with fewer children are more likely to live alone. Older adults who live alone are not particularly disadvantaged, compared to those who live with their spouse and children or spouse only in their social and economic well-being. It is, in fact, older adults who live with their children that are disadvantaged in many aspects of social, economic and mental well-being. Measures to engage older adults living with their families (along with those living alone and with others) in broader social activities are imperative. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

244/74   Long-term care of older persons in India: learning to deal with challenges; by Ilango Ponnuswami, Rangasamy Rajasekaran.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 2, no 1, 2017, pp 59-71.
It is estimated that the recent trend of an escalating older population in India will drastically increase in the next few decades. According to the United Nations Population Division and World Population Policies, the proportion of people aged over 60 is projected to increase from 8 per cent in 2010 to 19 per cent in 2050. This significant change in the older population, along with the implications of socio-economic, cultural, financial and health issues, will lead to challenges in long-term care of older people from a gerontological social work perspective. Currently, available elder care services in the country comprises residential care (both free and paid), day care centres, geriatric care in selected government and private hospitals, and other services by non-governmental organisations. The availability and affordability of care, especially Long-Term Care, at primary, secondary and tertiary levels is an essential aspect for combatting older people's health problems. Long-term care for older people has remained primarily within the domain of families, but has started gaining recognition as an emerging vital service industry. However, there is a need to educate all stakeholders including older people themselves, caregivers and society as a whole about how to deal with the enormous challenges of long-term care. This paper supports the argument for a nationwide survey of existing care delivery systems, facilities, existing and required manpower, quality of eldercare services, regulatory and monitoring systems and legal measures. Greater awareness is required about the enormous need for long-term care, of growing professionalism of long-term care, and of the innumerable socio-political and economic challenges associated with these developments. (RH)
ISSN: 25191594
From : https://www.inia.org.mt

244/75   On 'learning for leisure' and the margins of mainstream education: a critical review of the University of the Third Age movement in Malaysia; by Ibrahim Rahimah, Zakaria Noor Syamilah, Hamid Tengku Aizan, Chai Sen Tyng.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 2, no 1, 2017, pp 41-58.
The University of the Third Age (U3A) has been promoted as an example of positive engagement in later life by many countries. Nevertheless, the situation of lifelong learning is diverse and varies between countries, particularly in Malaysia. The authors use the case of two U3A associations in the Greater Klang Valley area to study the institutionalisation of later-life learning in the local context. Their review outlines the operational structure and practices of the two separate groups, noting the differences

between U3As in Malaysia with that of other developed countries. They also highlight the issues and challenges faced by advocators of older adult learning in Malaysia. It is evident that lifelong learning for older people has lagged behind in many ways in terms of the vision and philosophy, operational framework and funding structure, despite related national policy imperatives. Learning as a leisure activity for older adults has remained outside the education system that focuses on human capital development and return of investment. An age-stratified education system, coupled with stereotypes of ageing, has compressed the time and space for learning in later life, relegating it to the margins of social welfare. At the micro level, financial uncertainties and competition for limited government funding has detracted the U3A associations from collaborating with existing civil society groups. Concomitantly, the shortage of skilled and coordinating personnel, member attrition, and cultural ideas about later-life learning negate the expansion and replication of the U3A movement in Malaysia. (RH)
ISSN: 25191594   From : https://www.inia.org.mt

244/76   Population ageing and the development of social care service systems for older persons in China; by Peng Du, Yongmei Wang.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 1, 2016, pp 40-52.
China has the largest ageing population in the world, and the absolute number of the older people accounts for more than one-fifth of the world's population. China's population ageing has the characteristics of having an enormous number of older people with an accelerating pace in ageing, weakened traditional familial elder care capabilities, and vast regional and rural-urban differences. The adult social care service system of 'families serving as the foundation, communities as the base, and institutions as the supplementation' initially formed in China, but there remain various problems. The Chinese government is now making efforts on the reconstruction and consolidation of family elder care capabilities, to support families' elder care capacity through social services, the development of a long-term care insurance system and relevant service systems, and a narrowing of the gap between various areas of service provision.
ISSN: 25191594   From : https://www.inia.org.mt

244/77   Psychometric properties of the Inventory of Attitudes Toward Seeking Mental Health Services (Chinese version); by Yvonne Tieu, Candace Konnert, Leanne Quigley.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 234-244.
Research on underutilisation patterns of mental health services among older Chinese immigrants is limited, partly due to the absence of translated, psychometrically sound measures for assessing attitudes towards seeking help. In this study 200 older Chinese Canadian immigrants were interviewed using a translated version of the Inventory of Attitudes Toward Seeking Mental Health Services scale (IASMHS), and mental health care utilisation over the previous 12 months was assessed alongside intentions to seek help. Confirmatory factor analysis failed to replicate the original three-factor structure. Hence the study used exploratory factor analysis to create a 20-item Chinese version, the C-IASMHS. It had acceptable internal consistency and was positively correlated with intentions to seek help. The Help Seeking Propensity subscale had the strongest psychometric properties whereas the Psychological Openness subscale performed poorly based on factor analysis results and unacceptable internal consistency. Future research should focus on the conceptual equivalence of psychological openness among Chinese older adults. (JL)
ISSN: 07149808   From : http://www.cambridge.org/cjg

244/78   Psychosocial risk factors and processes impeding adaptive capacities and contributing to psychosocial distress among later-life Egyptian immigrants; by Ihab Girgis.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 350-374.
This qualitative study explored and described the transactional and cumulative psychosocial stressors that later-life Egyptian immigrants encountered upon coming to the United States, and how they impeded their adaptive capacities, hindered their adjustment efforts and impacted their psychosocial wellbeing. Such stressors were more pronounced among those who immigrated to the United States from Egypt after reaching the retirement age of 60 for two reasons. Firstly they experienced pre-immigration stressors that forced or expedited their departure from Egypt under duress, thus incurring numerous financial and symbolic losses. Secondly, in the last developmental stage, when age-related losses were triggered, they were concomitantly exposed to a starkly different lifestyle, language, cultural norms, living and financial arrangements, roles and relationships. All such circumstances contributed to a sense of confusion, guilt, shame and being a burden on others, which culminated in withdrawal, isolation and distress. The findings of this study can be used to inform psychosocial and therapeutic interventions and guide the development of appropriate social work programmes, services and policies for later-life Egyptian immigrants in particular and older Arabic-speaking immigrants in general. (JL)
ISSN: 01634372   From : http://www.tandfonline.com

244/79   State of widowhood in Iran: challenges of ageing spouses; by Mohammad Taghi Sheykhi.: International Institute on Ageing (United Nations - Malta).
International Journal on Ageing in Developing Countries, vol 1, no 1, 2016, pp 54-67.
This article represents how ageing, widowhood and loneliness are surging in Iran. To conduct the research, Tehran City was chosen as the empirical universe of study. Due to an increase in longevity in Iran in recent years - 76 years for women and 72 years for men - women are more likely to lose their

spouse than ever before and become widows, albeit under the lack of adequate infrastructures. This emerging state of affairs leads to demographic challenges in later life. Shortages of social security and pensions in the third age make the surviving spouse very vulnerable, which is sociologically worth studying. Similarly, their social links and relations are impaired under such circumstances. The article indicates how the loss of interactions within the ageing population become problematic and demoralising. Many remaining spouses experience poverty at this stage of life. Such ageing citizens need planned support and services, also effective population projections for the years to come. (RH)
ISSN: 25191594
From : https://www.inia.org.mt

244/80   Vouchers for primary healthcare services in an ageing world?: The perspectives of elderly voucher recipients in Hong Kong; by Angel Hor-Yan Lai, Zoey Kuang, Carrie Ho-Kwan Yam (et al).: Wiley.
Health and Social Care in the Community, vol 26, no 3, May 2018, pp 374-382.
Considering the ageing population in economically advanced regions across the world, measures are necessary to enhance the health of the older population as well as contain public healthcare spending. Hong Kong implements the Elderly Health Care Voucher Scheme (EHCVS), providing older people aged 65 or above an annual subsidy of visiting private healthcare service providers for chronic disease prevention and management. The services also aim at reallocating demand from the public to private sector as well as to improve quality of services. This qualitative study explored the experiences of 55 EHCVS recipients aged 61-94 with eight focus group interviews in Hong Kong during 2016. Convenience sampling was used. Research questions were: (1) Why do older people choose not to use EHCVS for preventive as well as disease management services among older people in Hong Kong? (2) What are the barriers to reallocating demand from the public to private sector? (3) In what ways did EHCVS improve the quality of primary care services for older people? Using a deductive and inductive approach, eight qualitative themes were identified. Findings suggest that the non-targeted services and inadequate knowledge on EHCVS deterred older people from using the vouchers for disease management and prevention. The relatively expensive private services, lack of trust in the private sector, low public clinic fees and good services quality of the public sector, together with inadequate private practitioners in the healthcare market were barriers that hinder demand reallocation. Nevertheless, the quality of primary care services had been improved after the implementation of EHCVS, with shortened waiting times and opportunities to discuss health-related issues with private practitioners. Findings were discussed with practice, policy and research implications. (RH)
ISSN: 09660410   From : http://www.wileyonlinelibrary.com/journal/hsc

LEARNING DIFFICULTIES

244/81   Perspectives on family caregiving of people aging with intellectual disability affected by dementia: commentary from the International Summit on Intellectual Disability and Dementia; by Nancy Jokinen, Tiziano Gomeiro, Karen Watchman (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 411-431.
This article, an output of the 2016 International Summit on Intellectual Disability and Dementia, examined familial caregiving situations within the context of a support-staging model for adults with intellectual disability (ID) affected by dementia. Seven narratives offered context to this support-staging model to interpret situations experienced by caregivers. The multidimensional model had two fundamental aspects: identifying the role and nature of caregiving as either primary (direct) or secondary (supportive); and defining how caregiving was influenced by stage of dementia. It is proposed that staging can affect caregiving via different expressions: (1) the 'diagnostic phase', (2) the 'explorative phase', (3) the 'adaptive phase', and (4) the 'closure phase'. The international narratives illustrated direct and indirect caregiving with commonality being extent of caregiver involvement and attention to the needs of an adult with ID. The study concludes that the model is the first to empirically formalise the variability of caregiving within families of people with ID that is distinct from other caregiving groups, and that many of these caregivers have idiosyncratic needs. A support-staging model that recognises the changing roles and demands of carers of people with ID and dementia can be useful in constructing research, defining family-based support services and setting public policy. (JL)
ISSN: 01634372   From : http://www.tandfonline.com

LGBT

244/82   Indifference to the difference?: older lesbian and gay men's perceptions of aging services; by Jennifer S Dunkle.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 432-459.
This qualitative study examined: 1) What older lesbians and gay men know about Older Americans Act (OAA) funded services; 2) attitudes towards the services; 3) experiences utilising the services; 4) how current needs are met; and 5) plans for care as they age. Focus groups were conducted from June-August 2016. Purposive and snowball sampling yielded a sample size of 31. Five focus groups were conducted, and analysis used Grounded Theory. Four themes emerged: 1) low expectations of a welcoming environment, 2) the importance of being out, 3) need for LGBT-specific services, and 4) how to create inclusive services. (JL)
ISSN: 01634372   From : http://www.tandfonline.com

244/83   Older bisexual people: implications for social work from the Looking Both Ways study; by Rebecca L
          Jones, Kathryn Almack, Rachael Scicluna.: Taylor and Francis.
          Journal of Gerontological Social Work, vol 61, no 3, April 2018, pp 334-347.
          There is a growing social work literature about lesbian, gay, bisexual and transgender (LGBT) older
          people, however there is little to help practitioners work with older bisexual people only. The Looking
          Both Ways study aimed to contribute to this gap in knowledge. The authors undertook in-depth
          purposely sampled qualitative interviews with 12 people aged over 50, all of whom had bisexual
          relationship histories and half of whom also currently identified as bisexual. There were three main
          findings. First, biphobia (prejudice against bisexual people) impacts on older people with bisexual
          histories in ways that may affect their wellbeing in later life. Second, concerns around receiving care are
          similar in some ways and different in others from the concerns of lesbians and gay men. Third, people
          with bisexual relationship histories may have developed strong support networks and resilience, factors
          that may be very beneficial in later life. Three recommendations for social work professionals were
          identified: 1) understand biphobia, 2) recognise the legitimacy of concerns about receiving care, and 3)
          ask about support networks rather than assuming family support. (JL)
          ISSN: 01634372
          From : http://www.tandfonline.com

244/84   Older lesbians receiving home care: formal and informal dimensions of caregiving; by Sandra S Butler.:
          Taylor and Francis.
          Journal of Women and Aging, vol 30, no 2, March-April 2018, pp 91-110.
          Older lesbians face the triple jeopardy of ageism, sexism, and heterosexism, and their experiences are
          largely invisible. This qualitative, exploratory study examines the formal and informal caregiving
          experiences of 20 lesbians age 65+ from across the United States who had used home care services due
          to acute illness or chronic disabilities. Half of those not partnered reported some level of isolation from
          support networks. Nearly all study participants eventually found home care workers with whom they
          were satisfied and even quite connected. Practice implications are discussed in the context of study
          participants' views of how being lesbian affects their ageing process and day-to-day lives. (RH)
          ISSN: 08952841
          From : http://www.tandfonline.com

244/85   Supporting lesbian, gay, bisexual, and transgender inclusivity in long-term care homes: a Canadian
          perspective; by Tamara Sussman, Shari Brotman, Heather MacIntosh (et al).: Cambridge University
          Press.
          Canadian Journal on Aging, vol 37, no 2, June 2018, pp 121-132.
          It is critical to ensure that long-term care (LTC) homes are sensitive to the needs of lesbian, gay, bisexual
          and transgender (LGBT) older adults. However the extent to which the LTC home sector has adopted
          recommended strategies is unknown. This qualitative study reported findings from two initiatives:
          semi-structured telephone interviews with Canadian LTC home administrators on strategies adopted to
          support LGBT inclusivity, and discussions with participants attending a two-day meeting on supporting
          LGBT inclusivity in LTC. It was found that LGBT inclusivity training was the most commonly adopted
          strategy among the LTC homes surveyed. Study findings further suggested that practices more visible
          to residents and families, such as LGBT-themed programming, inclusive language and symbols, or joint
          initiatives with LGBT communities, were less commonly adopted because of anticipated negative
          resident/family reactions. The imp ortance and benefits of comprehensive strategies that include staff,
          residents and family are discussed. (JL)
          ISSN: 07149808
          From : http://www.cambridge.org/cjg

LIFE-LONG LEARNING

(See 244/65, 244/68, 244/72, 244/75)

LONELINESS AND SOCIAL ISOLATION

(See Also 244/60)

244/86   Implementing reverse mentoring to address social isolation among older adults; by Bethany M Breck,
          Cory B Dennis, Skye N Leedahl.: Taylor and Francis.
          Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 513-525.
          Among older adults reverse mentoring can improve social connection by increasing the digital
          competence of older adults so they can use technology for social benefit and by facilitating
          intergenerational connections with young adult mentors. In this paper reverse mentoring was examined
          within an intergenerational programme that served older adults and utilised the native technological
          knowledge and skills of young adults who mentored older adult participants. Qualitative data were
          collected through young adult mentor logs of each session, and through open-ended questions on the
          post-surveys collected from older adults and young adult mentors. Qualitative analysis revealed three
          themes related to social connection: (1) an increased sense of self-efficacy for older adults as they built

confidence in technological use and for young adults as they developed leadership skills through mentoring, (2) the breaking down of age-related stereotypes and (3) intergenerational engagement and connection. The findings demonstrate that reverse mentoring can be used in various settings to decrease the social isolation of older adults by developing intergenerational connections and increasing older adult usage of technology. (JL)
ISSN: 01634372
From : http://wwwtandfonline.com

LONG TERM CARE

(See Also 244/74, 244/85, 244/140)

244/87   Formal and informal long-term care in the community: interlocking or incoherent systems?; by Tania Burchardt, Emily Jones, Polina Obolenskaya.: Cambridge University Press.
Journal of Social Policy, vol <u>47</u>, no 3, July 2018, pp 479-503.
Help with activities of daily living (ADLs) for people in the community is provided through formal services (public and private) and informal (often unpaid) care. This paper investigates how these systems interlock, and who is at risk of unmet need. It begins by mapping differences between OECD countries in the balance between formal and informal care, before giving a detailed breakdown for the UK. New analysis of UK Family Resources Survey data for 2012/13 and 2013/14 suggests high levels of unmet need. Who receives formal and informal care, and who receives neither, among the working-age and older populations were investigated. The authors find that while informal care fills some gaps left by the lack of availability of formal services (and vice versa), not all older or working-age disabled people are protected in these ways. Adults living alone and those with high but not the highest levels of difficulty are most likely to have unmet need. Means-tested public entitlements ameliorate but do not remove the increased risk among people in low-income households. The paper concludes that public policy needs to integrate its support for formal and informal modes of care, with particular attention to those groups most at risk of unmet need. (RH)
ISSN: 00472794
From : http://www.cambridge.org/JSP

244/88   The funding of long-term care in Canada: what do we know, what should we know?; by Michel Grignon, Byron G Spencer.: Cambridge University Press.
Canadian Journal on Aging, vol <u>37</u>, no 2, June 2018, pp 110-120.
Long term care is a growing component of health care spending but how much is spent or who bears the cost is uncertain and the measures vary depending on the source used. The present study drew on regularly published series and ad hoc publications to compile preferred estimates of the share of long term care spending in total health care spending, the private share of long term care spending and the share of residential care within long term care. For each series the study compared estimates obtainable from published sources such as CIHI (Canadian Institute for Health Information) and OECD (Organization for Economic Cooperation and Development) with their preferred estimates. The authors conclude that using published series without adjustment would lead to spurious conclusions on the level and evolution of spending on long term care in Canada as well as on the distribution of costs between private and public funders and between residential and home care. (JL)
ISSN: 07149808
From : http://www.cambridge.org/cjg

244/89   Long-term care and intermediary structures for frail older people: Switzerland and Germany in comparison; by Konstantin Kehl, Rahel Strohmeier Navarro Smith.: Policy Press.
International Journal of Care and Caring, vol <u>2</u>, no 2, May 2018, pp 253-272.
Long-term care not only includes residential care, home care and familial care, but services 'in-between', such as day and night care, temporary (short-term) stays in nursing homes, respite care, and local infrastructure giving informed advice and conveying informal support. In both Switzerland and Germany, the role of such intermediary structures has been debated and affected by social policy reforms. The authors analyse different functions of intermediary structures, discuss their access and use, and show that intermediary structures can have a different impact on care regimes. (RH)
ISSN: 2397883X
From : http://www.policypress.co.uk/journals/international-journal-of-care-and-caring

244/90   Long-term funding of adult social care: first joint report ... Session 2017-19; ninth report of the Health and Social Care Committee 2017-19; seventh report of the Housing, Communities and Local Government Committee 2017-10: report, together with formal minutes ...; by Health and Social Care Committee, House of Commons; Housing, Communities and Local Government Committee, House of Commons. London: House of Commons, 27 June 2018, 83 pp (HC 2017-19 768).
This report by two cross-party House of Commons Committees describes the social care system as "under very great and unsustainable strain", and "not fit to respond to current needs". Ahead of the Government's Green Paper (now expected autumn 2018), it highlights the urgent need to plug a funding gap of some £2.5 billion in 2019/20, before introducing wider funding reforms at local and national levels. The report examines the state of social care (including an increasing reliance on unpaid carers);

principles for its funding; options for funding; social care in the wider context of health, public health and housing; and political and public consensus on social care. In principle, the personal care element should be delivered free to everyone who has the need for it; accommodation costs should continue to be paid on a means-tested basis. The report calls for the introduction of a Social Care Premium, either an additional element of National Insurance, or with the premium paid into dedicated not-for-profit social insurance fund. To ensure fairness between the generations, the premium should only be paid by those aged over 40 and extended to those over the age of 65. Key to the Committees' decisions were recommendations made by a Citizens' Assembly on Social Care whose findings are reflected in this report. An annex records notes from a visit to New Deanery Care Home, Braintree. (RH)
From : https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/768/768.pdf

244/91   Practitioners preferences of care coordination for older people: a discrete choice experiment; by Rowan Jasper, Helen Chester, Jane Hughes (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 2, February-March 2018, pp 151-170.
Overall aims of this research study were to demonstrate the importance of organisations providing care coordination for older people receiving long-term funding. The study explored practitioner preferences about the relative value of attributes of care coordination services for seniors. A Discrete Choice Experiment (DCE) survey was used to identify the views of 120 practitioners from 17 services in England in 2015. The survey design was informed by an analysis of standards of care coordination, a postal survey and a consultation with carers of older people. Results of the DCE survey were supplemented by a content analysis of qualitative comments and fieldwork notes. Most respondents were over 30 years of age, female and almost half worked part-time. Continuity of care (care provided by the same care coordinator) and the ability to access the range of services outlined in the care plan were the most important service attributes. Service setting influenced practitioner preferences. Those in specialist services for people with dementia identified the length of time a service was provided as another important attribute. The DCE methodology has provided the opportunity to systematically canvas practitioner preferences. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

MENTAL HEALTH

(See Also 244/1, 244/31, 244/81)

244/92   Barriers and facilitators for guideliines with depression and anxiety in Parkinson's disease or dementia; by Zahra Goodarzi, Heather M Hanson, Nathalie Jette (et al).: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 185-199.
A primary objective of this study was to understand the barriers and facilitators associated with the implementation of high-quality clinical practice guidelines (CPGs) for depression and anxiety in patients with dementia or Parkinson's disease (PD). The authors conducted focus groups or interviews with participants experiencing dementia or PD, their caregivers and physicians in Calgary, Alberta, and applied the theoretical domains framework and behaviour change wheel to guide data collection and perform a framework analysis. 33 physicians and seven PD patients and/or caregivers participated. The study reported barriers and facilitators to the implementation of guideline recommendations for diagnosis, management, and the use of the guidelines. An overarching theme was the lack of evidence for depression or anxiety disorders in dementia or PD, which was prominent for anxiety versus depression. Patients noted difficulties with communicating symptoms and accessing services. Although guidelines are available, physicians have difficulty implementing certain recommendations due primarily to a lack of evidence regarding efficacy. (JL)
ISSN: 07149808   From : http://www.cambridge.org/cjg

244/93   Psychological predictors of eating pathology in older adult women; by Elizabeth Midlarsky, Ashley Kronen Marotta, Steven Pirutinsky, Ruth T Morin, Joseph C McGowan.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 2, March-April 2018, pp 145-157.
Eating pathology is generally considered to affect females during adolescence and early adulthood. However, in recent years, there has been an increased recognition that eating disorders occur in middle-aged and older women, and that the presentation is similar to that of eating disorders in younger women. In the research presented here, results of an Internet survey of 245 older American women aged 60-90 indicate that the factors significantly associated with eating pathology _ perfectionism, depression, and sociocultural pressures to be thin _ closely parallel those reported for both younger and middle-aged women. (RH)
ISSN: 08952841   From : http://www.tandfonline.com

244/94   Serious psychological distress, sex, and falls among the elderly; by Thanh V Tran, Phu T Phan.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 1, January-February 2018, pp 75-84.
Serious psychological distress and falls are two major public health problems for older people. This study tests the hypothesis that, although serious psychological distress can increase the risks of falls in older people, it tends to affect older women more than older men. The study uses data from the 2011

California Health Survey Interviews (CHIS). The authors extracted a sample of 13,153 respondents aged 65+ (8,087 females and 5,066 males). They tested both unadjusted and adjusted interaction effects using bivariate and multivariate logistic regression analysis. Older women with serious psychological distress had the greatest likelihood of falls, as compared to men with serious psychological distress and men and women without serious psychological distress. With respect to the covariates, limitations of physical activity and poor self-rated health status, Asian race, and older age were more likely to be associated with falls. This study provides further information on gender disparities in falling among older people, such that serious psychological distress has a greater impact on falls for older women than older men. Thus, the authors' findings suggest that mental health services and interventions can be useful in preventing falls for older women. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

MENTAL HEALTH CARE

(See Also 244/77)

244/95   Feasibility of intervention in elder self-neglecters: setting the stage for future research; by Jessica L Lee, Jason Burnett, Rui Xia, Scott M Smith, Carmel B Dyer.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 3, March-July 2018, pp 223-235.
Interventions are critical to improving clinical outcomes in older self-neglecters. This study assessed feasibility of a randomised controlled trial (RCT) of oral vitamin D in Adult Protective Services-substantiated self-neglect clients aged 65+ living in the community in Houston, Texas. Participants were directly observed to consume ergocalciferol 50,000 IU (treatment) or ergocalciferol 400 IU (control), once a month, for 10 months. For months 6-10, half of the control group randomly crossed into the treatment group (crossover). Intervention feasibility was measured by number of potential participants who agreed to participate and by retention rates during the study. Ninety-four referrals were received and 59 (63%) agreed to participate. Forty-nine participants were enrolled after pre-screening; 35 completed the two-phase trial for a 72% retention rate. The participants' average age was 75.2 ± 6.8 years, mainly female (59%), African-American (47%), and living alone (41%). Despite assumptions that self-neglecters are resistant to care, the authors successfully conducted the first clinical intervention in this vulnerable population. (RH)
ISSN: 08946566
From : http://www.tandfonline.com

MIGRATION

244/96   Arriving old: a qualitative study of elder refugee women's self-perceptions of the first year of resettlement; by Nicole Dubus.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 393-410.
This qualitative study examined older women's experiences of resettling with their family and the protective factors that enhanced their resilience. The study focused on eight older Syrian refugee women who resettled in Iceland with members of their families. Implications for social work were found to include the need to assess older refugees' strengths, resilience and pre-resettlement functioning rather than services that might encourage integration into the dominant culture and community. The study argues that the refugee experience is a lifelong experience that shapes and informs various stages of life. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

244/97   Gendered migration in a changing care regime: a case of Korean Chinese migrants in South Korea; by Hyunok Lee.: Cambridge University Press.
Social Policy and Society, vol 17, no 3, July 2018, pp 393-407.
The feminisation of international migration for care labour has gained prominence in the last three decades. It has been theorised mainly in the context of the changing care regime in the Global North; the changes in other parts of the world have been largely neglected. This article explores the dynamics between changing care regimes, labour markets and international migration in the East Asian context through the case of Korean Chinese migrants to South Korea. Korean Chinese came to South Korea through various legal channels beginning in the late 1980s and occupy the largest share of both male and female migrants in South Korea. Korean Chinese women have engaged in service sector jobs, including domestic work and caregiving, since their influx, yet such work was only legalised during the 2000s in response to demographic changes and the care deficit. This article sheds light on female Korean Chinese migrants' engagement in care work in the ambiguous legal space of migration and the care labour market, also their changing roles in the process of development of the care labour market. Based on interviews with Korean Chinese migrants in South Korea, immigration statistics, and the Foreign Employment Survey in 2013, this study explores how the care regime intersects with migration in the process of development of care regimes. (RH)
ISSN: 14747464
From : http://www.cambridge.org/sps

244/98   Social support networks of older migrants in England and Wales: the role of collectivist culture; by Vanessa Burholt, Christine Dobbs, Christina Victor.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1453-1477.
This article tests the fit of a social support network typology developed for collectivist cultures to six migrant populations living in England and Wales. The authors examine the predictive utility of the typology to identify networks most vulnerable to poor quality of life and loneliness. Variables representing network size, and the proportion of the network classified by gender, age, kin and proximity, were used in confirmatory and exploratory latent profile analysis to fit models to the data (N = 815; Black African, Black Caribbean, Indian, Pakistani, Bangladeshi and Chinese). Multinomial logistic regression examined associations between demographic variables and network types. Linear regression examined associations between network types and well-being outcomes. A four-profile model was selected. Multigenerational Household: Younger Family networks were most robust, with lowest levels of loneliness and greatest quality of life. Restricted Non-kin networks were least robust. Multigenerational Household: Younger Family networks were most prevalent for all but the Black Caribbean migrants. The typology is able to differentiate between networks with multigenerational households and can help identify vulnerable networks. There are implications for forecasting formal services and variation in networks between cultures. The use of a culturally appropriate typology could impact on the credibility of gerontological research. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

NEIGHBOURHOODS AND COMMUNITIES

(See Also 244/55, 244/121, 244/127)

244/99   Aligning age-friendly and dementia-friendly communities in the UK; by Natalie Turner, Stacy Cannon.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 9-19.
This paper outlines the history and origins of dementia-friendly communities (DFCs) and age-friendly communities (AFCs) in the UK. It sets out the differing frameworks and how these compare, along with some key messages about how they might learn from each other. The aim is to reduce potential confusion around AFCs and DFCs, and provides some practical ways that the two initiatives might work together and find common ground. By learning from each other, both age-friendly and DFCs can grow their reach and their impact as complementary and not competing programmes. The original development of some of the ideas in this paper comes from a paper Natalie Turner co-wrote with Lydia Morken at AARP (www.aarp.org/content/dam/aarp/livable-communities/documents-2016/Better-Together-Research-Report.pdf). (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi.wwop

244/100   Developing age-friendly work in the twenty-first century: new challenges and agendas; by Christopher Phillipson.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 3-8.
This paper reviews factors influencing the development of age-friendly communities, pressures arising from the context of economic austerity, and issues which need to be considered for further work. A synthesis of academic literature covering age-friendly research and other relevant studies finds pressures on the age-friendly movement including: cuts to the budgets of local authorities; impact of urban regeneration; and high levels of deprivation in inner city communities. Responses need to consider: closer links with other urban programmes (e.g. healthy cities); prioritising the challenge of social inequality; exerting great control over urban development and regeneration; and devising new approaches to delivering age-friendly interventions at a neighbourhood level. Although the age-friendly movement has many achievements to its name, economic pressures are raising question marks about its future progress. The paper identifies several options for future development. Central to these must be linking age-friendly debates to the inequalities and injustices which affect city life. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi.wwop

244/101   Developing indicators for the Age-friendly Cities and Counties Programme in Ireland; by Sarah Gibney, Sinead Shannon.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 59-67.
This paper describes a study undertaken in Ireland to develop a set of local age-friendly indicators which have been used to support the Age-Friendly Cities and Counties Programme. A concept validation approach was used to translate the principles and domains of age-friendly communities into a quantitative indicator set. This iterative process involved five steps: identifying potential indicators; consultation; survey testing; data collection and fieldwork; and finalising the indicator set. A participatory approach was also taken to involve local stakeholders in the development and subsequent use of the indicator set and associated data set. A multi-arm approach to communicating and translating these indicators was taken, in order to build capacity within multi-stakeholder groups to engage with

and appraise quantitative local evidence in this field. This resulted in the development of a set of 120 local age-friendly indicators that can be reported nationally and disaggregated to the local authority level. There were challenges faced in communicating the results and supporting the translation of these indicators into local actions. These challenges included indicator, user, and policy factors and involved instrumental, conceptual, and political issues. The resulting indicator set is the first of its kind in Ireland and fills and important data gap in the local data landscape. Future work will focus on planning for sustaining collection of local data and building capacity among local stakeholders in the management and use of these indicators. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi.wwop

244/102   An evaluation tool for age-friendly and dementia friendly communities; by Stefanie Buckner, Calum Mattocks, Melanie Rimmer, Louise Lafortune.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 48-58.
The authors report how an evaluation tool originally developed for Age-Friendly Cities was pilot-tested in the context of the Dementia Friendly Community (DFC) initiative in Sheffield. The original evaluation tool was adapted to a focus on dementia friendliness. Data collection involved scoping conversations, documentary analysis, interviews and group discussions. Following evidence appraisal, Sheffield's approach to dementia friendliness was assessed. A local steering group was central to the study. This article presents finding and outputs on which other communities with dementia friendly agendas can draw. The evidence indicates areas of strength in Sheffield's approach to dementia friendliness: involvement of older people; service provision; collaboration; and monitoring and evaluation. Scope for improvement was identified around resource allocation, and use of existing guidance on dementia friendliness. Recommendations for policy and practice include enhancing pooling of resources, more detailed recording of resources allocated to dementia-related activity, and collection of evidence on how people affected by dementia have shaped the city's DFC initiative. Key research outputs are an adaptable logic model and an emerging evaluation framework for DFCs. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi.wwop

244/103   Getting started: an empirically derived logic model for age-friendly community initiatives in the early planning phase; by Emily A Greenfield.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 3, April 2018, pp 295-312.
Age-friendly community initiatives (AFCIs) foster efforts across stakeholders to make localities more supportive and inclusive of older adults and potentially better for residents of all ages. This study drew on in-depth interviews with leaders of nine newly forming AFCIs in northern New Jersey to develop an empirically based logic model for the initiatives in the early planning phase. The results obtained from a conventional content analysis indicated three main activities in the early planning phase: assessing the community; meeting;   communicating with stakeholders and facilitating communitywide communications. These activities worked toward two outputs: increased understanding of ageing in the community and more engaged stakeholders in ageing. Participants described leveraging the contributions of lead staff, consultants, elected officials, organisational partners, volunteers, interns, funders and other AFCIs to engage in their focal activities. Based on these findings, a logic model for AFCIs in the early planning phase was presented. AFCI leaders can draw on this model to evaluate AFCI processes and outcomes in their formative stages as well as to strategically plan for the start of an AFCI within a given locality. Findings also suggest important directions for future research on the development of AFCIs and the community changes that they seek to influence. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

244/104   Meanings of 'lifecycle robust neighbourhoods': constructing versus attaching to places; by Susan van Hees, Klasien Horstman, Maria Jansen, Dirk Ruwaard.: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1148-1173.
In Western welfare states, notions of age-friendly communities and ageing-in-place are increasingly important in new health policies. In the Netherlands, care reforms are modifying the former welfare state to be more participatory; local governments are seeking collaborative solutions. Municipalities and housing, care and welfare organisations in the southern part of the country have developed the concept of 'lifecycle robust neighbourhoods', envisioned as places where older people can age-in-place. Although many scholars have used the concept ageing-in-place in their studies of neighbourhoods, the authors to unravel this concept further by exploring how this particular ageing policy plays out in practice. This paper explores what the development of 'lifecycle robust neighbourhoods' means in relation to notions of ageing-in-place and age-friendly communities. The authors used ethnography (interviews, observations and focus groups) to reveal how, on the one hand, the policy makers, housing, care and welfare directors and representatives of older people, as developers of 'lifecycle robust neighbourhoods' and, on the other hand, older people, give meaning to places to age-in-place. It becomes clear that ageing-in-place has a different meaning in policy discourses than in practice. While developers mainly considered place as something construable, older people emotionally attached to place through lived experiences. (RH)
ISSN: 0144686X   From : https://doi.org/10.1017/S0144686X16001483

244/105   Pathways to age-friendly communities in diverse urban neighborhoods: do social capital and social cohesion matter?; by Rupal Parekh, Arati Maleku, Noelle Fields (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 492-512.
Using a social capital and social cohesion lens, this study repositioned the concept of civic engagement among older adults to examine pathways for building age-friendly communities. The authors analysed data drawn from a Community-Based Participatory Research study in the Southern U.S. that explored lived experiences of 15 older adults aged 55 and above who participated in 15 individual interviews and six focus group discussions to examine their perceptions of social identity, social connectedness and civic engagement geared toward an age-friendly city. Findings indicated that several older adults had access to social networks and socially invested resources, thereby having opportunities for civic engagement and building age-friendly neighbourhoods. However social, cultural, linguistic and structural barriers were more evident among certain diverse ethnic populations. Marginalised low-income minorities and immigrants such as Hispanic participants felt the lack of social cohesion among the larger society limited their ability to give back, thus decreasing their civic engagement activities. By contrast Caucasian and African American older adults were able to contribute to the political process through more civic participation activities. The authors provide implications for examining the role of social capital and social engagement to bolster civic engagement among older adults in building age-friendly communities. (JL)
ISSN: 01634372
From : http://wwwtandfonline.com

244/106   Planners and aging professionals collaborate for livable communities; by Stephanie Krone Firestone, Laura Keyes, Esther Greenhouse.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 20-29.
More than 250 ageing sector professionals and planners convened at a half-day Livable Communities for All Ages (LCA) on 24 March 2017, as part of the American Society on Aging's 2017 Aging in American Conference in collaboration with the American Planning Association. This paper shares findings from a learning intervention aimed at facilitating more regular and effective collaboration across the planning and ageing sectors, to advance LCA. It includes information from conversations, as well as a pre-event survey, post-event evaluations, and a six-month post-event follow-up survey. Results reveal that the participants increasingly recognised the value of cross-sector relationships to their work on LCA. Further, the success on current projects was highly attributed to the trust gained from a previous experience of ageing and planning professionals working together. Researchers relied on a purposive sample of respondents already registered to attend the Livable Communities Summit, who were likely to be somewhat knowledgeable about the topic of age-friendly planning. While not generaliseable to the broader professional fields of the ageing and planning sectors, the results inform the importance of cross-sector collaboration in the context of planning communities supportive of individuals across the life-span. Existing challenges to the local residents in a broad swathe of areas - including housing, transport, social isolation, purpose and more - are exacerbated in a rapidly ageing world that does not advance policies, practices and built environments to make communities more livable for residents of all ages. The intention is to contribute to the limited existing literature on collaboration between professionals in the planning and ageing fields, and to stimulate the increased and improved cross-sector relationships. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi.wwop

244/107   The UK Network of Age-friendly Communities: a general review; by Samuele Remillard-Boilard.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 30-38.
The UK Network of Age-friendly Communities follows an initiative by the UK Urban Ageing Consortium, a collaborative partnership between Manchester City Council, the University of Keele and the Beth Johnson Foundation (BJF). This paper presents a detailed account of the Network's work and contribution in supporting the development of age-friendly communities across the UK. It draws on a review of external and internal working documents, communications with network representatives, and an in-depth interview conducted with the Network's current manager.
Since its formation, the UK Network of Age-friendly Communities has provided cities with an important platform for knowledge exchange and peer support, and helped build commitment to the age-friendly agenda at the local, national and international level. By presenting various examples, the article illustrates that network members have not only helped drive this agenda forward by developing a collective voice, but also by developing a wide range of initiatives at the local level. Despite an increased interest in documenting age-friendly experiences around the world, the experience of national programmes to date remains under-explored in the age-friendly literature. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi.wwop

OLDER MEN

244/108   Ageing, gender politics and masculinities: reflections on collective memory work with older men; by Vic Blake, Jeff Hearn, David Jackson (et al).: Emerald.
Working with Older People, vol 22, no 2, 2018, pp 93-100.
This paper reflects on the process of participating in an older men's long-term collective memory work group. The focus is on the making or unmaking of masculinities, and the potential of memory work with older men. Participant review and reflection on collective memory work with a group of older men leads to a finding that collective memory work provides a novel way of exploring ageing, gendering, men and masculinities. Its potential for working with older men is examined critically in relation to: gender politics; power and (in)equalities; interconnections and contradictions of men's ageing and gendering; and the personal and the political, as well as working with older men in transition and crisis. The aim has been to stimulate wider applications of collective memory work with older men in respect of gender politics and masculinities. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

244/109   Men's sheds: the perceived health and wellbeing benefits; by Lois Crabtree, Anthea Tinker, Karen Glaser.: Emerald.
Working with Older People, vol 22, no 2, 2018, pp 101-110.
Older men's perceptions of the health and well-being benefits of participating in men's sheds are explored. Qualitative semi-structured interviews were conducted with eight men aged 65+ from men's sheds in London. Interviews were audio recorded and transcribed by hand; analysis was conducted through coding of the transcripts. The results suggest that men's sheds improved older men's perceived level of social interaction and men's outlook, and led to self-reported improvements in depression. All perceived themselves to be fitter since joining. Despite the research being conducted in an urban area, the lack of prior community engagement is highlighted. Among this study's limitations is the small sample size, and may not be representative of other men's sheds in different areas; therefore, further research with a larger sample should be conducted. A health policy dedicated to males which includes the promotion and funding of men's sheds (such as in Ireland) should be considered by the government. In addition, clinical commissioning groups should recognise men's sheds as a non-clinical alternative for their patients through social prescribing in general practice. Finally, in order to achieve the World Health Organization (WHO) initiative of creating "age friendly cities", community groups such as Men's Sheds need to be promoted and further utilised. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

OLDER WOMEN

244/110   Female fertility history and mid-late-life health: findings from China; by Xiaomin Li, Quanbao Jiang, Shuzhuo Li, Marcus W Feldman.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 1, January-February 2018, pp 62-74.
China's middle-aged and older women suffer from poorer health than men. Using national baseline data from the China Health and Retirement Longitudinal Study (CHARLS), a survey conducted from 2011 to 2012, this article applies logistic models to investigate the association between female fertility history (parity, early childbearing, late childbearing) and middle-aged and late-life health. The authors find that parity is related to women's mid to late-life health. Women with four children or more are more likely to suffer from activities of daily living (ADL) impairment and poorer self-rated health than those with one to three children. Early childbearing is associated with ADL impairment; however, the correlation is mediated by socioeconomic status. Early childbearing is related to self-rated health in later life by an indirect-only mediation effect via educational attainment and personal income. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

244/111   A phenomenological study of romantic love for women in late life; by Teresa J Moore, Joanni L Sailor.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 2, March-April 2018, pp 111-126.
Romantic love in late life is often beneficial, though not without challenges. Financial concerns and objections of adult children can interfere with a late-life individual's decision to commit to a romantic relationship. In this study, the experience of romantic love for women who enter committed relationships in later life was examined. Fourteen women aged 65 to 84 who had lived the experience of romantic love in late life were interviewed. By using Moustakas's qualitative Transcendental Phenomenological method, several themes emerged to provide a description of the phenomena. These themes included openness to experience, attraction, commitment, adjournment, and generativity. According to this study's findings, women in late life who form committed romantic love relationships negate the physical

and emotional effects of loneliness brought about by bereavement or single status in late life. In addition, this study found these women were attracted to partners to fulfil their needs for love, esteem, spiritual connection and self-actualisation. (RH)

244/112   Sexuality of midlife and older women: a review of theory use; by Sarah Jen.: Taylor and Francis.
Older people's Sexual experiences remain underexplored. This review examined 21 articles focused on the sexuality of midlife and older women, to identify theories used and to understand how theory informs this literature. Reviewed articles described a dominant narrative of sexual decline in later life but positioned their own work as counternarratives. A majority applied social constructionist, critical or interpretivist orientations, balancing material and socially constructed aspects of sexuality. Theories were most likely to inform the purpose and conclusions, and least likely to inform limitations or descriptions of study samples. Findings support the need to affirm the diverse sexual experiences of women. (RH)

244/113   Unscripted: exploring representations of older unpartnered women's sexuality; by Beth Montemurro, Lisa Chewning.: Taylor and Francis.
Images of sexually active women over the age of 50 are lacking in popular culture, particularly on television. Dominant sexual scripts depict older women as generally asexual. The television programme 'Hot in Cleveland' features unpartnered midlife and older women as main characters. This article is based on analysis of four seasons of Hot in Cleveland. The authors look closely at portrayals of sexual activity to see whether the programme underscores dominant sexual scripts which mock older women's sexual interest, position ageing as sexual decline, or reinforce the narrative of "successful ageing" or ageing as progress. The article finds that, counter to the narrative of ageing as sexual decline, women are depicted as desirable and desiring. 'Hot in Cleveland' thus provides sexual scripts for older women, and reinforces the idea of lifelong sexual desire. (RH)

ORAL HEALTH

244/114   Keep smiling: mouth and teeth care for older people; by Janice Gardiner, Emma Williams, Relatives & Residents Association - R&RA.: Relatives & Residents Association, 2018, 40 pp.
This handbook has been produced with support from the Oral Health Foundation to update earlier Relatives & Residents Association (R&RA) publications: 'Keep smiling' (2009), 'Dental care for older people in care homes' (2003), and 'Dental care for older people in homes' (1995). It aims to help anyone caring for older people whether in residential care or at home, and for people whose dementia or disabilities make them resistant or unable to manage their own mouth and teeth care. (RH)
From : Relatives & Residents Association, 24 The Ivories, 6-18 Northampton Street, London N1 2HY. www.relres.org

PAIN

244/115   "It has changed my whole life": the systemic implications of chronic low back pain among older adults; by Meredith L Stensland, Sara Sanders.: Taylor and Francis.
Chronic low back pain (CLBP) is the most common pain complaint among older adults. Despite its prevalence very little research has qualitatively examined the diverse consequences of living with CLBP in later life. As part of a larger study aiming to understand the experience of CLBP among older adults, the objective of this paper was to understand how older adults experience CLBP and its impacts on their functioning. Guided by van Manen's phenomenological method, 23 semi-structured interviews with 21 pain clinic patients aged 66-83 were conducted. Through an iterative process assisted by NVivo 11 software, researchers used line-by-line thematic coding to identify main impacts of CLBP. Under the main theme `It has changed my whole life', results were reflected in six subthemes: (a) Pain damages sense of self; (b) trapped in a body that doesn't work anymore; (c) me, my partner and my pain; (d) pain complicates family relationships; (e) painfully employed; and (f) feeling socially and recreationally repressed. Overall study aims were to improve understanding of older pain clinic patients' experience of living with debilitating CLBP and to offer direction for social work intervention in the context of multidisciplinary pain management. (JL)

244/116　Telephone-based management of chronic pain in older adults in an integrated care system; by Amy Helstrom, Josh Haratz, Shirley Chen (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 5, May 2018, pp 779-785.
Few studies have explored behavioural strategies for managing chronic pain in older adults. Pain Care Management (PCM) is a telephone-based behavioural intervention for chronic pain. The present study examined chronic pain characteristics among older adults and tested the delivery of PCM as an adjunct to depression and anxiety care management. Participants were drawn from a state-sponsored programme offering care management services to community members aged 65 and older who were prescribed a psychotropic medication by a primary care provider. Chronic pain information was collected for all 250 participants in the programme and treatment outcome data were collected for a subset with significant chronic pain. 80 participants with high chronic pain interference were offered PCM and compared to 80 controls with chronic pain who received monitoring only on depression, anxiety and pain interference outcomes. Chronic pain was identified in 14% of older adults newly prescribed a psychotropic medication. Compared to monitoring only, PCM participants had higher odds of seeing a reduction of 2 or more points in pain interference at 6 months. Pain care management participants' anxiety scores significantly decreased over the study period. Older adults treated with psychotropic medications often also experience chronic pain that interferes with daily activities. A telephone-based care management intervention is acceptable and feasible with an older community-based population and can lead to improvements in anxiety symptoms and interference from chronic pain. Further research will help to refine interventions that may help improve symptoms and increase functioning with this population. (JL)
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From : http://www.orangejournal.org

PARTICIPATION

(See Also 244/23, 244/121)

244/117　Engagement of older people in Wales: how Cymru Older People's Alliance is forging a new direction; by Steven George Milsom.: Emerald.
Working with Older People, vol 22, no 2, 2018, pp 69-75.
The adverse impact of austerity on public bodies' capacity to prioritise engagement with older people means that self-determination and representing older people's best interests more generally needs a fresh impetus, if the voice of older people is to be heard and not marginalised. This paper aims to discuss these issues. It describes how a new direction for Cymru Older People's Alliance (COPA) was shaped, and its engagement directly with older people informed changes. It describes the key transitions negotiated, whereby the Alliance became a charity with a democratically elected membership, stronger structures and improved means to ensuring the "voice" of older people is heard. Co-production, increased citizen engagement and promoting well-being are important new concepts in Welsh legislation; but it is only through growing the infrastructure that enables older people to represent their own interests, that these new requirements will produce tangible results and progress can be made. If we are to challenge ageism and recognise that older people need to be empowered and enabled to make their own decisions, then older people's organisations need to change and adapt to the prevailing financial climate. This is not an easy pathway, but it can be achieved through good planning, strong governance and effective engagement, and listening carefully to older people's views. (RH)
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

PENSIONS AND BENEFITS

(See Also 244/7, 244/69)

244/118　Social policy and late-life happiness: the impact of the basic old-age pension on the happiness of older people in South Korea; by Seung-Min Park.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 1, 2018, pp 3-13.
The purpose of this paper was to examine the relationship between social policy and late-life happiness by analysing the impact of the basic old-age pension on the happiness of older people in South Korea. A sample of older adults aged 65 and over selected from the Korean Longitudinal Study of Ageing were analysed in the study. Findings showed that that the association between the basic old-age pension and the happiness of older people was negative. This may be attributable to the frugality of the benefits and the side effects of the means test. This implies that the relationship between social policy and late-life happiness is not linear but it is affected by the context of the policy. Changing the fundamental benefit system to be more progressive can be a more useful policy option to realise the initial policy goal for recipients. (JL)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi.qaoa

244/119   Three paths to more encompassing supplementary pensions; by Margarita Gelepithis.: Cambridge University Press.
Journal of Social Policy, vol 47, no 3, July 2018, pp 603-623.
In pension systems characterised by low or moderate state benefits, reliance on voluntary private pensions creates a dualism of access to adequate retirement income. This dualism is expected to persist over time. Yet while some private-heavy pension systems continue to rely on dualising voluntarism, since the 1980s most have introduced regulatory reforms to make private pensions more encompassing. This paper uses fuzzy-set Qualitative Comparative Analysis to identify three paths to the regulatory extension of private pension coverage: collective self-regulation, top-down regulation in Continental Europe, and top-down regulation in Anglophone countries. A case study of the UK then shows how it is that unions have been able to bring about more encompassing private pensions in Anglophone countries, despite strong employer opposition, weak formal influence in policymaking, and a weak institutional capacity for collective self-regulation. (RH)
ISSN: 00472794
From : http://www.cambridge.org/JSP

PERSONALISATION

244/120   Explaining low uptake of direct payments in residential care: findings from the evaluation of the direct payments in residential care trailblazers; by Stefanie Ettelt, Lorraine Williams, Margaret Perkins (et al).: Cambridge University Press.
Journal of Social Policy, vol 47, no 3, July 2018, pp 505-522.
In 2012, the Government invited local councils in England to participate in a pilot programme to test direct payments in residential care. While the programme was set up to allow for comprehensive summative evaluation, the uptake of direct payments in residential care was substantially lower than anticipated, with only 40 people in receipt of one at the end of the programme. Drawing on qualitative data collected for the evaluation, this paper aims to understand better the barriers to implementing direct payments in residential care. Evidence from the use of direct payments in domiciliary care identified gatekeeping by council frontline staff as a major barrier for service users to access direct payments. The findings suggest that, whilst selectivity of both service users and providers was an integral part of the programme design, gatekeeping does not fully explain the poor take-up. Other factors played a part, such as lack of clarity about the benefits of direct payments for care home residents, the limited range and scope of choice of services for residents, and concerns from care providers about the financial impact of direct payments on their financial sustainability. (RH)
ISSN: 00472794
From : http://www.cambridge.org/JSP

PETS

244/121   Pets, social participation, and aging-in-place: findings from the Canadian Longitudinal Study on Aging; by Ann M Toohey, Jennifer A Hewson, Cindy L Adams, Melanie J Rock.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 200-217.
The objective of this study was to assess whether pet ownership contributes to social participation and life satisfaction for older adults. The study used baseline data from the Canadian Longitudinal Study on Aging (CLSA) for this purpose, and logistic regression models to estimate associations between social participation and life satisfaction for pet owners and non-owners. One third of all older adults in the sample reported pet ownership. Pet owners were less likely than non-pet owners to report life satisfaction and to participate frequently in social, recreational or cultural activities but pet owners were no less satisfied than were non-owners with their current levels of social participation. For pet owners experiencing barriers to social participation pets appeared protective of life satisfaction in some circumstances. Both individual characteristics and structural factors linked to the World Health Organization's age-friendly communities framework were relevant to understanding these findings. (JL)
ISSN: 07149808
From : http://www.cambridge.org/cjg

POLITICS AND CAMPAIGNING

244/122   Polls apart; by Eric Midwinter.: Third Age Trust.
Third Age Matters, no 31, Spring 2018, p 33.
Gender and income are the two variables most likely to influence voting intentions in elections. Eric Midwinter's opinion piece begins by explaining how 30 years ago, Channel 4 commissioned the Centre for Policy on Ageing (CPA, of which he was then Director), to study older age voting patterns in the 1987 general election. The resulting television programme and report ('Polls apart? Older voters and the 1987 general election', by Eric Midwinter and Susan Tester) disproved the widely held myth that older voters are more likely to vote Conservative. They are more likely to be conservative (with a lower case 'c'), to have made up their minds about voting intentions before an election campaign, and to have "brand loyalty" to a chosen party. Income disparities should not be disregarded as a factor: whereas at age 50, the average wealthy man and women will live to 89 and 92, the average poor man and woman will live to 76 and 78. This "chasm" of 13 or 14 years equates to chances denied of voting in three or four

further elections. In recent elections, older people voted in higher numbers than other age groups; however, turnout by younger voters did increase at the 2017 general election. The author concludes that how one votes and voting at all is "largely a question of habit". (RH)
From : http://www.u3a.org.uk

PUBLIC HEALTH

244/123   Links between social environment and health care utilization and costs; by Marie A Brault, Amanda L Brewster, Elizabeth H Bradley (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 2, February-March 2018, pp 203-220.
The social environment influences health outcomes for older adults and could be an important target for interventions to reduce costly medical care. In this study the authors aimed to look at which elements of the social environment distinguish communities that achieve lower health care utilisation and costs from communities that experience higher health care utilisation and costs for older adults with complex needs. The study used a sequential explanatory mixed methods approach. It classified community performance based on three outcomes: rate of hospitalisations for ambulatory care sensitive conditions, all-cause risk-standardised hospital readmission rates, and Medicare spending per beneficiary. The authors conducted in-depth interviews with 245 key informants from organisations providing health or social services. Higher performing communities were distinguished by several aspects of social environment and these features were lacking in lower performing communities: 1) strong informal support networks; 2) partnerships between faith-based organisations and health care and social service organisations; and 3) grassroots organising and advocacy efforts. Higher performing communities share similar social environmental features that complement the work of health care and social service organisation. Many of the supportive features and programmes identified in the higher performing communities were developed locally and with limited governmental funding, providing opportunities for improvement. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

QUALITY OF LIFE

(See 244/70)

REABLEMENT AND REHABILITATION

244/124   An evaluation of the reablement service programme on physical activity, care needs and care plan packages; by Paul Slater, Felicity Hasson.: Emerald.
Journal of Integrated Care, vol 26, no 2, 2018, pp 140-149.
In response to an ageing population and rising prevalence of disability, reablement initiatives have been introduced yet the evidence base concerning the long-term effects remains inconclusive. The purpose of this paper was to examine the impact of reablement on physical independence, care plans and care packages post-discharge for older adults. A retrospective cohort design was used to examine patient records who had completed a reablement programme. Measures on internationally renowned and psychometrically strong tools, completed by trained healthcare professionals, were examined pre- and post-intervention with a consecutive sample of 416 participants since the introduction of the reablement programme. Study findings revealed that reablement had a significant impact on physical independence living scores and a corresponding reduction in care needs and care plans post-discharge enabling the person to stay at home. The study's findings present empirical evidence on the value of reablement health service programmes developed to promote independent living at home following a short illness for older people. While no examination of financial data was recorded in the study the increase in physical ability and corresponding reduction in care needs and care plans post-discharge indicates a reduction in costs and a better standard of living. (JL)
ISSN: 14769018   From : http://www.emeraldinsight.com/loi/jica

RELATIONSHIPS (PERSONAL)

244/125   Somebody has to DUST!: Gender, health, and housework in older couples; by Claudia Geist, Jennifer Tabler.: Taylor and Francis.
Journal of Women and Aging, vol 30, no 1, January-February 2018, pp 38-48.
The link between health and housework among older couples is examined. For those out of the paid labour force, many of the standard arguments about relative resources and time availability no longer hold. Women spend more time on domestic tasks than men at any age; however, it is unclear how health shapes the household division of labor based on gender among older adults. This study examines the relative effect of three dimensions of health: physical health limitations, level of energy, and functional limitations. It uses data from the 2009 and 2013 Disability and Use or Time (DUST) supplement to the Panel Study of Income Dynamics, which was partly supported by the US National Institutes of Health and the National Science Foundation. It finds that women's poor health increases the chance of an equal division of labour, but the gender nature of household tasks may limit women's ability to cut back. (RH)
ISSN: 08952841   From : http://www.tandfonline.com

REMINISCENCE

244/126   It makes you keep trying: life review writing for older adults; by Julia T Robinson, Amy B Murphy-Nugen.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 2, February-March 2018, pp 171-192.
Life review writing produces numerous psychosocial benefits for older adults who are at risk for isolation and depression. In this study the authors shared findings from a study that examined the experiences of older adults participating in a life review writing group. The impact of gender composition on the group dynamic was also explored. Using interpretative phenomenological analysis, this study explored the experiences of six women and one man who participated in a life review writing group. Six unifying themes emerged from the research findings: (1) legacy, (2) connecting with others, (3) reflection, (4) vitality, (5) structure of the group, and (6) gender dynamics. Implications for theory, practice, and research are discussed. (JL)
ISSN: 01634372
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RESEARCH

244/127   Translating Research into Action: involving older people in co-producing knowledge about age-friendly neighbourhood interventions; by Patty Doran, Tine Buffel.: Emerald.
Working With Older People, vol 22, no 1, 2018, pp 39-47.
Developing what has been termed "age-friendly" cities has become a significant issue for public policy. To date, however, there is limited knowledge about how older people can be involved in the co-production of age-friendly initiatives. The Translating Research into Action project worked with a group of older co-researchers who examined the age-friendliness of their neighbourhood, with the aim of translating the findings into practice and policy recommendations that can help improve the quality of life of older people in urban neighbourhoods. This paper synthesises the data collected through focus groups, interviews conducted by co-researchers and a public dissemination event. The analysis focussed on identifying the suggestions for action and change that could improve the social and physical environment for older people in urban neighbourhoods. Physical and social issues were found to be contingent on each other and mutually reinforcing, and should therefore not be considered in isolation. However, the findings highlighted physical environmental issues as a major concern; transport was a dominant overarching theme. Three key areas in need of improvement when developing local level age-friendly policies and practices are discussed: improving and diversifying communication and information; promoting accessibility; and ensuring a range of meeting opportunities for different groups. The paper illustrates how co-produced research can be translated into age-friendly interventions, and will be of interest to a wide range of local and (inter)national organisations wishing to research and provide advocacy to older people. (RH)
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RESIDENTIAL AND NURSING HOME CARE

(See Also 244/6, 244/120, 244/137, 244/143)

244/128   Assessment of multiple constructs of social integration for older adults living in nursing homes; by Skye N Leedahl, Alicia Sellon, Rosemary K Chapin.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 526-548.
A variety of terms and measures have been used in the literature to denote being socially integrated and many studies of older adults focus on social networks or social support and often only include those living in the community. The purpose of this study was to assess multiple constructs of social integration (i.e., social networks, social capital, social support and social engagement) for older adults in nursing homes. Data were collected from 140 older adults at 30 nursing homes in Kansas. Older adults were interviewed in person using a survey questionnaire and used multilevel confirmatory factor analysis to analyse the data. Results showed that the proposed model was supported at the individual level. At the between level social networks and social support were supported. Study results have methodological and practice/policy implications for the study of older adults in long term care settings. In particular this study contributes to understanding how to operationally define and differentiate social integration variables in studies of older adults, particularly when study data are hierarchical. (JL)
ISSN: 01634372
From : http://wwwtandfonline.com

244/129   Healthcare support to older residents of care homes: a systematic review of specialist services; by Paul Clarkson, Rebecca Hays, Sue Tucker (et al).: Emerald.
Quality in Ageing and Older Adults, vol 19, no 1, 2018, pp 54-84.
A growing ageing population with complex healthcare needs is a challenge to the organisation of healthcare support for older people living in care homes. The lack of specialised healthcare support for care home residents has resulted in poorer outcomes compared with community-dwelling older people.

However little is known about the forms, staff mix, organisation and delivery of such services for residents' physical healthcare needs. This systematic review, following Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, aimed to provide an overview of the range of healthcare services delivered to care homes and to identify core features of variation in their organisation, activities and responsibilities. The eligibility criteria for studies were services designed to address the physical healthcare needs of older people permanently living in care homes, with or without nursing. To search the literature, terms relating to care homes, healthcare and older people, across ten electronic databases were used. The quality of service descriptions was appraised using a rating tool designed for the study. The evidence was synthesised by means of a narrative summary according to key areas of variation into models of healthcare support with examples of their relative effectiveness. In total 84 studies covering 74 interventions identified a diverse range of specialist healthcare support services, suggesting a wide variety of ways of delivering healthcare support to care homes. These fell within five models: assessment _ no consultant; assessment with consultant; assessment/management _ no consultant; assessment/management with consultant; and training and support. The predominant model offered a combination of assessment and management. Overall there was a lack of detail in the data, making judgements of relative effectiveness difficult. Recommendations for future research include the need for clearer descriptions of interventions and particularly of data on resident-level costs and effectiveness, as well as better explanations of how services are implemented. (JL)
ISSN: 14717794   From : http://www.emeraldinsight.com/loi.qaoa

244/130   Information and choice of residential care provider for older people: a comparative study in England, the Netherlands and Spain; by Lisa Trigg, Stephanie Kumpenen, Jacquetta Holder (et al).: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1121-1147.
This study compared how older people use quality information to choose residential care providers in England, the Netherlands and Spain (Catalonia). The availability of information varies between each country, from detailed inspection and survey information in the Netherlands, through to a lack of publicly available information in Catalonia. The authors used semi-structured interviews and group workshops with older people, families and professionals to compare experiences of the decision-making process and quality information, and also to explore what quality information might be used in the future. The authors found that most aspects of the decision-making experience and preferences for future indicators were similar across the three countries. The use of quality information was minimal across all three, even in England and the Netherlands where information was widely available. Differences arose mainly from factors with the supply of care. Older people were most interested in the subjective experiences of other residents and relatives, rather than 'hard' objective indicators of aspects, such as clinical care. The authors find that the amount of publicly available quality information does not in itself influence the decisions or the decision-making processes of older people and their carers. To improve the quality of decisions, more effort needs to be taken to increase awareness, and to communicate quality in more accessible ways, including significant support from professionals and better design of quality information. (RH)
ISSN: 0144686X   From : http://www.cambridge.org/aso

244/131   Nursing home physicians discuss caring for elderly residents: an exploratory study; by Albert Banerjee, Robert James, Margaret McGregor, Joel Lexchin.: Cambridge University Press.
Canadian Journal on Aging, vol 37, no 2, June 2018, pp 133-144.
Despite the increasing complexity of nursing home care the role of physicians caring for residents is largely unexplored. This international, exploratory study sought to learn about physicians' roles, responsibilities and tasks as well as investigate the unique qualities of medical practice in nursing homes. This was part of a larger international study of promising practices in nursing homes across six countries, namely Canada, Germany, Norway, Sweden, the United Kingdom and the USA. The authors conducted interviews with 18 physicians who reported making important contributions to the quality of resident care including clarifying the goals of care, working to reduce unnecessary medication and hospitalisation as well as contributing to staff education. Nursing home practice involved physicians in networks of relations that were instrumental to the quality of medical care and physicians' job satisfaction. It was found that the importance of these relationships disrupts the oft-drawn boundary between the medical and the social, suggesting that good medical practice depends on good social practice. Reflecting the exploratory nature of the study, the authors recommend research to better understand and support the relational dimensions of nursing home medicine. (JL)
ISSN: 07149808
From : http://www.cambridge.org/cjg

244/132   Nursing home residents: age-friendly communities; by Penelope Ann Shaw.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 1, January 2018, pp 11-15.
Commentary written by a 74-year-old disabled nursing home resident and receiving total care. The author lives in Braintree, Massachusetts, a suburban town near Boston which he describes as a welcoming, age-friendly community, despite having elements of ageism. The author argues that despite stereotypes about nursing home residents, they are a diverse population and many (including himself) have active, social lives in the community. (JL)
ISSN: 01634372   From : http://www.tandfonline.com

RESPITE CARE

244/133   Caregiving load and respite service use: a comparison between older caregivers and younger caregivers; by Junrong Shi, Keith Chan, Lisa Ferretti, Phillip McCallion.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 1, January 2018, pp 31-44.
Study aims were to explore differences in predictors of respite care use between older (aged 65+) and younger caregivers (aged 18-64 years), and associations between caregiving load and respite care use using multivariate logistic regression analysis and unpaid caregiver data from the 2009 California Health Interview Survey. Caregiving load comprised number of care recipients, weekly hours in caregiving and caregiving duration. Variables with a significant association with respite care for older caregivers were female gender, income and health insurance. For younger caregivers, respite care use associations were with ethnicity, caregiving relationship, education and availability of substitute help. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

RETIREMENT

244/134   Are managers open to involvement in employee retirement?: The influence of manager psycho-social characteristics, decision-making environment and older employee situational factors; by Eleanor M M Davies, Beatrice I J M Van Der Heijden, John Stephenson.: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1279-1301.
The changing retirement landscape calls on employers to develop practices that respond to individuals' retirement needs. Line managers are a key stakeholder in managing retirement, and this emirical study focuses on how they respond to employee retirement scenarios. The study examines manager openness to involvement in retirement, focusing on three sets of explanatory variables: manager psycho-social characteristics (experience of managing older workers, intention to work past 65); their decision-making environment (influence, discretion and decision-making support); and older employee situational factors (performance, ease of replacement, retirement affect and attitude to work). Data were collected from 129 managers in the United Kingdom's university sector, using survey items and a factorial vignette design. The multi-level analysis found support for each category of variables in predicting manager openness to involvement in employee retirement. Managers with more experience of managing older workers were more likely to be open to involvement, although managers' own retirement intentions were not significant as a predictor. Decision-making environment variables were significant predictors of manager openness to involvement. The only older employee situational factor that was associated with manager openness to involvement was employee performance. Practically, organisations need to recognise the potential influence that managers have on employee retirement decisions. This study's findings show that managers may need training to help them understand their own role in supporting older employee retirement. (RH)
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X17000022

244/135   Occupation, gender and work-life exits: a Swedish population study; by Roland Kadefors, Kerstin Niesson, Lars Rylander (et al).: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1332-1349.
Differences were examined between occupations in the Swedish labour market with respect to the risk for men and women of leaving working life prematurely. In a population study employing methodology used in demographics to predict life length at birth, calculations of expected remaining work-life length were based on the exits from working life. The study was based on the Swedish national labour statistics, covering all employees who had an occupational definition in 2006 and who were in the age range 35-64 years during the study period 2007-2010. There was a clear socio-economic divide in exit patterns, comparing blue- and white-collar jobs. The differences between the highest and the lowest risk jobs exceeded 4.5 years among both men and women. In the blue-collar occupational groups there were 50 per cent or less 'survivors' still working at age 65; in many white-collar occupations there were more than 60 per cent. Men and women exited working life at the same age. Compared to a similar study carried out in 2006, the same socio-economic pattern prevails, but people now work longer in almost all occupations. Women exited working life 0.8 years earlier than men in 2006; this difference is now gone. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

RURAL ISSUES

244/136   Rural residents' perspectives on the rural 'good death': a scoping review; by Susanne Rainsford, Roderick D MacLeod, Nicholas J Glasgow (et al).: Wiley.
Health and Social Care in the Community, vol 26, no 3, May 2018, pp 273-294.
The 'good death' is one objective of palliative care, with many 'good death' viewpoints and research findings reflecting the urban voice. Rural areas are distinct and need special consideration. This scoping review identified and charted current research knowledge on the 'good' rural death through the

perspectives of rural residents, including rural patients with a life-limiting illness, to identify evidence and gaps in the literature for future studies. A comprehensive literature search of English language articles (no date filter applied) was conducted in 2016 (2 January to 14 February) using five library databases (PubMed, CINAHL, Scopus, PsycINFO and Web of Science). Reference lists of included articles, recent issues of eight relevant journals and three grey literature databases were also hand-searched. Twenty articles (for 17 studies and one systematic review) were identified after a two-phase screening process by two reviewers, using pre-determined inclusion criteria. Data from each study were extracted and charted; a thematic analysis was used of the included articles' content, and with a quantitative analysis of the scoping review. These papers revealed data collected from rural patients with a life-limiting illness and family caregivers, rural healthcare providers, the wider rural community, rural community leaders and rural health administrators and policy makers. Rural locations were heterogeneous. Residents from developed and developing countries believe a 'good death' is one that is peaceful, free of pain and without suffering; however, this is subjective and priorities are based on personal, cultural, social and religious perspectives. Currently, there is insufficient data to generalise rural residents' perspectives and what it means for them to die well. Given the extreme importance of a 'good death', there is a need for further studies to elicit rural patient and family caregiver perspectives. (RH)
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From : http://www.wileyonlinelibrary.com/journal/hsc

SEXUALITY

(See Also 244/112, 244/113)

244/137   'We've had our sex life way back': older care home residents, sexuality and intimacy; by Paul Simpson, Christine Brown Wilson, Laura J E Brown, Tommy Dickinson, Maria Horne.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1478-1501.
Older care home residents are excluded from the sexual imaginary. Based on a consultative study involving interviews with three residents, three female spouses of residents and two focus groups of care home staff (N = 16), making an overall sample of 22 study participants, the authors address the neglected subject of older residents' sexuality and intimacy needs. Using thematic analysis, they highlight how residents' and spouses' accounts of sexuality and intimacy can reflect an ageist erotophobia occurring within conditions of panoptical control that help construct residents as post-sexual. However, not all accounts contributed to making older residents' sexuality appear invisible or pathological. Some stories indicated recuperation of identities and the normalisation of relationships with radically changed individuals, e.g. because of a dementia. Also examined are care home staff accounts of the discursive obstacles that frustrate meeting residents' needs connected with sexuality and intimacy. Simultaneously explored are staffs' creative responses to dilemmas which indicate approaches to sexuality driven more by observed needs than erotophobic anxiety and governance, as well as panoptical surveillance. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

SOCIAL CARE

(See Also 244/43, 244/44, 244/63, 244/146)

244/138   Asset-based approaches, older people and social care: an analysis and critique; by Mary Daly, Sue Westwood.: Cambridge University Press.
Ageing and Society, vol 38, no 6, June 2018, pp 1087-1099.
Asset-based thinking is increasingly prevalent in health policy and is to be found also in discourses on social care. This article explores and critiques the applicability of asset-based approaches to social care for older people, using Carol Bacchi's analytical framework to consider developments in the United Kingdom especially. The authors explain that the approach "focuses attention on maximising personal and social network resources for the purpose of health and well-being" (Foot and Hopkins' 2010). The problem construction, assumptions and suggested solutions underpinning an asset-based approach are considered in turn. The paper draws two major conclusions. The first is that, while it has potential application to the field, the key assumptions and objectives of the asset-based approach do not hold well for social care, and therefore adopting the approach carries risks. The paper concludes, secondly, that an asset-based approach is 'over-promised', in the sense of being insufficiently theorised and lacking empirical evidence. A number of suggestions are made for greater critical interrogation, improved empirical evidence and closer scrutiny of the policy 'solutions' associated with assets-related thinking.
ISSN: 0144686X   From : http://www.cambridge.org/aso

244/139   England's social care models harm the poorest areas; by David Oliver.
BMJ 2018;361:k2745 doi: 10.1136/bmj.k2745, June 2018.
This review finds that current models of local government funding systematically disadvantage people in deprived areas, compounding already entrenched health inequalities. It notes that in 2018 25% of services in England's most deprived local authority areas were rated inadequate by the Care Quality

Commisssion. The review re-states the "inverse care law" whereby those most in need receive the poorest access to care, and identifies a number of policies that have contributed to this effect.
From : https://www.bmj.com/content/bmj/361/bmj.k2745.full.pdf

244/140   Recommendations for funding adult social care; by Citizens' Assembly on Social Care. London: Involve; House of Commons, June 2018, 36 pp.
The Citizens' Assembly on Social Care is a group of 47 randomly selected representative citizens (of age groups from 18+) from across England who came together over two weekends to consider how adult social care should be funded in England in the future. It was co-commissioned by the House of Commons' Health and Social Care Committee to inform its joint inquiry with the Housing, Communities and Local Government Committee into the long-term funding of adult social care. Its membership emphasised the need to create a social care system and funding arrangement that is: sustainable and for the long term; fair and equal; universal; high quality; and treats people with dignity and respect. These was a preference for system whih is entirely publicly funded, making all social care free at the point of delivery, with funding from earmarked taxation. These was little support for private funding. A cap on care costs was considered important. Recommendations were also made on how decisions should be taken, such as reforming the system. While there was significant support for integrating health and social care, there was concern to "not allow social care to become the underfunded orphan service". (RH)
From : https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/citizens-assembly-report.pdf

SOCIAL POLICY

(See 244/118)

SPIRITUALITY AND RELIGION

244/141   Quality of support in the social networks of older Filipino church members: an exploratory study; by Madelene Avila Sta Maria, Alexis Aeriel Cruz Bonanza, Paul Angelo Siababa Arcega.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 1, 2018, pp 42-53.
The purpose of this paper was to explore the quality of social relationships of older Filipino church members by determining their perceptions of support and non-support in their social network. A qualitative research approach with semi-structured interviews was utilised. A purposive sample of six Filipino older adults (ages 60-89) were invited and agreed to participate in the study. The themes found in the study confirmed the types of support outlined in social convoy theory. Several unique nuances in the types of support and non-support between the interactions of older adult Filipinos with people very close to them, somewhat close to them and merely acquainted with them were identified. The themes of support included instrumental support, emotional care, social connectedness and companionship during engagement in activities. Themes characterising lack of support included disrespect and lack of understanding, constraining one's actions, helplessness in responding to the other's needs, non-dependability and non-reliability, difficulty in maintaining social connections, making it difficult to play a desired or expected role. Findings of the paper point to possible interventions to improve social support for the older population. The road map for those interested in developing interventions should also put some emphasis on older adults' needs in their continued societal engagement. Interventions may involve facilitating role transitions and providing social support systems attuned to the needs of older people. (JL)
ISSN: 14717794   From : http://www.emeraldinsight.com/loi.qaoa

STROKE

244/142   Stroke: the critically neglected first year post-stroke; by Kenneth Gaines, Patricia Commiskey.: Emerald.
Journal of Integrated Care, vol 26, no 1, 2018, pp 4-15.
Stroke is a leading cause of death and disability in the USA and worldwide. While stroke care has evolved dramatically many new acute approaches to therapy focus only on the first 3-12 hours. Significant treatment opportunities beyond the first 12 hours can play a major role in improving outcomes for stroke patients. The purpose of this paper was to highlight issues that affect stroke care delivery for patients and caregivers and describe an integrated care model that can improve care across the continuum. The paper detailed evidence-based research documenting current stroke care and efforts to improve care delivery. An innovative integrated care model was described and its novel application to stroke care highlighted. It was found that stroke patients and caregivers face fragmented and poorly coordinated care systems as they move through specific stroke nodes of care, from acute emergency and in-hospital stay through recovery post-discharge at a care facility or at home. These can be addressed by applying a comprehensive, technology-enabled Integrated Stroke Practice Unit (ISPU) Model of Care. This paper documents specific issues that impact stroke care and the utilisation of integrated care delivery models to address them. Evidence-based research results document difficulties of current care delivery methods for stroke and the impact of that care delivery on patients and caregivers across each node of care. It offers an innovative ISPU model and highlights specific tenets of that model for readers. (JL)
ISSN: 14769018   From : htttp://www.emeraldinsight.com/loi/jica

SUICIDE

244/143   Suicide among nursing home residents in Australia: a national population-based retrospective analysis of medico-legal death investigation information; by Briony J Murphy, Lyndal C Bugeja, Jennifer L Piilgrim, Joseph E Ibrahim.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 5, May 2018, pp 786-796.
Suicide among nursing home residents is a growing public health concern currently lacking in empirical research. This study aimed to describe the frequency and nature of suicide among nursing home residents in Australia. The research comprised a national population-based retrospective analysis of suicide deaths among nursing home residents in Australia reported to the Coroner between 2000 and 2013. Cases were identified using the National Coronial Information System and data collected from paper-based coroners' records on individual, incident and organisational factors, as well as details of the medico-legal death investigation. Data analysis comprised univariate and bivariate descriptive statistical techniques; ecological analysis of incidence rates using population denominators; and comparison of age and sex of suicide cases to deaths from other causes using logistic regression. The study identified 141 suicides among nursing home residents occurring at a rate of 0.02 deaths per 100,000 resident bed days. The ratio of deaths from suicide to deaths from any other cause was higher in men than in women. Over half the residents who died from suicide had a diagnosis of depression and had lived in the nursing home for less than 12 months. Common major life stressors identified in suicide cases included health deterioration, isolation and loneliness and maladjustment to nursing home life. This research provides a foundational understanding of suicide among nursing home residents in Australia and contributes important new information to the international knowledge base. (JL)
ISSN: 08856230
From : http://www.orangejournal.org

TELEHEALTH AND TELECARE

(See 244/16)

TRANSPORT

244/144   Predictors of readiness for mobility transition in older drivers; by Deepika Kandasamy, Annie C Harmon, Thomas M Meuser (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 2, February-March 2018, pp 193-202.
In this study the authors administered the Assessment of Readiness for Mobility Transition (ARMT) to 301 older drivers and compared total scores with participant characteristics. Overall 18% of participants were not attitudinally ready for mobility transition, while 19% were very ready. Notably participants with hospitalisations in the past year were either very ready for mobility transition (20% vs 14% without hospitalisations) or not ready at all (30% vs 17%). Significant health events may polarise reactions towards mobility transition. Individualising communication about driving cessation readiness could help address such differing views. To further consider its effectiveness ARMT could be utilised in mobility transition counselling interventions. (JL)
ISSN: 01634372
From : http://www.tandfonline.com

VOLUNTEERING AND THE VOLUNTARY SECTOR

244/145   'When the saints go marching in': constructions of senior volunteering in Norwegian government white papers, and in Norwegian senior volunteers' and health-care professionals' stories; by Bodil Hansen Blix, Torunn Hamran.: Cambridge University Press.
Ageing and Society, vol 38, no 7, July 2018, pp 1399-1428.
This study explores policy makers', health-care professionals' and senior volunteers' perceptions of senior volunteers. It is based on an analysis of two Norwegian government white papers regarding older adult care and welfare services published in 1997 and 2015, and focus group interviews with five older volunteers and 15 health-care professionals in Norwegian municipalities. The study explores those parts of the white papersthat focus specifically on volunteers in general and older volunteers in particular, and similarlites and differences between the two papers. Two dominant discourses were presented in the white papers: a prevention discourse (in which volunteering was presented primarily as a means to prevent volunteers' loneliness and need for care services); and a sustainability discourse (in which the volunteers were presented as instrumental in future sustainable care services). Both discourses echo a common overarching discourse about a capacity crisis due to the ageing population. The older volunteers were positioned as partners and active agents in both their own narratives and the health-care professionals' narratives. Their positions as independent and as spokespersons for the less empowered were evident only in the older volunteers' own narratives. Only the health-care professionals referenced the prevention discourse and capacity issues. The older volunteers presented themselves as competent, efficient political actors, and they resisted both the prevention and sustainability discourses. In the older volunteers' narratives, social and political participation were interrelated. The study demonstrates that new discursive landscapes must be created to capture the diversity among

senior volunteers and their efforts. While older volunteers must be meaningfully involved in decision making, planning and design, their positions as independent and active agents must also be ensured. Authentic partnerships between older volunteers and public care services involve a balance between involvement and independence. (RH)

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

244/146   Care co-ordination for older people in the third sector: scoping the evidence; by Michele Abendstern, Jane Hughes, Rowan jasper, Caroline Sutcliffe, David Challis.: Wiley.
For many years, the third sector has played a significant role internationally in the delivery of adult social care services. However, its contribution to care co-ordination activities for older people in England and elsewhere, is relatively unknown. A scoping review was therefore conducted to ascertain the character of the literature, the nature and extent of third sector care co-ordination activity, and to identify evidence gaps. It was undertaken between autumn 2013 and summer 2014 and updated with additional searches in 2016. Electronic and manual searches of international literature using distinct terms for different approaches to care co-ordination were undertaken. From a total of 835 papers, 26 met inclusion criteria. Data were organised in relation to care co-ordination approaches, types of third sector organisation and care recipients. Papers were predominantly from the UK and published this century. Key findings included that: a minority of literature focused specifically on older people, and that those doing so described only one care co-ordination approach; third sector services tended to be associated with independence and person-centred practice; and working with the statutory sector, a prerequisite of care co-ordination, was challenging and required a range of features to be in place to support effective partnerships. Strengths and weaknesses of care co-ordination practice in the third sector according to key stakeholder groups were also highlighted. Areas for future research included the need for: a specific focus on older people's experiences; an investigation of workforce issues; detailed examination of third sector practices, outcomes and costs; interactions with the statutory sector; and an examination of quality assurance systems and their appropriateness to third sector practice. The main implication of the findings is a need to nurture variety within the third sector, in order to provide older people and other adults with the range of service options desired. (RH)

From : http://www.wileyonlinelibrary.com/journal/hsc

244/147   Motivation to volunteer among senior center participants; by Manoj Pardasani.: Taylor and Francis.
Senior centers in the United States play a vital role in the ageing continuum of care as the focal points of a community-based system of services targeting independent older adults to promote their social integration and civic engagement. Although several studies have evaluated the diversity of senior center programmes, demographic characteristics of participants and benefits of participation, very few have explored motivations to volunteer among participants. Many senior centers rely on a cadre of participants who volunteer there to assist with programmes and meal services. However a systematic examination of volunteering interests and the rationale for volunteering among senior center participants has been missing from the literature. This mixed-methods study, conducted at a large suburban senior center, explored the interests and motivations of volunteerism among the participants. The study found that there was limited interest in volunteering among senior center participants. Those who were motivated to volunteer wanted to do so in order to stay connected with their community. There was strong interest in volunteering for single events or projects rather than a long-term commitment. Implications for senior centers are discussed. (JL)

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