

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 246/61, 246/70, 246/73)

- 246/1 'These are vulnerable people who don't have a voice': exploring constructions of vulnerability and ageing in the context of safeguarding older people; by Sarah P Lonbay.: Oxford University Press. British Journal of Social Work, vol 48, no 4, June 2018, pp 1033-1051.
This article reports findings from a Ph.D. study that explored the involvement of older people in adult safeguarding. The aim was to gain a greater understanding of the key barriers to involvement in this area. The research applied a qualitative approach, underpinned by a critical realist research paradigm. In-depth, semi-structured interviews were conducted with key stakeholders, including social workers, advocates and family members of older people who had been involved in the safeguarding process, as well as members of the Adult Safeguarding Boards in two local authorities in the North East of England. Observations of key strategic meetings of the Safeguarding Adults Boards and associated subgroups were also undertaken, as well as an analysis of the local authorities' key policy and guidance documents. Thematic analysis was used to identify key themes from the data. A number of key barriers to involvement were identified and are presented within this paper. These are explored and discussed in relation to the ways in which the construction of vulnerability and the positioning of older people within society, and within adult safeguarding in particular, have contributed to them. Overall it is argued that older people are considered to be inherently vulnerable, and that this reduces their opportunities to be engaged in adult safeguarding processes. A number of recommendations for practice and policy are made. (JL)
ISSN: 00453102
From : <https://academic.oup.com/bjsw>
- 246/2 Alleged financial abuse of those under an enduring power of attorney: an exploratory study; by Kelly Purser, Tina Cockburn, Cassandra Cross, Helene Jacmon.: Oxford University Press. British Journal of Social Work, vol 48, no 4, June 2018, pp 887-905.
This article examines the alleged financial abuse of older people arising from the misuse of an enduring power of attorney (EPA) and the experiences of those vulnerable elders in attempting to access justice to gain information about their situation and/or to remedy the abuse. To achieve this, case file notes from 100 individuals aged 65 years and over who sought assistance from an Australian not-for-profit advocacy organisation were analysed. In particular the study focused on the nature of the allegations of financial abuse to illustrate the complexities that existed for those in these circumstances. It also considered both the barriers and enablers of access to justice evident in the case files of the individual alleged victims. Lastly, based on the evidence presented, it considered how these circumstances could be better managed or improved upon, particularly from the perspective of service providers and aged care professionals. (JL)
ISSN: 00453102
From : <https://academic.oup.com/bjsw>
- 246/3 Changes in state legislation and the impacts on elder financial fraud and exploitation; by Catherine Carey, Jacob Hodges, John K Webb.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 30, no 4, August-October 2018, pp 309-319.
This paper summarises how US state legislators are responding to the increasing incidence of elder financial fraud and exploitation (EFFE). The authors use an empirical model to investigate the impact of recent changes in state legislation, after controlling for relevant state demographics on the prevalence of EFFE claims reported in the Consumer Sentinel Network database. They use panel data in a fixed effects model with and without time dummy variables. They find that states with additional penalties targeting EFFE have a significantly lower percentage of complaints from older people, whereas the impact of mandatory and protected voluntary reporting laws is not significant in this sample. State legislators have increased their awareness of and are acting to produce legislation protecting older people from EFFE. Increased information, training and data sharing across states can go a long way to detecting and prosecuting EFFE cases. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 246/4 The contribution of Canadian non-profit organisations in countering material and financial mistreatment of older adults; by Marie Beaulieu, Jordan Bédard-Lessard, Hélène Carbonneau (et al): Oxford University Press. British Journal of Social Work, vol 48, no 4, June 2018, pp 943-961.
In Quebec public policy focuses on a continuum of services. Non-profit organisations (NPOs), specialised in countering mistreatment of older adults (MOA), are essential partners. They work with social workers from public health and social services (PHSS). The research project Volunteering to Counter Material or Financial Mistreatment of Older Adults documents the roles of NPOs. This paper presents the specific actions assumed by practitioners and volunteers. Case studies were conducted with five French-speaking Canadian NPOs. Data were collected through content analysis of administrative documents and interviews (administrators, practitioners, volunteers and older adults receiving services). Results are presented according to three roles: prevention, detection and

intervention. NPOs that are either 'specialised' or 'collaborative' respond differently to material and financial MOA. NPOs participating in the project are mainly active in prevention and the volunteers are pivotal to certain activities. In 'collaborative' NPOs, detection typically occurs when older adults, while participating in prevention activities, recognise they are victims or witnesses to MOA. The subsequent intervention is mainly limited to referrals to the PHSS, specifically to social workers. In 'specialised' NPOs, volunteers are directly involved in detection and intervention when their experiences from their former professions are deemed relevant. (JL)

ISSN: 00453102

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

246/5 Domestic abuse and elder abuse in Wales: a tale of two initiatives; by Sarah Wydall, Alan Clarke, John Williams, Rebecca Zerk.: Oxford University Press.

British Journal of Social Work, vol 48, no 4, June 2018, pp 962-981.

The abuse of older people in domestic settings is both a public health problem and a human rights issue. In 2013 the Welsh government used its new legislative powers and embarked upon two initiatives in the areas of adult safeguarding and domestic abuse, leading to the introduction of two pieces of primary legislation. The first was the Social Services and Well-being (Wales) Act 2014, which placed safeguarding 'adults at risk' on a statutory basis and imposed new duties on local authorities. The second was the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, which addressed how public sector bodies responded to domestic abuse and introduced a more strategic approach. Using research based in Wales, this article discusses the extent to which the two pieces of legislation promote a collaborative and integrated response from adult safeguarding and domestic abuse services and highlights some implications for practice. More strategic alignment between the two acts will create an environment within which older victim-survivors of domestic abuse have the same access to justice options and support services as their younger counterparts. (JL)

ISSN: 00453102 From : <https://academic.oup.com/bjsw>

246/6 Family group conferences: an opportunity to re-frame responses to the abuse of older people?; by Kate Parkinson, Sarah Pollock, Deanna Edwards.: Oxford University Press.

British Journal of Social Work, vol 48, no 4, June 2018, pp 1109-1126.

Recent legislative and policy changes in adult social care have refocused attention on a strengths-based approach to social work practice. The Care Act 2014 advocates a more inclusive and holistic understanding of individual wellbeing which is evident by its expectation of more personalised responses to safeguarding. Family Group Conferences (FGCs) fit well with this policy shift but require further exploration before being integrated into work with adults. In this article a fictitious case study was analysed through an organic group discussion during which the authors applied their professional expertise to explore the appropriateness of FGCs to provide a response to adult safeguarding cases. FGCs provide a viable alternative to traditional decision making approaches in the adult safeguarding field. The case analysis exposed three main areas that required further consideration to ensure effective implementation. The areas identified were divided into mental capacity, risk and funding. It is important that policy makers and local authorities acknowledge the complexity of transferring an approach originally designed for working with children and families to the context of social work with older adults. More effort should be made to address the practice tensions outlined within the study. (JL)

ISSN: 00453102 From : <https://academic.oup.com/bjsw>

246/7 Gaining access to possibly abused or neglected adults in England: practice perspectives from social workers and service-user representatives; by Caroline Norrie, Martin Stevens, Stephen Martineau, Jill Manthorpe.: Oxford University Press.

British Journal of Social Work, vol 48, no 4, June 2018, pp 1071-1089.

This paper reported on a study that examined social workers' and service-user representatives' perspectives on current options for accessing older people living at home when entry was being obstructed by a third party and there were concerns about possible abuse or neglect. Currently social workers do not have powers to gain entry to an older person's home where there are such concerns about abuse. As part of the study in-depth interviews were conducted with 37 social workers and 11 service user representatives from three English local authorities. Professional interviews focused on current practices in dealing with such cases. Service user representatives were asked to discuss a fictitious obstructive case and potential actions that could be taken by social workers. Participants described current practice in terms of options for negotiation with third parties obstructing access to older people, ranging from 'softer' styles aiming to develop rapport to 'more assertive' approaches. Making good decisions about case allocation, being creative in pursuing cases and fostering good multi-agency relationships were valued by practitioners. Some service user representatives questioned the time and resources involved in managing these cases. Policy makers may wish to consider developing guidelines for multi-agency partners outlining their responsibilities in such cases. Practitioners may wish to consider whether offering an obstructer the services of an independent advocate would be useful. (JL)

ISSN: 00453102 From : <https://academic.oup.com/bjsw>

- 246/8 Intersectional stigma and late-life intimate-partner and sexual violence: how social workers can bolster safety and healing for older survivors; by Cailin Crockett, Bergen Cooper, Bonnie Brandl.: Oxford University Press.
British Journal of Social Work, vol 48, no 4, June 2018, pp 1000-1013.
Individuals do not become immune to the risks of violence and abuse as they age, and older adults – particularly older women – face intersectional stigma: the compounding of social prejudice and assumptions that draw on a range of factors, such as age, gender and sexuality. These biases influence perceptions of risk, the relative invisibility of older women in the fields of elder abuse, intimate partner and sexual violence, and a lack of recognition of older survivors' needs among professionals in positions to help. Given that older women face attitudinal and practical barriers to services, social workers must comprehend the impact of both ageism and gender disparities on older survivors of intimate partner and sexual violence. In this study the authors offer recommendations to bridge the gaps between service providers' assumptions about older women in crisis and the support survivors actually need. (JL)
ISSN: 00453102
From : <https://academic.oup.com/bjsw>
- 246/9 Making safeguarding personal and social work practice with older adults: findings from local-authority survey data in England; by Adi Cooper, Christine Cocker, Mike Briggs.: Oxford University Press.
British Journal of Social Work, vol 48, no 4, June 2018, pp 1014-1032.
This article presents the results of a survey of English local authorities undertaken in 2016 about the implementation of Making Safeguarding Personal (MSP) in adult social care services. MSP is an approach to adult safeguarding practice that prioritises the needs and outcomes identified by the person being supported. The key findings from a survey of local authorities are described, emphasising issues for safeguarding older adults, who are the largest group of people who experience adult safeguarding enquiries. The survey showed that social workers are enthusiastic about MSP and suggests that this approach results in a more efficient use of resources. However implementation and culture change are affected by different factors, including: austerity; local authority systems and structures; the support of leaders, managers and partners in implementing MSP; service capacity; and input to develop skills and knowledge in local authorities and partner organisations. There are specific challenges for social workers in using MSP with older adults, particularly regarding mental capacity issues for service users, communication skills with older people, family and carers, and the need to combat ageism in service delivery. Organisational blocks affecting local authorities developing this 'risk enabling' approach to adult safeguarding are discussed. (JL)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>
- 246/10 Reaching out for help: recommendations for practice based on an in-depth analysis of an elder abuse intervention programme; by Jennifer E Storey, Melanie R Perka.: Oxford University Press.
British Journal of Social Work, vol 48, no 4, June 2018, pp 1052-1070.
Elder abuse is a growing public health concern with serious and sometimes fatal consequences. Intervention research is lacking despite its potential value to victim protection. This study investigated the first and longest-running social work intervention programme for elder abuse in Canada. The aim of the study was to provide a better understanding of the scope of the problem and needs of the population to inform programme development through the recommendations made. 164 cases of elder abuse reported between 2012 and 2014 were examined in which case characteristics and related recommendations were reported. Third parties reported most abuse, which was typically emotional and financial; polyvictimisation was present in most cases. Intake practices that may have facilitated reporting were described and recommendations to improve victim reporting and confidentiality were made. Victim health problems and dependency were common and many victims lacked support. Perpetrators often resided with victims and had mental health and social functioning problems. Case management varied in length and several barriers were identified. Multi-agency work is recommended to better manage the needs of the victim, risk factors related to the perpetrator and victim-perpetrator cohabitation. Recommendations to improve the safety of the victim and that of professionals are also made. (JL)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>
- 246/11 Safeguarding staff's experience of cases of financial abuse; by Amenda Phelan, Sandra McCarthy, Joyce McKee.: Oxford University Press.
British Journal of Social Work, vol 48, no 4, June 2018, pp 924-942.
Financial abuse of older people is an important issue for all safeguarding staff, particularly social workers who are often tasked with complex case management. Financial abuse can take many forms and can occur remotely to the older person and without their knowledge. However research in this area is limited. This study was undertaken to understand how safeguarding staff in Northern Ireland manage these cases and the challenges experienced. 14 safeguarding staff including social workers and nurses participated in two focus groups. Using thematic analysis, four areas of concern were identified. These were capacity issues, relationships, structural context and rural versus urban context. The paper concludes that changes are needed in a number of areas such as social and cultural norms, legislation, policy and practice in order to enable social work practitioners to manage cases of financial abuse of older people in a more comprehensive way. (JL)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>

- 246/12 Suggestions for prevention measures based on Polish research concerning older victims of domestic violence; by Malgorzata Halicka, J Halicki, E Kramkowska, A Szafranek.: Oxford University Press. British Journal of Social Work, vol 48, no 4, June 2018, pp 982-999.
This paper presents an analysis of the needs of older victims of domestic violence under the care of social services or law enforcement agencies, based on research conducted in Poland. The main purpose is to highlight the distinguishing features of working with an older client group and to determine whether services in Poland are adequately prepared for providing help to older victims. The resource base is research carried out for the projects IPVoW (research based on diagnostic survey methods and in-depth structured interviews), Mind the Gap! (based on re-analysis of data) and SNaP (based on re-analysis of data and in-depth structured interviews). This article is a review and comparative analysis of results obtained in these projects. In the period analysed between 2009 and 2016, the Polish legal system improved and older victims increasingly received more effective help. Nevertheless meeting their specific needs demands a more comprehensive approach, which is undoubtedly more time-consuming and requires a different understanding compared with with other victims of violence. Unfortunately the police, law enforcement officers and social workers frequently do not have sufficient knowledge of gerontology. In order to be effective, working with older people requires special training, including knowledge of the overall process of ageing. (JL)
ISSN: 00453102
From : <https://academic.oup.com/bjsw>

- 246/13 Understanding the risks of financial scams as part of elder abuse prevention; by Lee-Ann Fenge, Sally Lee.: Oxford University Press.
British Journal of Social Work, vol 48, no 4, June 2018, pp 906-923.
Financial scams have been described as the crime of the twenty-first century, representing a global challenge for agencies involved in the protection of older people at risk of financial abuse. Financial abuse is the second most common form of adult abuse, but traditionally research has focused on abuse that occurs within relationships of trust within families. Less is known about financial scams perpetrated by individuals or organisations unknown to the individual and which specifically target older people. In part this is because financial scams are often underreported as victims can be reluctant to disclose their experience, posing challenges to those who have a safeguarding role. This paper discusses factors emerging from the literature that act as triggers for scam involvement. These include loneliness, emotional vulnerability linked to life events, cognitive impairment and mental capacity. The findings of a small exploratory qualitative study with older people and their carers who experienced financial scams are discussed in relation to the literature. These provide unique insights into the experience of being scammed and the impact on individual health and wellbeing. Key themes are discussed in relation to social work practice and integrated working across health and social care. (JL)
ISSN: 00453102
From : <https://academic.oup.com/bjsw>

AGEING (GENERAL)

- 246/14 The dynamics of ageing: evidence from the English Longitudinal Study of Ageing 2002-16 (Wave 8); by James Banks, G David Batty, James Nazroo (et al) (eds), English Longitudinal Study of Ageing - ELSA. London: Institute for Fiscal Studies - IFS, 2018, 298 pp.
This report includes selected new results from wave 8 of data collection, which took place between May 2016 and June 2017. The data is based on interviews with 8,445 people (including 7,223 "core" participants). Design and collection was carried out as a collaboration between the Department of Epidemiology and Public Health at University College London (UCL), the Institute for Fiscal Studies (IFS), NatCen Social Research, and the School of Social Sciences at the University of Manchester. This and previous ELSA reports present a detailed picture of the lives of people in England aged 50 and over. This report discusses three main themes: the impact of the rise in the state pension age (SPA) for women; area and its relation to social inequality and well-being in later life; and the determinants and consequences of falling at older ages in England. A chapter on methodology explains the sample design of this and the previous seven cohorts of ELSA; the structure and content of the wave 8 interview; data on response rates; and information on the wave 8 nurse interview. Reference tables on the economic, social and health domains summarise important variables collected by ELSA. (RH)
Price: £40.00
From : The Institute for Fiscal Studies, 7 Ridgmount Street, London WC1E 7AE. E-mail: mailbox@ifs.org.uk <http://www.ifs.org.uk>

AGEING IN PLACE

(See 246/21, 246/94)

ALCOHOL AND DRUG MISUSE

- 246/15 Are veterans different?: Understanding veterans' help-seeking behaviour for alcohol problems; by Matthew D Kiernan, Alison Osbourne, Gill McGill (et al): Wiley. Health and Social Care in the Community, vol 26, no 5, September 2018, pp 725-733. Alcohol misuse in the United Kingdom's veteran community is not an isolated phenomenon. Internationally, alcohol and wider substance misuse would appear to be an historic and current global issue within veteran communities and little is understood as to why veterans encounter difficulties in engaging with treatment for alcohol misuse. The aim of this study was to understand why veterans in the United Kingdom are either reluctant or have difficulty in accessing help for alcohol problems. An applied social policy research methodology was used, employing in-depth semi-structured interviews with 19 UK veterans in the North East of England who had a history of alcohol misuse. The findings showed that participants appeared to excuse or normalise their excessive alcohol consumption, which led to a delay in meaningful engagement in substance misuse services, resulting in complex and complicated presentations to health and social care services. The findings of this study clearly suggest that veterans who misuse alcohol have a range of distinctive and unique difficulties that subtly differentiate them from the wider civilian substance misuse population, and that the use of peer support models would appear to mitigate against them disengaging from alcohol treatment services. (JL)
ISSN: 09660410 [From](http://www.wileyonlinelibrary.com/journal/hsc) : <http://www.wileyonlinelibrary.com/journal/hsc>

ALTERNATIVE THERAPIES

- 246/16 Replication study: exploring the efficacy of relaxation groups for older adults on an acute inpatient psychiatric ward; by Sarah Illsley, Charlotte Hibberd, Susanne Meisel, Steve Buddington.: British Psychological Society. Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 18-24. This is a replication study of a previous service evaluation of a relaxation group, conducted on an acute inpatient ward for older people experiencing a range of mental health difficulties. Attendees rated levels of relaxation before and after each relaxation group session using a 10-point Likert scale. Analysis of data collected over a period of a year found a small but positive effect for those who attended the relaxation group, supporting the findings of the original service evaluation. These findings provide evidence for the effectiveness of such groups, and may offer a cost and time effective method for inducing anxiety on inpatient wards. (RH)
ISSN: 20528914
[From](http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop) : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

ARTS, CRAFT AND MUSIC

- 246/17 Co-creativity: possibilities for using the arts with people with a dementia; by Hannah Zeilig, Julian West, Millie van der Byl Williams.: Emerald. Quality in Ageing and Older Adults, vol 19, no 2, 2018, pp 135-145. The purpose of this paper was to explore the concept of co-creativity in relation to artistic practice with people with dementia. Co-creativity offers fresh approaches for engaging artists and people with dementia, can contribute to less restrictive understandings of 'creativity' and above all, can expand understanding of people with dementia as creative, relational and agential. In order to examine current conceptions of co-creativity and to inform artistic practice, relevant literature was explored and eight expert interviews were conducted. The interviews were thematically analysed and included here. Improvisation, structure, leadership and equality are central elements of co-creative processes. Furthermore co-creativity can offer fresh insights into the way in which the arts can engage people with dementia, the relationship between creativity and dementia and the transformative potential of the co-creative arts for those living with the condition. The paper discusses some of the difficulties that are inherent in a co-creative approach, including power relations and the limitations of inclusivity. Due to ethical restrictions, the perspectives of people living with dementia are not included. This paper paves the way for future research into co-creative processes in a variety of different contexts. A more nuanced understanding of co-creativity with people with dementia could challenge the dominant biomedical and social paradigms that associate 'dementia' with irretrievable loss and decline by creating opportunities for creative agency. This exploration of co-creativity with people with dementia is the first of its kind and contributes to the wider understanding of co-creativity and co-creative practice. (JL)
[From](http://www.emeraldinsight.com/loi/qaoa) : <http://www.emeraldinsight.com/loi/qaoa>

ASSISTIVE TECHNOLOGY

- 246/18 Assisted living technologies and the consumer market: how is it developing?; by Gillian Ward, Maggie Winchcombe, Grace Teah.: Emerald. Journal of Enabling Technologies, vol 12, no 1, 2018, pp 22-31. A three-year research study funded by Innovate UK, Consumer Models for Assisted Living (COMODAL) aimed to support the development of the consumer market for electronic assisted living technology (eALT) products and services, particularly for people aged 50-70, approaching older age and

retirement themselves or with caring responsibilities for family or friends. The purpose of the COMODAL study was to gain a greater understanding of the age group's needs and behaviours relating to the acquisition of eALT, and to develop sustainable consumer-led business models that might address these needs and support business development within a consumer market (Ward et al, 2016). This paper presents a follow-up study to explore how the market may have changed since the publication of the research findings. An online survey was used to collect both qualitative and quantitative data from individuals working in the supply and distribution of assisted living technologies in the UK regarding how their businesses had developed in the past two years. The results show that since the publication of the COMODAL research, there have been changes in the way that the consumer market for eALT is being approached, not only with more direct marketing focused on consumers' needs, but also in direct partnerships with local authorities that offer greater choice with an improved range of products. (RH)
ISSN: 23986263

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

ATTITUDES TO AGEING

246/19 Seeking assistance in later life: how do older people evaluate their need for assistance?; by Kryisia Canvin, Catherine A MacLeod, Gill Windle, Amanda Sacker.: Oxford University Press.

Age and Ageing, vol 47, no 3, May 2018, pp 466-473.

Legislation places an onus on local authorities to be aware of care needs in their locality, and to prevent and reduce care and support needs. The existing literature overlooks ostensibly 'healthy' and/or non-users of specific services, non-health services and informal assistance, and therefore inadequately explains what happens before or instead of individuals seeking services. The authors sought to address these gaps by exploring older adults' accounts of seeking assistance in later life. Semi-structured qualitative interviews were conducted with 40 adults aged 68-95. Participants were invited to discuss any type of support, intervention or service provision, whether medical, social, family-provided, paid or unpaid. This paper reports older people's accounts of how they evaluated their need for assistance. People in the sample engaged in a recursive process, evaluating their needs on an issue-by-issue basis. Participants' progression through this process hinged on four factors: their acknowledgement of decline; the perceived impact of decline on their usual activities and independence; their preparedness to be a recipient of assistance; and the opportunity to assert their need. In lieu of seeking assistance, participants engaged in self-management, but also received unsolicited or emergency assistance. To conclude, older people's adaptations to change and attempts to meet their needs without assistance mean that they do not present to services, limiting the local authority's knowledge of their needs and ability to plan appropriate services. The authors' findings offer four stages for policymakers, service providers and carers to target, to address the uptake of assistance. (RH)

ISSN: 00020729 From : <https://academic.oup.com/ageing>

BEREAVEMENT

246/20 Psychological vulnerability of widowhood: financial strain, social engagement and worry about having no care-giver as mediators and moderators; by Joohong Min, Yawen Li, Ling Xu, Iris Chi.: Cambridge University Press.

Ageing and Society, vol 38, no 11, November 2018, pp 2356-2375.

This study examined how financial strain, worry about having no caregiver and social engagement modify the association between widowhood and depressive symptoms among older adults in China. To investigate mediating and moderating effects of these three variables, the authors ran structural equation models and ordinary least square regressions, using data from the nationally representative Sample Survey on Aged Population in Urban/Rural China for older people in China in 2006. All three variables significantly mediated the association between widowhood and depressive symptoms. Compared to their married counterparts, widowed older adults showed more worry about having no care-giver, increased financial strain and lower social engagement, which were significantly associated with depressive symptoms. Higher level of worry about having no care-giver and lower social engagement significantly exacerbated the adverse effects of widowhood on depressive symptoms in the moderation analyses. The finding of mediating effects suggests that widowhood is negatively related to psychological well-being via financial strain, social engagement and care resources. The results regarding moderating effects suggest that alleviating worry about having no caregiver and increasing social engagement may buffer the deleterious effect of widowhood on psychological well-being in later life. (RH)

ISSN: 0144686X From : <http://www.cambridge.org/aso>

BLACK AND MINORITY ETHNIC GROUPS

(See Also 246/63)

246/21 Vulnerable African American seniors: the challenges of aging in place; by James H Johnson, Jr, Huan Lian.: Taylor and Francis.

Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 135-159.

American Community Survey (ACS) data are used to develop typologies of the generational dynamics and living arrangements of the estimated 1.6 million African American older adult households who will

encounter the most difficulty in ageing in place. This article offers policy recommendations and strategies to tackle the specific barriers and challenges that must be overcome, in order for these older adults to successfully live out their lives in their homes and community. (RH)
ISSN: 02763893 From : <http://www.tandfonline.com>

CARERS AND CARING

(See Also 246/54, 246/67, 246/74, 246/82)

- 246/22 Caregiver appraisal model: Understanding and treating behaviours that challenge; by Debbie Sells, Alan Howarth.: Hawker Publications.
Journal of Dementia Care, vol 26, no 5, September/October 2018, pp 22-27.
Behaviours resulting from unmet needs may mean that family carers can no longer cope. This article describes a model developed by Northumberland County Behaviour Support Service to support carers in understanding and dealing with behaviours that challenge. The model was developed from a year's work with seven family caregivers, and provides a framework for managing their distress based on their appraisals of situations confronting them. The model incorporates Ian James's Newcastle model of challenging behaviour. The model comprises: an assessment in two distinct parts (the person with dementia and the behaviour, and the caregiver and feelings of response to the behaviour); an individual formulation; and a treatment plan (psychoeducation, behavioural interventions, or cognitive interventions). (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 246/23 The carers' covenant: [on cover]: "A new settlement between carers and the state"; by Ben Glover, Demos. London: Demos, December 2018, 63 pp.
Commissioned by Legal & General, this report explores the rise of the the informal care economy and asks 'who are the informal carers?' The experience of informal carers is explored through two focus groups in Leeds and London, which find that carers can be extremely stretched, struggle with existing systems of support, and would welcome greater financial assistance. A brief overview of the support on offer to informal carers in other countries concludes that there are more flexible, generous approaches to supporting carers, and that the UK should implement similar measures. A policy agenda, 'A new carers' covenant', outlines how to improve the lives of informal carers in the UK with 12 recommendations across five key themes: financial assistance, employment, identification and support, support networks and technology. The objective is to provide greater support for informal carers. The report includes estimates of the value of the informal care economy, which based on some 8 million carers providing between 2 and 50 hours of care a week amounts to £139.4 billion a year. This is likely to be an underestimate, since it is known that 36% of carers provide more than 100 hours of care a week. Also itemised are the number of carers providing 50 or more hours of unpaid care a week in each district or unitary local authority in England and Wales. (RH)
From : <https://www.demos.co.uk/project/the-carers-covenant/>
- 246/24 Developing a carer identity and negotiating everyday life through social networking sites: an explorative study on identity constructions in an online Swedish carer community; by Frida Andreasson, Jesper Andreasson, Elizabeth Hanson.: Cambridge University Press.
Ageing and Society, vol 38, no 11, November 2018, pp 2304-2324.
An overarching reason why carers do not utilise support services is that many people who perform care-giving do not necessarily self-identify as carers. Understanding the development of carer identities is therefore crucial for the utilisation of different carer-focused health services. This study arose from the European Union (EU) Seventh Framework Programme-funded project, INNOVAGE (Social Innovations Promoting Active and Healthy Ageing), and aimed to describe how older carers conceptualise and understand their identity as carers on a Swedish online social forum. Theoretically, the study adopts a constructionist approach, and the method of netnography was applied, whereby the focus is on "written accounts resulting from fieldwork studying the cultures and communities from online computer-mediated or internet-based communications". The findings reveal that a change in self-perception occurs in the process through which a carer role is acquired. The presence or absence of recognition for the older carer's capacity, knowledge and life situation is seen as filtered through the needs of the care recipient, making the carer identity into an invisible self. This is not least the case when the identity is constructed in alliance with conceptual and moral obligations found within a marital discourse. Nevertheless, the opportunity for online communication may help to create a virtual space of social recognition, through which different experiences attached to caring can be discussed. In this research, the significance of online communication is understood as the possibility that it presents for carers to be recognised by other carers. It is a process through which an invisible self can become visible. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

246/25 Emotional intelligence: helping carers to achieve balance; by David Truswell, Jacqueline A Hinds.: Hawker Publications.
Journal of Dementia Care, vol 26, no 4, July/August 2018, pp 28-29.
Family carers can be faced with a complex and demanding task, but there are few resources to help them. The authors suggest that emotional intelligence training could be the solution. They explain that emotional intelligence (known in organisational development literature as EQ) is "a management development framework designed to encourage managers to become better influencers and leaders by understanding themselves and others from an emotional perspective". The principles of EQ could be applied to dementia caregiving in learning to overcome stress, avoiding exhaustion, and taking on the challenges of trying to live well with dementia. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>

246/26 What happens when I'm gone?; by Colin Anderson, Sarah White, Kate Fitch.: Sense.
Talking Sense, vol 63, no 1, Spring 2018, pp 20-29.
Sense's When I'm Gone campaign focuses on fears and concerns of many families about the future care of a disabled loved one when they are no longer around. Such predicament has been exacerbated by tightened social care budgets. This article describes the many barriers that families face, and the impact this has on their lives. It offers examples of families who have been able to find a long-term solution, asks what we can learn from their experiences, and lists tips and tactics for coping with this situation. (RH)
ISSN: 13674604 From : <http://www.sense.org.uk>

DEATH AND DYING

246/27 Dying at home in rural residential aged care: a mixed-methods study in the Snowy Monaro region, Australia; by Suzanne Rainsford, Christine B Phillips, Nicholas J Glasgow (et al.): Wiley.
Health and Social Care in the Community, vol 26, no 5, September 2018, pp 705-713.
Residential aged care (RAC) is a significant provider of end-of-life care for people aged 65 years and older. Rural residents perceive themselves as different to their urban counterparts. Most studies describing place of death (PoD) in RAC are quantitative and reflect an urban voice. Using a mixed-methods design, this paper examined the PoD of 80 RAC residents. Of these, 15 were short-stay residents who died in RAC during respite or during an attempted step-down transition from hospital to home and 65 were permanent residents. All residents were based in the rural Snowy Monaro region of Australia and died between 1 February 2015 and 31 May 2016. Death data were collected from local funeral directors, RAC facilities, one multi-purpose health service and obituary notices in the local media. The outcome variable was PoD: RAC, local hospital or out-of-region tertiary hospital. For the permanent RAC residents, the outcome of interest was dying in RAC or dying in hospital. Cross tabulations by PoD and key demographic data were performed. Pearson Chi squared tests and exact p-values were used to determine if any of the independent variables were associated with PoD. Using an ethnographic approach, data were collected from 12 face-to-face, open-ended interviews with four RAC residents with a life expectancy of six months or less, and six family caregivers. Interviews were audio-recorded, transcribed and analysed thematically. 51 (78.5%) of the permanent residents died in RAC; 21.5% died in hospital. Home was the initial preferred PoD for most interviewed participants; most eventually accepted the transfer to RAC. Long-term residents considered RAC to be their 'home' - a familiar place, and an important part of their rural community. The participants did not consider a transfer to hospital to be necessary for end-of-life care. Further work is required to explore further the perspectives of rural RAC residents and their families, and if transfers to hospital are avoidable. (JL)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

246/28 Reappraising 'the good death' for populations in the age of ageing; by Kristian Pollock, Jane Seymour.: Oxford University Press.
Age and Ageing, vol 47, no 3, May 2018, pp 328-330.
This is the second in an occasional series of paired commentaries in Age and Ageing, the Journal of the British Geriatrics Society and the Journal of the American Geriatrics Society (JAGS). The aim is to address issues of current significance, and to foster dialogue and increased understanding between academics and clinicians working in comparative international settings. Both commentaries address the urgent need to improve palliative care for older people, with a critique of some stereotypes surrounding palliative care and the 'good death'. The companion commentary, published in JAGS, was written by Alexander Smith and Vyjeyanthi Periyakoil, and is grounded in their experience as academic clinicians (Smith A K, Periyakoil V, Should we bury 'The Good Death'? Journal of the American Geriatrics Society 2018; in press). In the present paper, the authors offer a perspective on the outcome and wider consequences of misalignment between current UK policy and aspirations for end of life care in relation to epidemiological trends and patient experience of death and dying. (RH)
ISSN: 00020729
From : <https://academic.oup.com/ageing>

- 246/29 Talking about dying: how to begin honest conversations about what lies ahead; by Sarah-Jane Bailey, Kacey Cogle, Royal College of Physicians - RCP. London: Royal College of Physicians, October 2018, 19 pp.
Based on conversations with doctors at all levels, patients and carers, and medical organisations, this report reveals the barriers to talking about death identified by doctors, the first being culture, that is, the perception of failure to prevent a death. Second is confidence: feeling uncomfortable about initiating conversations with patients about the future. Third, practicalities: confusion over whether hospital doctors or the patient's GP should be having the conversation, also reluctance to begin conversations. The report offers solutions and resources to help, including a "mythbusting" section, debunking common but erroneous beliefs. Four English hospitals leading the way in supporting end-of-life care conversations have contributed good practice case studies. The evidence shows that patients who have had conversations about advance care planning (ACP) and have end-of-life care plans in place have a better experience than those for whom the conversations come in the final days or hours of life when they can seem unexpected to patients and carers. (RH)
<https://www.rcplondon.ac.uk/projects/outputs/talking-about-dying-how-begin-honest-conversations-about-what-lies-ahead>

DEMENTIA

(See Also 246/49, 246/89)

- 246/30 Behavioural variant frontotemporal dementia: the person's experience and diagnostic criteria; by Reinhard Guss, Morgan-Wallis Egremont, Chris Norris, Megan Roby.: British Psychological Society. Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 31-36.
Research on behavioural variant frontotemporal dementia (bvFTD) tends to quantify symptoms in restrictive categories, yet few have acknowledged the individual's experience of symptoms and what impact these may have on their everyday life. Two people with a diagnosis of bvFTD were interviewed to explore how their personal experience compares to the international consensus criteria for the diagnosis of bvFTD and to gain some understanding of what they found therapeutic and beneficial in living well with this condition. The semi-structured interviews were transcribed verbatim and restructured according to the individuals' symptom manifestation and the categories of the diagnostic criteria. The key themes emerging from the two interviews were that behaviours were less extreme than examples given in the literature and the impression the diagnostic criteria suggests. Instead, it was clear that these individuals had insight into how they behave, how this affects others, and why people may behave differently around them since the onset of bvFTD. In addition, for them the deterioration of memory in bvFTD had more of an impact in everyday life than the criteria and the literature suggests. Psychosocial interventions were credited as both therapeutic and beneficial for living well with the disorder. Finally, an understanding of dementia was important for there to be good communication with family members and people generally. While there were similarities between the two participants, there were also distinct differences in how their symptoms were expressed behaviourally. (RH)
ISSN: 20528914
<http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 246/31 Frontotemporal dementia: the real lived experience; by Reinhard Guss.: Hawker Publications. Journal of Dementia Care, vol 26, no 5, September/October 2018, pp 28-30.
Severe symptoms are to be expected in people with behavioural variant frontotemporal dementia (bvFTD), at least according to the official diagnosis criteria. But is this always the lived experience? The author and colleagues conducted interviews which told a rather different story. Among their findings were that: socially disinhibited behaviours were far less extreme than examples given in the bvFTD literature; memory deterioration has more of an impact on everyday life than the diagnostic criteria and literature suggest; and psychosocial interventions are therapeutic and beneficial, allowing those with bvFTD to learn from others with dementia. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>

DEMENTIA CARE

(See Also 246/17, 246/58, 246/59, 246/60, 246/72, 246/93)

- 246/32 Can a virtual nature experience reduce anxiety and agitation in people with dementia?; by Lori Reynolds, Susan Rodiek, Monica Liniger, Aubrey McCulley.: Taylor and Francis. Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 176-193.
Research has found that viewing nature reduces stress and improves mood, but few studies have focused on the potential of viewing nature to reduce negative emotions associated with dementia. Using a counterbalanced design, 14 memory care residents were alternately exposed to a virtual nature experience (treatment) and a generational movie (control). Before and after each exposure, heart rate was measured, and emotions were assessed with the Observed Emotion Rating Scale and the Agitated

- Behaviour Scale. Results are that heart rate declined significantly compared with the generational movie, and anxiety and pleasure showed greater improvements during the nature intervention, although the difference was not significant. (RH)
ISSN: 02763893 From : <http://www.tandfonline.com>
- 246/33 Caring for yourself whilst caring for a person with dementia; by Michelle Hamill, Martina McCarthy.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 37-42.
Newham's Mental Health Care of Older People (MHCOP) Service within East London NHS Foundation Trust (ELFT) has been facilitating psychotherapeutic groups for relatives of people with dementia for 10 years. The groups are based on an integrated, multimodal approach, including psycho-education regarding dementia. In this time, some 120 carers have attended, reporting a variety of benefits, including notably better understanding of dementia, improved coping strategies, enhanced ability to tolerate difficult feelings with compassion and acceptance, improved awareness and commitment to self-care, and reduced isolation. In keeping with the importance of co-production, a former group graduate is now involved in the co-facilitation and delivery of the group. (RH)
ISSN: 20528914 From: <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 246/34 The circumstances surrounding the death of 105 elders as a result of resident-to-resident incidents in dementia in long-term care homes; by Eilon Caspi.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 4, August-October 2018, pp 284-308.
Resident-to-resident incidents in dementia in long-term care homes resulting in deaths represent a growing concern for residents, family members, care providers, care advocacy organisations and policy makers. Despite these concerns and experts' predictions, no studies have been conducted in North America on incidents involving people with dementia that have resulted in death. This exploratory pilot study makes first steps towards bridging this major gap in research and practice.
Using publicly available information (primarily newspaper articles and death reports), practically useful patterns were identified regarding the circumstances surrounding the deaths of 105 older people resulting from such incidents. The findings could inform efforts to prevent future deaths in similar circumstances, keep vulnerable and frail residents safe, and encourage researchers to examine risk and protective factors for such incidents. (RH) ISSN: 08946566 From : <http://www.tandfonline.com>
- 246/35 Cultural adaptation of cognitive stimulation therapy (CST) for Chinese people with dementia: multicentre pilot study; by Gloria H Y Wong, Olive P L Yek, Anna Y Zhang (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 6, June 2018, pp 841-848.
Ageing of the Chinese population will drive a continued surge in dementia prevalence. Empirically tested non-pharmacological interventions developed in western cultures may be implemented in Chinese. Cognitive Stimulation Therapy (CST) that originated in the UK has proven benefits on cognition and quality of life in people with dementia. The purpose of this study was to investigate the feasibility and cultural appropriateness of CST in Hong Kong Chinese people (CST-HK). Mixed methods research was conducted following the formative method for adapting psychotherapy. A culturally adapted CST-HK, developed involving multidisciplinary stakeholders, was tested in a pilot multicentre study in 30 people with mild dementia receiving community or residential care. Changes in cognition and quality of life were measured. Opinions from 25 family caregivers and group facilitators were collected through focus groups and in-depth interviews for understanding the appropriateness of CST-HK. After receiving CST-HK, 54% of participants achieved outcome of no cognitive deterioration, and 23% showed clinically meaningful improvement. Family caregivers and group facilitators expressed good acceptance of CST, with a low attrition (13%) and high attendance rate of CST-HK sessions (92%). Key cultural issues identified were (i) less active opinion sharing in group discussions due to conservatism/cautiousness and (ii) preference of practical activities with reward/recognition over pure discussion due to pragmatism. The CST-HK is feasible and culturally appropriate in Hong Kong Chinese. Further amendments can be made to ensure language use and enjoyment, with potential implications on effectiveness. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>
- 246/36 Introducing strategies for relatives (START) coping intervention for family carers of people with dementia within Barnet Memory Service; by Claire Franklin, Ruth Lukeman.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 43-49.
The authors aim to share their experiences of offering START: STRategies for RelaTives for family carers of people with dementia within Barnet Memory Service (BMS), which is hoped might be helpful for other services considering a similar process. START is an 8-session intervention aimed at promoting the development of coping strategies for carers of people with dementia. This article presents findings of a trial of START, which showed that the intervention reduced depression and anxiety for family carers. The reader is also alerted to results of a new START implementation project (see <https://www.ucl.ac.uk/psychiatry/start>). (RH)
ISSN: 20528914
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

- 246/37 LAUGH: playful objects in advanced dementia care; by Cathy Treadaway.: Hawker Publications.
Journal of Dementia Care, vol 26, no 4, July/August 2018, pp 24-26.
For three years, the author led an international research team to develop highly personalised, playful objects for people with advanced dementia. She shows how residents and care staff have found that the objects give pleasure, comfort, sensory stimulation and an sense of connection. Funded by the Arts and Humanities Research Council (AHRC), the LAUGH project was collaboration between researchers at Cardiff Metropolitan University, Coventry University and the University of Technology Sydney. Partners in the research were Pool Gwalia Care and Support, providers of social care in south west Wales, with other leading charities in Wales. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 246/38 Promoting functional independence in people with Alzheimer's disease: outcomes of a home-based occupational therapy intervention in Spain; by Adriana Avila, Iván De-Rosende-Celeiro, Gabriel Torres (et al): Wiley.
Health and Social Care in the Community, vol 26, no 5, September 2018, pp 734-743.
Nonpharmacological therapies such as occupational therapy (OT) are promising for people with Alzheimer's disease (AD). This pilot study aimed to assess the effects of a home-based, high-intensity and multicomponent OT intervention on the activities of daily living of people with AD in Spain. A secondary objective was to examine its impact on cognitive functions. 21 community-dwelling older adults with mild AD (average age 78.6 years) and their primary caregivers participated in a 12-week home-based OT programme. This intervention was replicated for eight weeks after a 1.5-month intervention withdrawal period. The intervention followed a holistic, biopsychosocial and client-centred approach and consisted of the following components: meaningful activities/tasks, cognitive stimulation, activation of psychomotor and sensory skills, home modification, caregiver counselling and training in daily living skills. Functional independence was the primary outcome. Cognitive functions were assessed by the Loewenstein Occupational Therapy Cognitive Assessment-Geriatric (LOTCA-G). Data were analysed using nonparametric tests. Main results showed that after completing the OT programme 6.5 months after the moment of inclusion, the level of functional independence improved significantly and the effect size was large. Moreover there was a significant moderate-to-substantial improvement in several cognitive functions after each of the two intervention periods: place orientation, time orientation and attention/concentration. This study provides evidence that an intensive home-based OT intervention has a positive influence on daily activities and some cognitive functions. The programme may be beneficial as a nonpharmacological supplementary tool in health and social care for people with AD living in the community. (JL)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 246/39 The therapeutic make-over of dementias: an introduction; by Elizabeta B Mukaetova-Ladinska.: Oxford University Press.
Age and Ageing, vol 47, no 3, May 2018, pp 331-333.
The online themed collection of 15 papers recently published provides an update on the advances of pharmacological and non-pharmacological interventions in dementia over the last 15 years.
The published studies reflect the efficacy of the current anti-dementia treatments, preventive treatments of cardio and cerebrovascular incidents (known to be risk factors for dementia). The studies also reflect on the use of antidepressant medication and non-pharmacological interventions for treatment of behavioural and psychopathological symptoms of dementia. The authors also address the future preventative steps and therapeutic strategies currently in development to combat the devastating consequences of dementia. (RH)
ISSN: 00020729
From : <https://academic.oup.com/ageing>
- 246/40 Toilets: no laughing matter; by Mary Marshall.: Hawker Publications.
Journal of Dementia Care, vol 26, no 5, September/October 2018, pp 12-13.
As a subject of conversation, toilets may raise a smile; but when it comes to dementia, they are no laughing matter. The author explains issues such as usability, helping the individual to fully participate in public life, finding and navigation into and out of a toilet, and problems with taps and soap dispensers. Her intention is to draw attention to the fact that these and other problems solvable. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 246/41 Virtual Dementia Tour: limitations and ethics; by Alessandra Merizzi.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 2, 2018, pp 146-155.
There are many studies that test the efficacy of methods of care in order to support and even increase the quality of life of dementia patients. A novel approach developed by Beville (2002) called Virtual Dementia Tour (VDTr) also aims to improve the care of people living with dementia in their middle and late stages of deterioration. VDTr is now becoming popular internationally (see www.provdt.co.uk/) and it is sold to the general public as an evidence-based method through which people can experience what

it is like to live with dementia, aiming to increase empathy and improve the delivery of care. The purpose of this paper was to explore the validity of the VDT_r intervention. The author explored the original research article upon which the VDT_r was developed, highlighting critical points and reviewing these through a rigorous selection of references. The supporting evidence base was found to be consistently weak on closer scrutiny, and in combination with anecdotal evidence of distress related to the VDT_r experience, this analysis suggests a need for caution in implementation. Although high-quality standards of care from NICE guidelines ensure that health services implement evidence-based interventions, it may be important to discern that which is empirically based from that which is not. (JL)
From : <http://www.emeraldinsight.com/loi/qaoo>

- 246/42 What makes dementia care outstanding?: Relatives' views; by Caroline Baker.: Hawker Publications. Journal of Dementia Care, vol 26, no 4, July/August 2018, pp 30-32.
Lucerne House care home in Devon has been rated outstanding by the Care Quality Commission (CQC), but why is it so good? The author visited the care home, and conducted a small study with residents' relatives to hear their views. This article uses some of their comments as evidence of the relaxed and comfortable atmosphere, the feeling of being involved, the high quality care offered by staff, and examples of providing person-centred care. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 246/115, 246/116)

- 246/43 Estimates of the very old, including centenarians, UK: 2002 to 2017: annual mid-year population estimates for people aged 90 years and over by sex and single year of age (90 to 104) and 105 years and over, and comparisons between UK countries; by Office for National Statistics - ONS.: Office for National Statistics - ONS, 25 September 2018, 9 pp (Statistical bulletin).
The number of people aged 90 years and over in the UK continues to increase: there were 579,776 in 2017. Of those aged 90+, three quarters (76.8%) were aged under 95, and a fifth (20.7%) were aged 95 to 99. While the number of centenarians is still very small (only 2.5% of those aged 90+), their number has increased by 85% in the last 15 years. This Statistical bulletin includes graphs which for example show that the sex ratio at older ages continues to narrow: there are two women aged 90 to 94 years for every man in that age group, and fewer than five women for every male centenarian. Across the UK, Wales has the highest proportion of residents aged 90 years and over, and the highest proportion of centenarians. Also included are links to related statistics and data sets. (RH)
From : <https://www.ons.gov.uk/releases/estimatesoftheveryoldincludingcentenarians2002to2017>
- 246/44 Forecasting life expectancy, years of life lost, and all-cause and cause-specific mortality for 250 causes of death: reference and alternative scenarios for 2016-40 for 195 countries and territories; by Kyle J Foreman, Neal Marquez, Andrew Dolgert, Kai Fukutaki (et al).
The Lancet, October 2018.
This study provides a novel approach to modelling life expectancy, all-cause mortality and cause of death forecasts, and alternative future scenarios, for 250 causes of death from 2016 to 2040 in 195 countries and territories. The model was used to generate all-cause age-sex specific mortality, life expectancy, and years of life lost (YLLs) for 250 causes. Scenarios for fertility were also generated and used in a cohort component model to generate population scenarios. For each reference forecast, better health, and worse health scenarios, estimates of mortality and YLLs attributable to each risk factor in the future were generated. Globally, most independent drivers of health were forecast to improve by 2040, but 36 were forecast to worsen. As shown by the better health scenarios, greater progress might be possible, yet for some drivers such as high body-mass index (BMI), their toll will rise in the absence of intervention. The model forecasts global life expectancy to increase by 4.4 years (95% UI 2.2 to 6.4) for men and 4.4 years (2.1 to 6.4) for women by 2040, but based on better and worse health scenarios, trajectories could range from a gain of 7.8 years (5.9 to 9.8) to a non-significant loss of 0.4 years (-2.8 to 2.2) for men, and an increase of 7.2 years (5.3 to 9.1) to essentially no change (0.1 years [-2.7 to 2.5]) for women. In 2040, Japan, Singapore, Spain, and Switzerland have a forecasted life expectancy exceeding 85 years for both sexes, and 59 countries including China are projected to surpass a life expectancy of 80 years by 2040. At the same time, Central African Republic, Lesotho, Somalia, and Zimbabwe have projected life expectancies below 65 years in 2040.
From : [https://doi.org/10.1016/S0140-6736\(18\)31694-5](https://doi.org/10.1016/S0140-6736(18)31694-5)
- 246/45 Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model; by Andrew Kingston, Louise Robinson, Heather Booth, Martin Knapp, Carol Jagger, MODEM Project (modelling outcome and cost impacts of interventions for dementia), Personal Social Services Research Unit - PSSRU, London School of Economics and Political Science - LSE.: Oxford University Press.
Age and Ageing, vol 47, no 3, May 2018, pp 374-380.
Models projecting future disease burden have focussed on one or two diseases. Little is known on how risk factors of younger cohorts will play out in the future burden of multi-morbidity (two or more concurrent long-term conditions). A dynamic microsimulation model, the Population Ageing and Care

Simulation (PACSim) model, simulates the characteristics (sociodemographic factors, health behaviours, chronic diseases and geriatric conditions) of individuals over the period 2014-2040. Participants were about 303,589 individuals aged 35 years and over (a 1% random sample of the 2014 England population) created from Understanding Society (the UK Household Longitudinal Study, UKHLS), the English Longitudinal Study of Ageing (ELSA), and the Cognitive Function and Ageing Study II (CFAS-II). The study measured the prevalence of, numbers with, and years lived with, chronic diseases, geriatric conditions and multi-morbidity. It finds that between 2015 and 2035, multi-morbidity prevalence is estimated to increase, the proportion with 4+ diseases almost doubling (2015: 9.8%; 2035:17.0%) and two-thirds of those with 4+ diseases will have mental ill-health (dementia, depression, cognitive impairment no dementia). Multi-morbidity prevalence in forthcoming cohorts aged 65-74 years will rise (from 45.7% in 2015 to 52.8% in 2035). Life expectancy gains (men 3.6 years, women 2.9 years) will be spent mostly with 4+ diseases (men: 2.4 years, 65.9%; women: 2.5 years, 85.2%), resulting from increased prevalence of, rather than longer survival with, multi-morbidity. The findings indicate that over the next 20 years, there will be an expansion of morbidity, particularly complex multi-morbidity (4+ diseases). The authors advocate for a new focus on prevention of, and appropriate and efficient service provision for those with, complex multi-morbidity. (RH)

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DEPRESSION

(See 246/89)

DIET AND NUTRITION

246/46 Cost-effectiveness of food, supplement and environmental interventions to address malnutrition in residential aged care: a systematic review; by Cherie Hugo, Elisabeth Isenring, Michelle Miller, Skye Marshall.: Oxford University Press.

Age and Ageing, vol 47, no 3, May 2018, pp 356-366.

Observational studies have shown that nutritional strategies to manage malnutrition may be cost-effective in aged care; but more robust economic data is needed to support and encourage translation to practice. This systematic review aims to compare the cost-effectiveness of implementing nutrition interventions targeting malnutrition in care homes versus usual care. The authors conducted a systematic literature review of studies published between January 2000 and August 2017 across 10 electronic databases. Cochrane Risk of Bias tool and GRADE (Grading of Recommendations, Assessment, Development and Evaluation) were used to evaluate the quality of the studies. Of 3,098 studies initially screened, eight reported on 11 intervention groups: 1 evaluated the effect of modifications to dining environment, 5 supplements, and 5 on food-based interventions. Interventions had a low cost of implementation (£2.30 per resident per day) and provided clinical improvement for a range of outcomes including weight, nutritional status and dietary intake. Supplements and food-based interventions further demonstrated a low cost per quality adjusted life year or unit of physical function improvement. GRADE assessment revealed the quality of the body of evidence that introducing malnutrition interventions, whether they be environmental, supplements or food-based, are cost-effective in care homes was low. This review suggests supplements and food-based nutrition interventions in the aged care setting are clinically effective, have a low cost of implementation and may be cost-effective at improving clinical outcomes associated with malnutrition. More studies using well-defined frameworks for economic analysis, stronger study designs with improved quality, along with validated malnutrition measures are needed to confirm and increase confidence with these findings. (RH)

ISSN: 00020729 [From : https://academic.oup.com/ageing](https://academic.oup.com/ageing)

246/47 Empowering senior citizens for healthy nutrition in Germany: a pilot study; by Janina Curbach, Berit Warrelmann, Susanne Brandstetter (et al.): Wiley.

Health and Social Care in the Community, vol 26, no 5, September 2018, pp 675-684.

The main goal of this German study was to analyse how empowerment processes and bottom-up activities aimed at healthier food choices and food environment could be initiated among a sample of senior citizens aged between 60 and 75. The intervention was set up as a pilot study in a rural community (15,000 inhabitants) in Bavaria. A process evaluation documented how group formation and empowerment processes developed during the course of the intervention. Extensive field notes were taken in 27 meetings and 13 interviews. Four focus groups were conducted with participants and key persons at different points of the intervention. Data were analysed using content analysis. The intervention succeeded in motivating senior citizens to participate in regular meetings over 11 months. During the intervention the group members' awareness of factors influencing their eating behaviour increased. Furthermore they developed ideas to improve the community's food environment and accomplished duties needed to implement these ideas. However initiating empowerment processes, especially in terms of fostering leadership and transferring responsibility, took longer than expected and could be realised only partially. The findings support a further use and evaluation of the empowerment approach for addressing nutritional aspects among senior citizens. (JL)

ISSN: 09660410

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

EMPLOYMENT

- 246/48 The decision to work after state pension age and how it affects quality of life: evidence from a 6-year English panel study; by Giorgio Di Gessa, Laurie Corna, Debora Price, Karen Glaser.: Oxford University Press.
Age and Ageing, vol 47, no 3, May 2018, pp 450-457.
Despite an increasing proportion of older people working beyond State Pension Age (SPA), little is known about neither the motivations for this decision nor whether, and to what extent, working beyond SPA affects quality of life (QoL). QoL was measured using the CASP-19 scale. Respondents in paid work beyond SPA were distinguished based on whether they reported financial constraints as the main reason for continuing in work. Linear regression models were used to assess the associations between paid work beyond SPA and CASP-19 scores among men aged 65-74 and women aged 60-69 (n = 2,502) cross-sectionally and over time using Wave 4 and Wave 7 of the English Longitudinal Study of Ageing (ELSA). Approximately one in five respondents were in paid work beyond SPA, one-third of whom reported financial issues as the main reason. These individuals reported significantly lower CASP-19 scores (beta = -1.21) compared with those who retired at the expected or usual age. Respondents who declared being in paid work beyond SPA because they enjoyed their work or wanted to remain active, reported significantly higher QoL (beta = 1.62). Longitudinal analyses suggest that those who were working post-SPA by choice, but who had stopped working at follow-up, also reported marginally (P = 0.10) higher CASP-19 scores. The potential QoL benefits of working beyond SPA need to be considered in light of individual motivations for extending working life. Given the trend towards working longer and the abolishment of mandatory retirement ages, it is important that older people maintain control over their decision to work in later life. (RH)
ISSN: 00020729
From : <https://academic.oup.com/ageing>

- 246/49 The legal implications of dementia in the workplace: establishing a cross-disciplinary research agenda; by Valerie Egdell, Jill Stavert, Rebecca McGregor.: Cambridge University Press.
Ageing and Society, vol 38, no 11, November 2018, pp 2181-2196.
Dementia is a growing issue in the UK, with over 800,000 people affected. Of these people, in excess of 40,000 are aged under 65 years. Thus, a significant number of individuals may be experiencing symptoms of dementia while in employment. In addition, as working lives extend, the potential impact of dementia on the workplace could be substantial. However, to date, there has been little research on experiences of dementia in the workplace. The research that exists highlights the lack of support for workers with dementia. Dementia may be considered to be a disability under the Equality Act 2010. Therefore, the legislation potentially provides a framework for individuals to request that their employer make reasonable adjustments to support their continued employment. International human rights law is potentially another tool that could be utilised to obtain necessary adjustments. This paper argues that in developing the evidence base on workplace experiences of dementia, it is important that the legal framework be considered. This paper reviews the existing literature on dementia in the workplace, and embeds this in the legislative framework in order to establish a cross-disciplinary research agenda. While the focus is on the UK legal context, the argument presented is still relevant to other national contexts. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

FALLS

- 246/50 Age-dependent physiological changes, medicines and sex-influenced types of falls; by Snezana Kusljic, Sachin Perera, Elizabeth Manias.: Taylor and Francis.
Experimental Aging Research, vol 44, no 3, May-June 2018, pp 221-231.
There is a lack of research investigating the impact of health status, gender, polypharmacy and ageing on different types of falls. Examples include: unspecified falls on the same level; mechanical falls on the same level relating to slipping, tripping or losing balance; falls from a chair or vehicle; falls as a result of syncope; falls from steps or stairs; and falls from a height. The authors investigated various parameters relating to falls, including age-dependent physiological changes, regular medicine use and different types of falls experienced. The study included a random sample of 250 older patients, which comprised 10% of the total number of patients (n = 2,492), admitted to an Australian large-scale academic hospital following a fall. Patients' medicine and illness history, types of falls, and liver, renal and sensory function were collected. Univariate analysis was used to examine associations between the type of fall and explanatory variables, followed by multinomial logistic regression analysis. There was a significant association between the type of fall and gender, p = 0.01, and between the type of fall and regular medicine use, p = 0.002. The multinomial logistic regression analysis revealed that the full model, which considered all explanatory variables together, was statistically significant, p = 0.001. The strongest predictor of all types of falls except fall from a height, was female sex, followed by regular medicine use. Based on these findings, the medicine prescribing practice in this older population must be carefully reviewed. (RH)
ISSN: 0361073X From : <http://www.tandfonline.com>

- 246/51 Automated fall detection technology in inpatient geriatric psychiatry: nurses' perceptions and lessons learned; by Marge Coahran, Loretta M Hillier, Lisa Van Bussel (et al.): Cambridge University Press. Canadian Journal on Aging, vol 37, no 3, September 2018, pp 245-260.
Hospitalised older adults are at high risk of falling. The HELPER system is a ceiling-mounted fall detection system that sends an alert to a smartphone when a fall is detected. This article describes the performance of the HELPER system, which was pilot tested in a geriatric mental health hospital. The system's accuracy in detecting falls was measured against the hospital records documenting falls. Following the pilot test, nurses were interviewed regarding their perceptions of this technology. In this study the HELPER system missed one documented fall but detected four falls that were not documented. Although sensitivity of the system was high, numerous false alarms brought down positive predictive value. Interviews with nurses provided valuable insights based on the operation of the technology in a real environment; these and other lessons learned will be particularly valuable to engineers developing this and other health and social care technologies. (JL)
ISSN: 07149808
From : <http://www.cambridge.org/cjg>
- 246/52 Understanding the profile of Personal Alert Victoria clients who fall; by Sze-Ee Soh, Darshini Ayton, Renata Morello (et al.): Wiley. Health and Social Care in the Community, vol 26, no 5, September 2018, pp 759-767.
Personal response systems are used to support frail older people and people with disabilities to live independently in their own homes. This paper described the patterns, characteristics and outcomes of Personal Alert Victoria (PAV) clients who experienced a fall. Personal Alert Victoria (PAV) is a personal monitoring service funded by the government of Victoria, Australia. The service provides daily monitoring and emergency response services to frail older people who are at risk of falling. This study examined the current falls prevention referral practices of assessors who determined whether an older person would benefit from a personal response system. Deidentified data on clients from the PAV service provider from 2012 to 2014 were linked to routine data maintained by the Department of Health and Human Services in Victoria. Falls prevention referral practices of assessors were examined using an online survey. Personal response systems were most frequently activated because of a fall in this group of older people. No demographic or clinical factors differentiated PAV clients who activated the system because of a fall compared to those who did not, despite a significant increase in the rate of falls-related system activations and hospitalisation between 2012 and 2014. Assessors believed that PAV clients were at increased risk of falls and frequently recommended falls prevention interventions such as strength and balance interventions in order to address this risk. This study provides an insight into the issue of falls among PAV clients which can help guide the tailoring of falls prevention interventions that can be integrated within existing service models. (JL)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

FAMILY AND INFORMAL CARE

(See Also 246/22)

- 246/53 Family and community support among older Chilean adults: the importance of heterogeneous social support sources for quality of life; by Lorena P Gallardo-Peralta, Ana Barrón López de Roda, M Angeles Molina-Martínez, Rocío Schettini del Moral.: Taylor and Francis. Journal of Gerontological Social Work, vol 61, no 6, August-September 2018, pp 584-604.
Family and community social networks act as social resources that promote wellbeing at advanced ages. The present study from Chile looked at the association between social support received from personal social networks (social support from various family members and friends) and community social networks (social support from neighbours and the neighbourhood, age, ethnic, or religious group peers and formal social support networks) and quality of life (QoL) for a sample of 777 older adults. The results confirmed that social support from family (partner, children and extended family) and friends, integration in the community (neighbours) and social support from informal systems (social groups) are associated with QoL. Moreover the model including both types of support explains 25.8% of variance in QoL. The results and their possible implications are discussed. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 246/54 How does peer similarity influence adult children caregivers' perceptions of support from peers?: A mixed-method study; by Marina Bastawrous Wasilewski, Jennifer N Stinson, Fiona Webster, Jill I Cameron.: Cambridge University Press. Ageing and Society, vol 38, no 11, November 2018, pp 2280-2303.
Due to the growing ageing population, adult children care-givers (ACCs) are increasingly providing complex care for one or both aged parents. Social support from similar peers can mitigate care-giving-related health declines. To date, 'peer similarity' among care-givers has been predominantly investigated in the context of peer-matching interventions. However, because peer similarity is especially influential in 'naturally occurring' support networks, care-givers' everyday peer support engagement

warrants further attention. The authors explored care-givers' everyday peer support engagement and the influence of peer similarity on support perceptions. They employed a mixed-method design using Web-based surveys and in-depth qualitative interviews. The quantitative data were analysed using a hierarchical multiple, while qualitative data were thematically analysed. Seventy-one ACCs completed the on-line questionnaire and 15 participated in a telephone interview. Peer similarity was positively and significantly associated with perceived support ($\beta = 0.469$, $p = 0.0005$) and explained 18.5 per cent of the additional variance. ACCs' narratives suggested the most important aspect of similarity was 'shared care-giving experience', as it optimised the support received from peers, and also enhanced the quality of the relationship. In conclusion, both data-sets underscored that peer similarity importantly influences support perceptions. The importance of 'shared care-giving experience' suggests that a more comprehensive understanding of this concept is needed to optimise peer-matching endeavours. The influence of peer similarity on relationship quality should also be explored. (RH)

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

FRAILITY

246/55 Social isolation and loneliness as risk factors for the progression of frailty: the English Longitudinal Study of Ageing; by Catharine R Gale, Leo Westbury, Cyrus Cooper.: Oxford University Press. Age and Ageing, vol 47, no 3, May 2018, pp 392-397.

Loneliness and social isolation have been associated with mortality and functional decline in older people. The authors investigated whether loneliness or social isolation are associated with progression of frailty. Participants were 2,817 people aged 60+ from the English Longitudinal Study of Ageing (ELSA). Loneliness was assessed at Wave 2 using the Revised UCLA scale (short version). A social isolation score at Wave 2 was derived from data on living alone, frequency of contact with friends, family and children, and participation in social organisations. Frailty was assessed by the Fried phenotype of physical frailty at Waves 2 and 4, and by a frailty index at Waves 2-5. High levels of loneliness were found to be associated with an increased risk of becoming physically frail or pre-frail around 4 years later. Relative risk ratios (95% CI), adjusted for age, sex, level of frailty and other potential confounding factors at baseline were 1.74 (1.29, 2.34) for pre-frailty, and 1.85 (1.14, 2.99) for frailty. High levels of loneliness were not associated with change in the frailty index – a broadly based measure of general condition – over a mean period of 6 years. In the sample as a whole, there was no association between social isolation and risk of becoming physically frail or pre-frail, but high social isolation was associated with increased risk of becoming physically frail in men. Social isolation was not associated with change in the frailty index. The authors conclude that older people who experience high levels of loneliness are at increased risk of becoming physically frail. (RH)

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

HEALTH AND WELLBEING

(See Also 246/76)

246/56 The mediation effect of political interest on the connection between social trust and wellbeing among older adults; by Giovanni Piumatti, Daniel Magistro, Massimilio Zecca, Dale W Eiseger.: Cambridge University Press.

Ageing and Society, vol 38, no 11, November 2018, pp 2376-2395.

Previous research has established significant positive associations between social trust and well-being among older adults. This study aimed to obtain a deeper understanding of the relationship between different sources of social trust and well-being, by examining the mediating role of political interest. A sample of 4,406 Italian residents aged 65 years and over was extracted from Aspects of Daily Life, a national cross-sectional survey during 2013 in Italy, representative of the non-institutionalised population. Measures included trust in people, trust in institutions, political interest, life satisfaction and self-perceived health. Mediation path analysis and structural equation modelling were used to test the mediating effects of political interest on the relationship between trust in people and trust in institutions with life satisfaction and self-perceived health. Associations between trust in people, life satisfaction and self-perceived health, and between trust in institutions and life satisfaction were partially mediated by political interest, while the association between trust in institutions and self-perceived health was fully mediated by political interest. Having high levels of political interest may thus enhance the relationship between social trust and well-being among older adults. These results suggest that interventions to enhance older people's well-being may benefit from examining individuals' levels of political interest. (RH)

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

HEALTH CARE

(See Also 246/114)

- 246/57 The development of a collaborative framework for commissioning health and social care; by Kayleigh M Nelson, Aimee I McKinnon, Angela Farr (et al.): Emerald.
Journal of Integrated Care, vol 26, no 4, 2018, pp 286-295.
The purpose of this Wales-based study was to present an evaluation of a collaborative commissioning approach to improve quality and experience and reduce cost within integrated health and social care. A multi-method approach was used involving qualitative interviews, documentary analysis and non-participant observation. Study findings suggested that the approach provides a suitable framework for the collaborative commissioning of integrated health and social care services. Further research is now needed to provide a definitive evaluation of its value outside of Wales. With the significant scrutiny on health systems, the approach demonstrates effectiveness in securing quality improvements, achievement of recognised care standards and patient outcomes, while providing scope for financial gains and a goal for stakeholders to engage in effective communication. This research presents an innovative method for collaborative commissioning and reveals activities that appear to contribute to more effective commissioning processes. (JL)
ISSN: 14769018
From : <http://www.emeraldinsight.com/loi/jica>

HEALTH SERVICES

- 246/58 General practitioners' knowledge, attitudes, and experiences of managing behavioural and psychological symptoms of dementia: a mixed-methods systematic review; by Aisling A Jennings, Tony Foley, Kieran A Walsh (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 9, September 2018, pp 1163-1176.
The aim of this study was to synthesise existing published literature on general practitioners' (GPs) knowledge, attitudes and experiences of managing behavioural and psychological symptoms of dementia (BPSD) with a view to informing future interventions. The authors conducted a systematic review and synthesis of quantitative and qualitative studies that explored GPs' experiences of managing BPSD. Seven electronic databases were searched from inception to October 2017. Each stage of the review process involved at least two authors working independently. The meta-ethnographic approach was used to synthesise the findings of the included studies while preserving the context of the primary data. The Confidence in the Evidence from Reviews of Qualitative research (CERQual) was used to assess confidence in the individual review findings. Of 1,638 articles identified, 76 full texts were reviewed and 11 were included. Three main concepts specific to GPs' experiences of managing BPSD emerged: unmet primary care resource needs, justification of antipsychotic prescribing and the pivotal role of families. A 'line of argument' was drawn, which described how in the context of resource limitations a therapeutic void was created. This resulted in GPs being over reliant on antipsychotics and family caregivers. These factors appeared to culminate in a reactive response to BPSD whereby behaviours and symptoms could escalate until a crisis point was reached. This systematic review offers new insights into GPs' perspectives on the management of BPSD and will help to inform the design and development of interventions to support GPs managing BPSD. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>
- 246/59 Specialist services in early diagnosis and support for older people with dementia in England: staff roles and service mix; by Saima Ahmed, Jane Hughes, Sue Davies (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 9, September 2018, pp 1280-1285.
This study investigated staff roles and tasks in Community Mental Health Teams (CMHT) and memory clinics, which were provided within a framework determined by local Clinical Commissioning Groups. A cross-sectional survey design was used to collect data in England in 2015. Teams were identified by 68 mental health providers and invited to complete a questionnaire. 51 NHS Trusts responded to the request. The response rate varied. Data were obtained for all Clinical Commissioning Group areas in three of the nine regions in England, but only half in one of them. CMHTs were significantly more likely to have larger staff groups. Compared with memory clinics they were also more likely to have staff that were not professionally qualified. The occupational therapist role showed a strong association with the provision of all services in CMHTs. Both CMHTs and memory clinics provided information and advice about dementia. CMHTs provided more services associated with the support of a person with dementia at home. Variations in the staff mix in CMHTs and memory clinics reflected their different functions. There was limited evidence in both of profession specific interventions relating to the provision of support, information, therapy and education associated with either diagnosis or long-term support. The potential for a single service to undertake both diagnostic and long-term support and the associated costs and benefits are areas for future research. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>

HOSPITAL CARE

(See Also 246/88)

- 246/60 The barriers and facilitators for recognising distress in people with severe dementia on general hospital wards; by G J E Crowther, C A Brennan, M I Bennett.: Oxford University Press. *Age and Ageing*, vol 47, no 3, May 2018, pp 458-465. Psychological symptoms and delirium are common but underreported in people with dementia on hospital wards. Unrecognised and untreated symptoms can manifest as distress. Identifying distress accurately therefore could act as a trigger for better investigation and treatment of the underlying causes. The challenges faced by healthcare professionals to recognise and report distress are poorly understood. In this study, semi-structured interviews were conducted with a purposive sample of 25 healthcare professionals working with older people in general hospitals. Interviews were analysed generating themes that describe the facilitators and barriers of recognising and caring for distress in dementia. Regardless of training or experience, all participants had a similar understanding of distress, and identified it as a term that is easily understood and communicated. All participants believed they recognised distress innately. However, the majority also believed it was facilitated by experience, being familiar with their patients, and listening to the concerns of the person's usual carers. Barriers to distress recognition included busy ward environments, and that some people may lack the skill to identify distress in hypoactive patients. Distress may be a simple and easily identified marker of unmet need in people with dementia in hospital. However, modifiable and unmodifiable barriers are suggested that reduce the chance of distress being identified or acted on. Improving our understanding of how distress is identified in this environment, and in turn developing systems that overcome these barriers, may improve the accuracy with which distress is identified on hospital wards. (RH)
ISSN: 00020729 **From** : <https://academic.oup.com/ageing>
- 246/61 Development of the Emergency Department Senior Abuse Identification (ED Senior AID) tool; by Timothy F Platts-Mills, Joseph A Dayaa, Bryce B Reeve (et al).: Taylor and Francis. *Journal of Elder Abuse and Neglect*, vol 30, no 4, August-October 2018, pp 247-270. Emergency departments (EDs) are an important health care setting for the identification of elder abuse (EA). In this American study, the authors' objective was to develop an ED-based tool to identify EA. The initial tool included a brief cognitive assessment, questions to detect multiple domains of EA, and a physical examination. Refinement of the tool was based on input from clinical experts, and nurse and patient feedback. The revised tool, which included 15 questions about EA, was then tested in an academic ED. The authors calculated the inter-rater reliability, sensitivity and specificity of individual EA questions. Among ED patients aged 65+ (N = 259), 17 (7%) screened positive for suspicion of EA. The authors identified a combination of six questions that cover the included domains of EA, which demonstrated good or excellent inter-rater reliability, and had a sensitivity and specificity of 94% (95% confidence interval (CI) 71-100%) and 90% (95% CI 85-93%), respectively. These results inform a proposed screening tool for multi-site validation testing. (RH)
ISSN: 08946566 **From** : <http://www.tandfonline.com>
- 246/62 Use of hospitals by older versus younger Canadians: myths and misconceptions; by Donna M Wilson, Ye Shen, Gail Low.: Cambridge University Press. *Canadian Journal on Aging*, vol 37, no 3, September 2018, pp 309-317. This study investigated concerns regarding the extensive use of hospitals by older people and subsequent long waiting lists. The research analysed complete individual-anonymous, 2014-2015 inpatient hospital data for all Canadian provinces and territories except Quebec. People aged 65 and older accounted for 37% of all hospital episodes and 41.5% of all admissions to intensive or coronary care units. Similarly, of all admitted individuals, 32.8% were older. The data also revealed that only 14.3% of older Canadians living outside of Quebec were admitted to hospital once or more during the year in question. This study indicates that issues other than hospital use by older people should be addressed in Canada for improved hospital accessibility. Improved care of older persons is also indicated, as their higher risk of hospital admission, longer hospital stays and dying in hospital could be from a lack of age-informed hospital and community services. (JL)
ISSN: 07149808
From : <http://www.cambridge.org/cjg>

HOUSING

- 246/63 Listen to the elders: design guidelines for affordable multifamily housing for the elderly based on their experiences; by Jung-hye Shin.: Taylor and Francis. *Journal of Housing for the Elderly*, vol 32, no 2, April-June 2018, pp 211-240. There is an increasing demand for affordable multi-family housing for a rapidly growing population of ethnic older people. Using the lived experiences of Korean American older people currently living in affordable housing in the Midwest as one such example, this study seeks to develop design guidelines to meet the specific living needs and desires of this ageing population. Verified against well-established building standards and accepted guidelines, these design recommendations lay the groundwork for

multi-family housing that will assist older people to age in place in safe, healthier and happier environments. (RH)

ISSN: 02763893

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

HOUSING WITH CARE

246/64 Mapping the "housing with care" concept with stakeholders: insights from a UK case study; by Annie Wild, David Clelland, Sandy Whitelaw (et al.): Emerald.

Journal of Integrated Care, vol 26, no 4, 2018, pp 257-266.

The purpose of this paper was to present findings of an early stage, exploratory case study of a proposed housing with care initiative, namely the Crichton Care Campus (CCC). This sought the perspectives of a range of key stakeholders on the proposed model and how it might be best realised. The analyses of these findings showed their relevance to debates on integrated housing with care, and reflected on the methodology used and its potential relevance to similar projects. The study used a transactive planning approach, where grounded views were sought from a variety of stakeholders. A purposive sample identified informants from relevant health, social care and housing organisations and nine semi-structured interviews were conducted. These were transcribed and data analysis was undertaken on an 'interactive' basis, relating care theory to empirical expressions. The authors identified two contrasting orientations – inclusive 'community oriented' and professional 'service oriented'. This distinction provided the basis for a rudimentary conceptual map which could continue to be used in the planning process. Two significant variables within the conceptual map were the extent to which CCC should be intergenerational and as such, the degree to which care should come from formalised and self-care/informal sources. The potential to achieve an integrated approach was high with stakeholders across all sectors fully supporting the CCC concept and agreeing on the need for it to have a mixed tenure basis and included a range of non-care amenities. (JL)

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INCOME AND PERSONAL FINANCE

(See 246/86)

INFORMATION AND COMMUNICATION TECHNOLOGY

(See 246/24)

INTEGRATED CARE

246/65 Australian recommendations for the integration of emergency care for older people: consensus statement; by Judy A Lowthian, Glenn Arendts, Edward Strivens.: Wiley.

Australasian Journal on Ageing, vol 37, no 3, September 2018, pp 224-226.

Management of older patients during acute illness or injury does not occur in isolation in hospital emergency departments. The aim of this study was to develop a collaborative Consensus Statement to enunciate principles of integrated emergency care. Briefing notes, informed by research and evidence reviews, were developed and evaluated by a Consensus Working Party comprising cross-speciality representation from clinical experts, service providers, consumers and policymakers. The Consensus Working Party then convened to discuss and develop the statement's content. A subcommittee produced a draft, which was reviewed and edited by the Consensus Working Party. Consensus was reached after three rounds of discussion, with 12 principles and six recommendations for how to follow these principles, including an integrated care framework for action. Dissemination will encourage stakeholders and associated policy bodies to embrace the principles and priorities for action, potentially leading to collaborative work practices and improvement of care during and after acute illness or injury. (JL)

ISSN: 14406381

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

246/66 An integrated care programme in London: qualitative evaluation; by Thomas Round, Mark Ashworth, Tessa Crilly (et al.): Emerald.

Journal of Integrated Care, vol 26, no 4, 2018, pp 296-308.

A well-funded, four-year integrated care programme was implemented in South London. The programme attempted to integrate care across primary, acute, community, mental health and social care. Its overall purpose was to reduce hospital admissions and nursing home placements. Programme evaluation aimed to identify what worked well and what did not, lessons learned and the value of integrated care investment. Qualitative data were obtained from documentary analysis, stakeholder interviews, focus groups and observational data from programme meetings. Framework analysis was applied to stakeholder interview and focus group data in order to generate themes. Findings demonstrated that the project had not delivered expected radical reductions in hospital or nursing home utilisation. In response the scheme was reformulated to focus on feasible service integration. Other benefits emerged,

particularly system transformation. Eight themes emerged: shared vision/case for change; interventions; leadership; relationships; organisational structures and governance; citizens and patients; evaluation and monitoring; and macro level environment. Each theme was interpreted in terms of 'successes', 'challenges' and 'lessons learned'. Evaluation was hampered by lack of a clear evaluation strategy from programme inception to conclusion, and of the evidence required to corroborate claims of benefit. Key lessons learned included importance of strong clinical leadership, shared ownership and inbuilt evaluation. (JL)

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

INTERNATIONAL AND COMPARATIVE

(See Also 246/53, 246/78)

- 246/67 Being an adult child of an elderly person living in a nursing home: a phenomenological approach to the Turkish case; by Pelin Onder Erol, Elif Gun.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 2, 2018, pp 117-125.
A long-established cultural norm of filial piety may cause ambivalent feelings for adult children who are considered the primary caregivers for their older parents in Turkish culture, and whose parents have been placed into nursing homes. The purpose of this paper was to provide an insight to the lived experiences of adult children of older people living in a nursing home in Turkey. Drawing upon dramaturgical theory and phenomenological methodology the authors conducted interviews with ten adult children whose older parents had been admitted to a nursing home in Izmir, Turkey. Multi-stage purposeful random sampling was used as the sampling scheme. Thematic analysis was performed to interpret the data. Three themes emerged from the data: adult children's coping strategies, the ways in which the adult children rationalise their decisions, and the ways in which the adult children manage the placement process. The interviews revealed that the adult children often feel like social outcasts and experience a wide range of difficulties, including social pressures, their own inner dilemmas and negotiations with their older parents. An exploration for the lived experiences of adult children relating to the nursing home placement of their older parents contributes an insight about the well-established cultural norms that produce feelings of ambivalence. (JL)
From : <http://www.emeraldinsight.com/loi/qaqa>
- 246/68 A caring welfare state in South Korea: challenges and prospects; by Hee-Kang Kim.: Policy Press.
International Journal of Care and Caring, vol 2, no 3, August 2018, pp 333-348.
This article examines the implications of care ethics in a Korean welfare state. It shows how Confucianism, developmentalism and neoliberalism can both promote and restrict the establishment of a Korean caring welfare state. Despite the fact that these Korean contexts can either support or undercut the development of a caring welfare state, it is clear that none of these contexts places particular importance on the value of care and care relationships. In the Confucian and neoliberal contexts, care is a family or private issue, while developmentalism fails to appreciate care, due to its prioritisation of economic development. (RH)
ISSN: 2397883X
From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 246/69 Double burden for women in mid- and later life: evidence from time-use profiles in Cebu, the Philippines; by Feinian Chen, Luoman Bao, Zhiyong Lin (et al.): Cambridge University Press.
Ageing and Society, vol 38, no 11, November 2018, pp 2325-2355.
The degree to which women in Cebu in the Philippines are subject to the double burden of work and family responsibilities in mid- and later life is examined. The authors used latent class analysis with data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS, for 1994, 1998, 2002, 2005, 2007, 2012) to develop time-use profiles for these women. Analysis started in 1994 with a sample of 2,279 women (mean age 38); in all, 1,771 respondents were observed across the five waves of data. The CLHNS collected data using 24-hour activity diaries (reported for a typical weekday). Results suggest that close to a third of the sample are engaged in high-intensity work for pay (either outside or home-based), while combining it with a substantial amount of household chores and with a low level of personal time over a span of 18 years. Latent transition analysis also shows that, with the addition of grandchildren into the household, some women experience a shift in time-use class membership. They become high-intensity care-givers, or completely transition out of the work arena, while others remain double-burdened with active involvement in both work and family responsibilities. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 246/70 An empirical study of elder abuse in the state of Uttar Pradesh of India; by Avani Bhai Patel, Anindya J Mishra.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 2, 2018, pp 106-116.
Elder abuse is a matter of increasing concern across India. Today older people are facing abusive behaviour such as maltreatment, mental and physical torture and heedless ignominy from the family and society. The purpose of this paper is to examine the nature of elder abuse in the Indian socio-cultural

context and also focuses on the causes of elder abuse and abusers. Mixed method design was applied in this paper. The study was conducted from October 2012 to January 2013 on a sample of 220 older people living in both rural and urban areas of Lucknow, India. The data were analysed through descriptive and narrative analysis. The study found that emotional abuse is more common among older people, which raises the feeling of insecurity, depression and isolation. The study also pointed out that the respect, honour, status and authority which were enjoyed by older people in the traditional society, have gradually started declining. Moreover family members do not provide proper food, clothing and medical facilities in rural areas. Since this sample of older respondents was small and focused on those living in a particular area of one state, the authors could not generalise from the study to include the great diversity of experience and difference in perceptions among the older people even within a particular state. However widespread and diverse types of accounts of elder abuse were reported even in these settings, which can help indicate areas for future research and policies. (JL)

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

- 246/71 Interrogating theories of care in the Indian context; by Kanchana Mahadevan.: Policy Press. International Journal of Care and Caring, vol 2, no 3, August 2018, pp 349-366. Martha Nussbaum's capabilities approach highlights the need for integrating vulnerability, dependency and care work with liberal principles of individuality and rationality. However, capabilities offer a statist, juridical and formal model of objectified care, whose adoption would lead to greater paternalism, especially in the context of public welfare institutions in India. This article argues that one needs to move beyond liberal theory, while engaging with vulnerability and care work in institutional contexts. It defends informal care as a multi-layered practice in public sector institutions in India, to which deliberation is central. It acknowledges the inevitability of flexibility, interdependence, plurality, and particularity in informal caregiving practice. (RH)
ISSN: 2397883X
From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 246/72 The personal cost of dementia care in Japan: a comparative analysis of residence types; by Takayo Nakabe, Noriko Sasaki, Hironori Uematsu (et al.): Wiley. International Journal of Geriatric Psychiatry, vol 33, no 9, September 2018, pp 1243-1252. The present study aimed to quantify the personal economic burden of dementia care in Japan according to residence type. A cross-sectional online survey was conducted on 3,841 caregivers of people with dementia. An opportunity cost approach was used to calculate informal care costs. All costs and the observed/expected (OE) ratio of costs were adjusted using patient sex, age and care needs levels, and compared among the residence types. The mean daily informal care time was 8.2 hours, and the mean monthly informal care costs for community-dwelling people with dementia were US\$1,559. The OE ratio for informal care costs in community-dwelling patients was higher than in institutionalised patients. The inclusion of informal care costs reduced the differences in total personal costs among the residence types. The economic burden of informal care should be considered when quantifying dementia care costs. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 246/73 Prevalence and correlates of elder mistreatment in Singapore; by S Chokkanathan.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 30, no 4, August-October 2018, pp 271-283. The current study attempts to identify the prevalence rate of and risk factors associated with elder mistreatment in Singapore, a multi-ethnic nation in South-East Asia. Information on elder mistreatment was collected from 400 non-randomly selected cognitively intact older adults in a residential area of Singapore. Items on mistreatment were adopted from the Hwalek-Sengstock Elder Abuse Screening Test and the Vulnerability to Abuse Screening Scale. Standardised scales on activities of daily living, loneliness, and items on violence between family members were administered. The prevalence rate of mistreatment was 8.3%. A family environment characterized by psychological and physical abuse between family members and a social environment characterised by loneliness increased the vulnerability of older adults to mistreatment. Older adults who were mistreated reported more depression symptoms than those who were not. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 246/74 Resilience among older caregivers in rural Namibia: the role of financial status, social support and health; by Eveline Ndii Kalomo, Kyoung Hag Lee, Elizabeth Lightfoot, Rachel Freeman.: Taylor and Francis. Journal of Gerontological Social Work, vol 61, no 6, August-September 2018, pp 605-622. Namibia has one of the highest HIV prevalence rates and one of the highest rates of orphanhood in the world, and older caregivers provide much of the care to people living with HIV and AIDS. In this study the authors explored how financial status, social support and health were related to the resilience of caregivers caring for people affected by HIV and AIDS in rural northern Namibia. Data were collected through a structured interview from 147 caregivers from the Zambezi region. Findings from the study showed that employment and physical health were significantly associated with increased resilience in older caregivers. These findings point to the need for employment assistance and health services to improve the resilience of caregivers caring for people living with HIV and AIDS. There is a need for more

vigorous concerted efforts from public and private sector practitioners and policymakers to create more sustained formal employment opportunities and intervention programmes aimed at improving the overall health of older HIV caregivers, especially those living in rural HIV endemic communities in developing countries. (JL)

ISSN: 01634372

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

- 246/75 They 'don't cure old age': older Ugandans' delays to health-care access; by Enid Schatz, Janet Seeley, Joel Negin, Joseph Mugisha.: Cambridge University Press.

Ageing and Society, vol 38, no 11, November 2018, pp 2197-2217.

Uganda's population is ageing, which comes with increased and varied burdens of disease and health-care needs. At the same time, gerontological care in Uganda remains neglected. This paper examines the factors that cause older Ugandans to delay health-care access. The authors conduct a thematic analysis of data drawn from nine focus groups held with rural Ugandans aged 60+. The analysis highlights the factors that delay older people's access to health care and how these align with the Three-Delay Model, which was originally developed to assess and improve obstetric care in low-resource settings. Our participants report delays in deciding to seek care related to mobility and financial limitations, disease aetiology, severity and stigma (Delay I); reaching care because of poor roads and limited transport options (Delay II); and receiving appropriate care because of ageism among health-care workers, and poorly staffed and under-supplied facilities (Delay III). These delays to care are interrelated and affected by factors at the individual, community and health-system levels. The authors conclude by arguing for multi-pronged interventions that will address these delays, improve access to care, and ultimately enhance older Ugandans' health and well-being. (RH)

ISSN: 0144686X From : <http://www.cambridge.org/aso>

LEISURE

- 246/76 Visiting the allotment garden: a complete experience; by Nina E Martens, Helena Nordh, Marianne Thorsen Gonzalez.: Taylor and Francis.

Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 121-134.

This study explored the experience of healthy older people regularly visiting allotment gardens (AGs) in a large city in Norway. Semi-structured interviews with eight older visitors were analysed by applying Malterud's strategy for systematic text condensation. Three main themes evolved, with AGs as a context for social, restorative and reminiscence experiences. The findings underline the importance of AGs as a natural and cultural context, and may encourage politicians and planners to take into consideration the importance of neighbourhood outdoor contexts offering social, nature and reminiscence experiences for older people. (RH)

ISSN: 02763893

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

LONELINESS AND SOCIAL ISOLATION

(See Also 246/55, 246/109)

- 246/77 Combatting social isolation and increasing social participation of older adults through the use of technology: a systematic review of existing evidence; by Steven Baker, Jeni Warburton, Jenny Waycott (et al.): Wiley.

Australasian Journal on Ageing, vol 37, no 3, September 2018, pp 184-193.

There are growing concerns that social isolation presents risks to older people's health and wellbeing. The objective of this review was to explore how technology is currently being utilised to combat social isolation and increase social participation, thereby improving social outcomes for older people. A systematic literature review was conducted across social science and human-computer interaction databases. A total of 36 papers met the inclusion criteria and were analysed using a four-step process. Findings were threefold, suggesting that: (i) technologies principally utilised social network services and touch-screen facilities; (ii) social outcomes were often ill-defined or not defined at all; and (iii) methodologies used to evaluate interventions were often limited and small-scale. Results suggest a need for studies that examine new and innovative forms of technology, evaluated with rigorous methodologies, and drawing on clear definitions about how these technologies address social isolation/participation. (JL)

ISSN: 14406381

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

- 246/78 Describing reasons for loneliness among older people in Nigeria; by Blessing Ugochi Ojembe, Michael Ebe Kalu.: Taylor and Francis.

Journal of Gerontological Social Work, vol 61, no 6, August-September 2018, pp 640-658.

The rural to urban migration of family members often leads to a higher probability of older people living alone and minimises family/social networks, thereby increasing old age loneliness. This study looked at the existence of loneliness among older adults in Nigeria and its factors, aiming to inform the development of interventions for reducing old age loneliness. The authors adopted a descriptive

phenomenological approach to the qualitative design, purposefully selecting and conducting face-to-face interviews with 12 older adults aged 58 to 88. The data was analysed using a Thematic Analysis. Results of the analysis revealed three major themes: perception and existence of loneliness, factors for loneliness, and context-dependent coping strategies. Results were described based on the theory of interactionist perspectives of loneliness and drew policy implications from this. Participants drew interesting associations between loneliness, decreasing family/social networks, recent family ties structures, disability-associated ageing and lack of social programmes, and suggested context-dependent coping strategies to reduce loneliness. (JL)

ISSN: 01634372

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

- 246/79 The effectiveness of logotherapy in mitigating the social isolation of neglected institutionalised older people; by Mohamed Mohamed K Elsherbiny, Raya H Al Maamari.: Oxford University Press. British Journal of Social Work, vol 48, no 4, June 2018, pp 1090-1108.

One of the most prevalent and harmful forms of elder abuse is neglect. Social isolation is one of the most common consequences of neglect, with an inability to find meaning in life closely associated with both these issues. One intervention that might be used with older people suffering from neglect and social isolation is logotherapy, a meaning-based intervention. The aim of this study was to examine the effectiveness of logotherapy in mitigating the social isolation of older people suffering from neglect. The study was developed using a quantitative research design and with a purposive sample of 43 socially isolated older individuals in a single institution for older people in Cairo, Egypt. The study followed a quasi-experimental model. A social disconnectedness scale and a perceived isolation scale were used to assess both degrees of social isolation. The intervention lasted for 12 weeks, with two weeks of follow-up work. A significant difference emerged between the intervention and control groups. The results indicate that enabling older people to experience meaning in life by emphasising the value of social relationships and interactions has a positive effect on their social networks. (JL)

ISSN: 00453102

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

LONG TERM CARE

(See Also 246/106)

- 246/80 Challenges in long-term care in Europe: a study of national policies 2018; by Slavina Spasova, Rita Baeten, Stéphanie Coster, Dalila Ghailani, Ramón Peña-Casas, Bart Vanhercke, European Social Policy Network (ESPN); Directorate-General for Employment, Social Affairs and Inclusion, European Commission. Brussels: European Commission, 2018, 66 pp.

This synthesis report provides a brief description of the main features of national long-term care (LTC) systems in Europe. It analyses four challenges of national LTC systems identified in the 35 countries under scrutiny, namely: the access and adequacy of long-term care provision; the quality of formal home care as well as residential services; the employment of informal carers; and the financial sustainability of national long-term care systems. The report also identifies national reforms aimed at tackling these challenges. Finally, it presents a brief overview of national LTC indicators. The report concludes that the 35 countries covered by the ESPN face, and will continue to face, significant long-term care system challenges. It makes recommendations to help overcome them. (RH)

From : <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>

- 246/81 ESPN thematic report on challenges in long-term care: United Kingdom, 2018; by Caroline Glendinning, European Social Policy Network (ESPN); Directorate-General for Employment, Social Affairs and Inclusion, European Commission. Brussels: European Commission, 2018, 17 pp.

Established in 2014, the European Social Policy Network (ESPN) brings together into a single network the work formerly carried out by the European Network of Independent Experts on Social Inclusion, the Network for the Analytical Support on the Socio-Economic Impact of Social Protection Reforms (ASISP) and the MISSOC (Mutual Information Systems on Social Protection) secretariat. This is one of a number of thematic country reports on challenges in long-term care (LTC). It notes the fragmented nature of the social care system: the differences between the four UK countries in access to care, also threats to viability and capacity of residential and community or domiciliary care providers and the quality of services. The report is in five sections, starting with the main features of LTC: governance and system organisation; financing; the balance between institutional, domiciliary and cash support; and the role of family care. Second, it assesses challenges in LTC: access and adequacy of publicly-funded care; quality of care; the workforce; and financial sustainability. Third, it notes recent or planned reforms (e.g. the Better Care Fund, BCF) and how these address challenges. Fourth, it makes policy recommendations: additional funding to address availability and quality of care (and the impacts on care providers and the NHS); longer-term, sustainable reforms to ensure funding continues to grow in line with anticipated demographic pressures; and measures to ensure the equitable distribution of resources to reflect local variations in need. Fifth, it looks at the types and adequacy of data for measuring LTC. An appendix lists sources of data on social care (for England). (RH)

From : <http://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8128&furtherPubs=yes>

- 246/82 Experiences of a mass interinstitutional relocation for long-term care staff; by Sarah L Canham, Minesko Wada, Lupin Battersby, Mei Lan Fang, Andrew Sixsmith.: Taylor and Francis.
Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 160-175.
This Canadian research explored the perceptions and experiences of long-term care (LTC) staff working in LTC and providing care to residents following a mass inter-institutional relocation. In-depth, semi-structured interviews were conducted with 63 LTC workers. Thematic analyses revealed three overarching themes related to how staff members perceived their relationships with other staff members following relocation. The first theme, post-relocation relationships between staff members, included the sub-themes "Staff are segregated from each other" (physical distance) and "We were a family", to "barely say hi" (psychological distance). The second theme, post-relocation stress, has two sub-themes: "Staffing is our big issue", and consequences of stress: absenteeism and leave. The third theme is recommendations for improving and managing staff relationships post-relocation. Relationships among staff members are integral to working in LTC and providing care to residents following a mass inter-institutional relocation. Recommendations for improving staff relationships and morale are suggested. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>

LONGEVITY

- 246/83 Women live longer than men even during severe famines and epidemics; by Virginia Zarulli, Julia A Barthold Jones, Anna Oksuzyan, Rune Lindahl-Jacobsen, Kaare Christensen, James W Vaupel.
Proceedings of the National Academy of Sciences of the United States of America (PNAS), vol 115, no 4, 8 January 2018, E832-E840.
In almost all contemporary populations, women live longer than men. Thus far, research provides evidence for both biological and social factors influencing this gender gap. Evidence on conditions in which both men and women experience extremely high levels of mortality risk has not been explored. The authors investigate the survival of both sexes in seven populations under extreme conditions from famines, epidemics and slavery. They use historic data for high mortality populations in Liberia (1820-1843), Trinidad (1813-1816), Ukraine (1933), Sweden (1773), Iceland (1846 and 1882) and Ireland (1845-1849).
They found that women survived better than men. In all populations, women had lower mortality across almost all ages; and, with the exception of one slave population, they lived longer on average than men. Gender differences in infant mortality contributed the most to the gender gap in life expectancy, indicating that newborn girls were able to survive extreme mortality hazards better than newborn boys. The results confirm the ubiquity of a female survival advantage, even when mortality is extraordinarily high. The hypothesis that the survival advantage of women has fundamental biological underpinnings is supported by the fact that, under very harsh conditions, females survive better than males, even at infant ages when behavioural and social differences may be minimal or favour males. These findings also indicate that the female advantage differs across environments and is modulated by social factors. (OFFPRINT). (RH)
From : <http://www.pnas.org/content/pnas/115/4/E832.full.pdf>

MEDICATION

- 246/84 Medicines management for people receiving social care in the community; by NICE - National Institute for Health and Care Excellence.: NICE - National Institute for Health and Care Excellence, July 2018, Interactive flow chart/document (Quality standard; QS171).
This interactive quality standard covers assessing whether people need help with their medicines, and deciding what medicines support is needed to enable people to manage their medicines. It comprises and explains four quality statements: Assessing medicines support needs; Recording medicine support needs; and Managing medicine related problems. It also includes communication between health and social care staff, to ensure people have the medicines support they need. It describes high-quality care in priority areas for improvement. It provides links to other NICE quality standards that should be considered when commissioning or providing medicines support services for people receiving social care in the community. A short guide, 'Effective record keeping and ordering of medicines: a quick guide for home care managers providing medicines support' (<https://www.scie.org.uk/files/home-care/medicine/record-keeping-ordering/effective-record-keeping-and-ordering-of-medicines.pdf>), has also been developed by NICE with the Social Care Institute for Excellence (SCIE). (RH)
From : <https://www.nice.org.uk/guidance/qs171>
- 246/85 To err is human: medication patient safety in aged care, a case study; by Julia Gilbert, Jeong-ah Kim.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 2, 2018, pp 126-134.
In this paper the authors explored a medication error through the completion of a root cause analysis and case study in an aged care facility. Research indicates that medication errors are highly prevalent in aged care and 40% of nursing home patients are regularly receiving at least one potentially inappropriate medicine (Hamilton, 2009; Raban et al., 2014; Shehab et al., 2016). Insufficient patient information, delays

in continuing medications, poor communication, the absence of an up-to-date medication chart and missed or significantly delayed doses are all linked to medication errors (Dwyer et al., 2014). Strategies to improve medication management across hospitalisation to medication administration include utilisation of a computerised medication prescription and management system, pharmacist review, direct communication of discharge medication documentation to community pharmacists and staff education and support (Dolanski et al., 2013). Discussion of the factors impacting on medication errors within aged care facilities may explain why they are prevalent and serve as a basis for strategies to improve medication management and facilitate further research on this topic. (JL)

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

MENTAL CAPACITY

246/86 Investing: the case for recognition as an independent capacity; by Herbert Medetsky, Preeti Sunderaraman, Stephanie Cosentino.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 30, no 4, August-October 2018, pp 320-331.

The authors provide evidence supporting the need to recognise investing as an independent capacity. A comparison of the definitions and models of financial and investing capacities revealed significant differences between them. A review of the status of investing capacity assessment revealed that there are currently no investing capacity specific assessment instruments (ICSAIs). Implications for researchers and clinicians resulting from the lack of recognition of investing as an independent capacity are discussed and used as a rationale for the need to develop ICSAIs. The benefits of ICSAI development for financial, legal and clinical professionals as well as for investors are discussed. A direction for future investing capacity research is proposed. (RH)

ISSN: 08946566

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

MENTAL HEALTH

(See Also 246/76)

246/87 Developing a psychology led multi-agency approach to hoarding disorder in older adults; by Roberta Caiazza, Luis Soares, Katharine Ruth Clark (et al).: British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 142, April 2018, pp 16-21.

In the past, there was a general belief that hoarding objects was a non-pathological life choice. However, over recent years, the literature has highlighted that hoarding is a frequent mental health issue which affects two to six per cent of the population (Iervolino et al, 2009). In May 2013, Hoarding Disorder was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), which has helped to raise awareness of hoarding behaviours and their impact on the individual, their family and society. Anecdotally, it appears to be exceedingly difficult for a single service to maintain the well-being of an individual who presents with Hoarding Disorder, as it is so often necessary for their property to undergo extensive clearing and cleansing. Managing this efficiently and in a timely manner, whilst inflicting minimal emotional distress to the affected individual, can be very challenging and costly. These issues appear to be associated with the absence of an established, psychology led multi-agency service that would offer an appropriate and effective pathway when working with a Hoarding Disorder presentation. Hence, the authors suggest that a hoarding presentation requires input from multiple sources, involving emergency services, social services and mental health services. The authors aim to reflect on working practices of professionals in the relevant services who have experience of working with people who present with Hoarding Disorder. The paper will also outline a professional multi-agency model of work which may be used to support critical discussions with key stakeholders to support future service developments. (RH)

ISSN: 20528914

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

246/88 Hospital outcomes of older people with cognitive impairment: an integrative review; by Carole Fogg, Peter Griffiths, Paul Meredith, Jackie Bridges.: Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 9, September 2018, pp 1177-1197.

The aim of this study was to summarise existing knowledge of outcomes of older hospital patients with cognitive impairment, including the type and frequency of outcomes reported, and the additional risk experienced by this patient group. This was an integrative literature review in which health care databases, reports and policy documents on key websites were systematically searched. Papers describing the outcomes of older people with cognitive impairment during hospitalisation and at discharge were analysed and summarised using integrative methods. 104 articles were included. A range of outcomes were identified, including those occurring during hospitalisation and at discharge. Older people with a dementia diagnosis were at higher risk from death in hospital, nursing home admission, long lengths of stay as well as intermediate outcomes such as delirium, falls, dehydration, reduction in nutritional status, decline in physical and cognitive function and new infections in hospital. Fewer studies examined the relationship of all-cause cognitive impairment with outcomes. Patient and carer experiences of hospital admission were often poor. Few studies collected data relating to hospital

environment, eg, ward type or staffing levels. Acuity of illness was rarely described. Older people with cognitive impairment have a higher risk of a variety of negative outcomes in hospital. Prevalent intermediate outcomes suggest that changes in care processes are required to ensure maintenance of fundamental care provision and greater attention to patient safety in this vulnerable group. More research is required to understand the most appropriate ways of doing this and how changes in these care processes are best implemented to improve hospital outcomes. (JL)

ISSN: 08856230

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

246/89 The impact of dementia, depression and awareness on activities of daily living in a sample from a middle-income country; by Daniel C Mograbi, Robin G Morris, Helenice Charchat Fichman (et al): Wiley. *International Journal of Geriatric Psychiatry*, vol 33, no 6, June 2018, pp 807-813.

Previous studies have indicated that dementia and depression have a considerable impact on the functional capacity of older adults, also influencing awareness about ability. The purpose of the current study was to investigate the impact of dementia, depression and awareness on activities of daily living (ADL) in a sample of older adults from Rio de Janeiro, Brazil. The study explored impairments in basic, instrumental and advanced ADL using a factorial design comparing four groups: people with dementia and depression, people with dementia without depression, older adults with depression but no dementia and healthy older adults. For each type of ADL, self-report and informant report was contrasted in order to investigate the issue of lack of awareness in relation to ADL. Results indicated that dementia is associated with impairments in all types of ADL. Advanced ADL were also reduced in depressed participants. In addition, in the case of instrumental and basic ADL, informant report indicated less preserved abilities than participant self-report, particularly in people with dementia. The findings highlight the importance of developing interventions and compensatory strategies to prevent loss of ADL in dementia, also suggesting that early intervention in older adults with depression should focus on advanced ADL to prevent social isolation and withdrawal. Finally the findings indicate that self-information about ADL may be compromised in dementia so clinicians exploring disability should consider fully different aspects of ADL in this group. (JL)

ISSN: 08856230

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

246/90 Theory of mind and the Ultimatum Game in healthy adult aging; by Alessandra Girardi, Sergio Della Sala, Sarah E MacPherson.: Taylor and Francis.

Experimental Aging Research, vol 44, no 3, May-June 2018, pp 246-257.

The Ultimatum Game is commonly used to assess decision-making involved in cooperative social interactions with others. However, little is known about the role that the ability to understand other people's intentions plays in these interactions. This study examined performance on the Ultimatum Game and theory of mind (ToM) tasks in younger and older adults. Participants were 22 undergraduate psychology students aged 18-23 and 30 older adults aged 60-81, recruited through the panel of volunteers at the Department of Psychology, University of Edinburgh. Age differences were not found on the ToM tasks; and a lack of variability in performance prevented analyses of the relationships between performance on the Ultimatum Game and ToM. However, age differences were found on the Ultimatum Game, with older adults accepting more unfair offers. Yet, the two age groups did not differ in their appreciation of fairness, as assessed using subjective fairness ratings. These findings suggest that older adults are more rational in their behaviour. They are prepared to accept unfair offers, even when they know they are unfair: it is in their self-interest to accept small monetary values rather than nothing at all. (RH)

ISSN: 0361073X

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

246/91 Working with early trauma and neglect in later life: a cognitive analytic therapy approach; by Michelle Hamill, Ellen Khan.: British Psychological Society.

Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 12-17.

While cognitive analytic therapy (CAT) can be applied to a wide range of psychological problems, it can also help service users in understanding their particular difficulties and set manageable goals to bring about change. The Mental Health Care of Older People services in Newham, Tower Hamlets and Hackney boroughs, East London NHS Foundation Trust (MHCOP ELFT) draw extensively on CAT for work with psychological distress in later life. This article includes the case study of Joe, a man in his late 60s, to illustrate how CAT can helpfully conceptualise the long-term effects of past trauma persisting into later life. In this instance, CAT's lifespan approach has helped in identifying and addressing chronic emotional neglect through childhood that affected Joe's capacity to integrate his experiences, and know his emerging sense of self, while offering an alternative of attending to rather than overlooking feelings. (RH)

ISSN: 20528914

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

MENTAL HEALTH CARE

(See Also 246/16)

- 246/92 Psychological groups for people with mild cognitive impairment; by Michelle Hamill, Martina McCarthy, Adam Fyffe.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, no 143, July 2018, pp 25-30.
Mental Health Care of Older People (MHCOP) services in East London NHS Foundation Trust (ELFT) have been facilitating psychological groups for people diagnosed with mild cognitive impairment (MCI) since 2008, with more than 120 participants to date. This article provides some background to the development of these groups, and describes the intervention and its delivery. It evaluates the intervention in terms of completion rates, service user feedback, and qualitative measures where available. (RH)
ISSN: 20528914
<http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

NEIGHBOURHOODS AND COMMUNITIES

(See Also 246/21)

- 246/93 Dementia-friendly communities: creating collective stories of hope; by Sue Northrop.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, no 141, January 2018, pp 46-49.
Dementia-friendly communities are being created around the world, ranging from continents to streets. This paper continues the story of Dementia-friendly communities in East Lothian. It explores how asset-based community development provides a framework within which people affected by dementia can develop stories of community and hope that give meaning, purpose and happiness in their lives. Three stories illustrate examples of creating a sense of community through services that enhance community connection, creating a sense of community in a care home (yoga classes), and involving people with dementia in local decision making. Dementia Friendly East Lothian (DFEL) is a Community Interest Company (CIC) which is funded by the Health and Social Care Partnership. (RH)
ISSN: 20528914
<http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 246/94 Older People in a Long-term Regeneration Neighbourhood.: An Exploratory Panel Study of Ageing in Place in Hoogvliet, Rotterdam; by Reinout Kleinhans, Lex Veldboer, Maarten van Ham, Sylvia Jansen. *Sociology and Anthropology* 9 (10), 2018, 751-763.
Ageing of the population in European cities creates fundamental challenges with regard to employment, pensions, health care and other age-related services. Many older people want to live independent lives as long as possible. This aspiration is currently strongly supported by many local governments. A precondition for 'ageing in place' is that older people perceive their neighbourhoods as familiar and safe places. In the Netherlands, many neighbourhoods with an ageing population have been subject to urban restructuring policies. An important question is to what extent such policies affect the housing situation, socioeconomic position and social support networks of older people, as these factors strongly assist their ability to 'age in place'. The paper answers this question through an exploratory analysis of a small but unique panel data set from Hoogvliet, a large urban restructuring area in the city of Rotterdam. The partly counter-intuitive results show that restructuring has enabled 'ageing in place'. Compared to stayers, movers within Hoogvliet often report improved housing quality and positive neighbourhood change. The exploratory analyses did not provide evidence of decreased social support or increased loneliness through restructuring-induced disruptions of social ties. Various 'buffer measures' have been effective in preventing negative restructuring impacts on older residents.
From : DOI: 10.13189/sa.2018.061001

OLDER WOMEN

(See 246/69)

PAIN

- 246/95 The assessment of pain in older people: UK national guidelines; by Pat Schofield, British Geriatrics Society - BGS.: Oxford University Press.
Age and Ageing, vol 47, Supplement 1, 2018, pp i1-i22.
This systematic review aims to examine the evidence for the effectiveness of pain assessment strategies in older people with or without cognitive function. It highlights the problems in assessing and managing pain; and provides a range of tools which demonstrate good validity and reliability for clinical practice in assessing pain in older people. It explores the attitudes and beliefs of older people with pain about the assessment of their pain and interactions with carers. It evaluates the effectiveness of

self-assessment to quantify pain in older people. It determines if changes in pain assessment strategy are required for people with cognitive impairment, mental health or psychological problems. These guidelines follow procedures developed by the British Pain Society. (RH)

ISSN: 00020729

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

- 246/96 Pain assessment in the older population: what the literature says; by Pat Schofield, Aza Abdulla.: Oxford University Press.

Age and Ageing, vol 47, no 3, May 2018, pp 324-327.

Assessment of pain in the older adult presents a number of challenges, especially related to communication. This commentary summarises the revised evidence-based guidelines, 'The assessment of pain in older people: UK national guidelines', which have been developed by the British Pain Society and British Geriatrics Society (BGS). The guideline summarises the pain assessment tools that have been developed and validated for use in the older population. Recommendations are made for specific tools for use with older people and for those with dementia. The need for education and training of health care professionals is emphasised. Gaps in the evidence are identified as subjects for future research. It is hoped that the guideline will improve recognition of pain in older people, and help to drive the future research agenda. (RH)

ISSN: 00020729 From : <https://academic.oup.com/ageing>

PENSIONS AND BENEFITS

- 246/97 Good job, good pension?: The influence of the workplace on saving for retirement; by Lynne Robertson-Rose.

Ageing and Society, first view, 18 June 2018, 19 pp.

Most private-sector employees in the United Kingdom (UK) are automatically enrolled into individualised defined contribution (DC) pension accounts. In a DC environment, income adequacy in retirement is highly dependent on the decisions that individuals make earlier in their lives. The ease with which they move into employment, and the pension support that they then receive from their employer, can be critical in determining outcomes. This paper discusses how employees respond to workplace pension schemes and the circumstances under which they assess the suitability of their contributions. The findings are based on an embedded case study comprising qualitative interviews with 25 employees of a large UK utility company. Participants were selected on the basis of socio-economic similarity. The research concluded that fixed-term employment negatively impacted on saving for retirement, both with respect to scheme membership and to the level of saving. Furthermore, it was found that the employment context had an influence upon retirement savings behaviour. The proactive approach of the employer in providing retirement benefits, and the trust that employees had in their employer, positively influenced membership and contribution levels. In addition to employer endorsement effects, both the encouragement of older work colleagues and workplace norms had a role to play in influencing how successfully individuals prepared for retirement. (OFFPRINT) (RH)

ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X18000600>

- 246/98 Later pension, poorer health?: Evidence from the new State Pension Age in the UK; by Ludovico Carrino, Karen Glaser, Mauricio Avendano.: Harvard Center for Population and Development Studies. Harvard Center for Population and Development Studies Working Paper Series, June 2018, 37 pp.

This paper examines the health impact of UK pension reforms that has increased women's State Pension age (SPA) for up to six years since 2010.

The authors base their analysis on a sample of 3,452 women aged 60-64 interviewed between 2009 and 2015 as part of Understanding Society (the UK Household Longitudinal Study, UKHLS), a nationally representative survey that extensively uses health measurements. Raising the State Pension age has led to an 11% increase in employment, which the authors show has reduced physical and mental health among women from routine-manual occupations. They show robust evidence that a larger increase in the State Pension age leads to larger negative health effects, resulting in a widening gap in health between women from different occupations. These results are consistent with a 27% fall in individual incomes for women in routine-manual occupations. (RH)

From : <https://dx.doi.org/10.2139/ssrn.3195760>

PETS

- 246/99 The impact of a care recipient's pet on the instrumental caregiving experience; by Jessica Bibbo, Christine M Proulx.: Taylor and Francis.

Journal of Gerontological Social Work, vol 61, no 6, August-September 2018, pp 675-684.

Older adults report strong emotional bonds with their pets which often become increasingly important as health declines and dependence upon others increases. Individuals requiring assistance meeting their own needs are likely to need assistance in meeting the needs of their pet. The care recipient's pet may be an important, though presently overlooked, factor in the caregiving experience. This study measured the amount of care tasks/activities informal caregivers of older adults devoted to their care recipients' pet. Caregivers for an individual aged 50 and older who did not consider the care recipient's pet to be his/her own animal completed an online questionnaire. Descriptive statistics and Pearson correlations

were used in analyses. 34 caregivers performed an average of 14.9 different pet care tasks/activities and an average of 11.21 hours per week in pet care. The total number of tasks/activities performed was significantly and positively correlated with the care recipients' degree of functional limitation. Care recipients' pets may be a significant factor in shaping the instrumental caregiving experience. (JL)
ISSN: 01634372

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

PHYSICAL ACTIVITY

246/100 Physical activity level as a predictor of healthy and chronic disease-free life expectancy between ages 50 and 75; by Tuija Leskinen, Sari Stenholm, Ville Aalto (et al).: Oxford University Press.
Age and Ageing, vol 47, no 3, May 2018, pp 423-429.

Physical activity promotes healthy ageing. However, little is known about the relationship between physical activity levels and healthy and chronic disease-free life expectancy (LE). The study aim was to examine healthy and chronic disease-free LE between ages 50 and 75 and across various levels of physical activity by sex and different occupational statuses. Overall, 34,379 women (mean age 53.2 (SD 2.9) years) and 8,381 men (53.6 (SD 3.2) years) from the Finnish Public Sector study were categorized into five physical activity levels (inactive to vigorously active) according to self-reported physical activity and into three occupational statuses at the first observation point. Partial LE between ages 50 and 75 based on discrete-time multi-state life table models was defined using two health indicators: healthy LE based on self-rated health, and chronic disease-free LE based on chronic diseases. The average follow-up time for health indicators was 6.8 (SD 5.2) years. A clear dose-response relationship between higher physical activity levels and increased healthy and chronic disease-free LE in men and women, and within occupational statuses was found. On average, vigorously active men and women lived 6.3 years longer in good health and 2.9 years longer without chronic diseases between ages 50 and 75, compared to inactive individuals. The difference in years in good health between vigorously active and inactive individuals was the largest in individuals with low occupation status (6.7 years). The study concludes that higher levels of physical activity increase healthy and chronic disease-free years similarly in men and women, but more among people with low than with high occupational status. (RH)

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POLITICS AND CAMPAIGNING

(See 246/56)

PROBLEM BEHAVIOUR

246/101 Marital status and problem gambling among older adults: an examination of social context and social motivations; by Tara Elton-Marshall, Rochelle Wijesingha, Taryn Sendzik (et al).: Cambridge University Press.

Canadian Journal on Aging, vol 37, no 3, September 2018, pp 318-332.

Research from Canada shows that older adults represent the highest proportion of gamblers. Single older adults especially may be more socially isolated and lonely, hence more likely to be at risk for problem gambling. The present study aimed to examine whether gambling to socialise or from loneliness and going to the casino with friends/family mediated the relationship between marital status and problem gambling. Data from a random sample of older adults at gambling venues across Southwestern Ontario confirmed this to be the case. Relative to those married, single older adults were less likely to gamble with family/friends, more likely to gamble due to loneliness and had higher problem gambling. Prevention and treatment initiatives should examine ways to decrease loneliness and social isolation among older adults and offer alternative social activities. (JL)

ISSN: 07149808

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

QUALITY OF LIFE

(See 246/48)

RESIDENTIAL AND NURSING HOME CARE

(See Also 246/27, 246/34, 246/46, 246/67)

246/102 Being occupied: supporting 'meaningful activity' in care homes for older people in England; by Nick Smith, Anne-Marie Towers, Sinead Palmer, Jennifer Beecham, Elizabeth Welch.: Cambridge University Press.

Ageing and Society, vol 38, no 11, November 2018, pp 2218-2240.

The benefits of meaningful activity in later life are well documented. Studies show that being occupied contributes to both physical and mental health as well as quality of life. Research also suggests that activity may be beneficial to people residing in care homes, including people living with dementia. This

paper presents findings from a study which used the Adult Social Care Outcomes Toolkit (ASCOT) to measure quality of life in six care homes located in the south-east of England. Like previous ones, the study found that care home residents' days were characterised by a lack of activity. The study draws on observations, interviews and focus groups with residents and staff from these homes, to try to understand why care home residents do not engage in meaningful activities. The researchers reject the idea that these low levels of activity are a natural part of the ageing process, or that they can be explained by notions of resident choice. Instead, the findings point to both insufficient funding and working practices within care homes. These explanations inform a discussion of how low levels of engagement in meaningful activity could be addressed and residents' quality of life improved. (RH)

ISSN: 0144686X

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

- 246/103 Examining the nursing home physical environment through policy-driven culture change; by Emily Roberts, Alana Pulay.: Taylor and Francis.
Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 241-262.
A critical need exists to challenge approaches to nursing home care, due to rigid organisational factors and a hospital-like culture. It has been argued that residents' care needs to move toward a person-centred approach, by addressing the organisational, social and physical environments in nursing home facilities, a process often known as culture change. In response to this need, the Centers for Medicare & Medicaid Services (CMS) has created funding for pay for performance (P4P) nursing home incentive programs, to allow nursing home providers to receive CMS reimbursements for culture change in facilities. This qualitative study uses care staff interviews, site observations, and a document review to assess the impact of a Midwestern state P4P incentive program in three participating nursing homes. It then uses an environment and behaviour (E-B) policy orientation framework to examine culture change through a focus on policy, the physical environment, place attachment, and social and psychological processes in the study settings. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>
- 246/104 Leisure activities and motivational profiles in adaptation to nursing homes; by Emin Altintas, Alain Guerrien, Bruno Vivicorsi (et al.): Cambridge University Press.
Canadian Journal on Aging, vol 37, no 3, September 2018, pp 333-344.
Based on self-determination theory this study examined the relationship between leisure activities, motivation and adjustment to institutional living by older adults living in nursing homes. It was hypothesised that motivational profiles with higher levels of self-determined motivation represent optimal profiles regarding participation in leisure activities, adaptation to nursing home living and life satisfaction. Participants completed questionnaires assessing motivation, leisure activity participation, life satisfaction and adaptation to the nursing home. Results showed a relationship between the latter three factors. A latent profile analysis based on the different forms of motivation indicated four distinct profiles. Although no differences were found between the high self-determined profile (high self-determined motivation and low non-self-determined motivation) and the additive profile (high self-determined motivation and non-self-determined motivation), participants with a moderate profile and a low self-determined profile reported the lowest levels in leisure activity participation, adaptation to the nursing home and life satisfaction. (JL)
ISSN: 07149808
From : <http://www.cambridge.org/cjg>
- 246/105 My nature: an effective tool for residential care; by Wendy Brewin, Noreen Orr, Ruth Garside.: Hawker Publications.
Journal of Dementia Care, vol 26, no 5, September/October 2018, pp 18-21.
Venturing into the great outdoors is good for health and well-being, but access to green spaces can be difficult for older people with dementia in care homes. The authors describe the My Nature activities toolkit which has been designed to solve the problem. This evidence-based training toolkit has been developed by Sensory Trust and the University of Exeter, and has been piloted in two care homes in Cornwall. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 246/106 Perceptions about compliant flooring from senior managers in long-term care; by Chantelle C Lachance, Valeriya O Zaborska, Pet-Ming Leung (et al.): Taylor and Francis.
Journal of Housing for the Elderly, vol 32, no 2, April-June 2018, pp 194-210.
Compliant flooring can be broadly defined as "any floor or floor covering with some level of shock absorbency, which includes carpet as well as more purposely designed flooring for fall injury prevention". This Canadian study explored barriers and facilitators to adoption of compliant flooring as a fall injury prevention strategy within long-term care, from the perspective of 18 long-term care senior managers. In-depth interviews were recorded, transcribed, and analysed using the Framework Method. The most important organisational facilitators to adoption were potential for injury prevention and long-term care staff's openness to change. The most important organisational barriers to adoption were negative effects to long-term care staff and financial considerations (i.e., cost and lack of funding). The most important general organisational considerations were uncertainties about clinical effectiveness,

effects on long-term care staff, and flooring performance. Overall, compliant flooring was viewed positively for long-term care. The findings also suggest an opportunity for knowledge translation to inform long-term care senior managers about the existing evidence on compliant flooring. (RH)

ISSN: 02763893

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

246/107 Workplace design for the Australian residential aged care workforce; by Lucio Naccarella, Clare Newton, Alan Pert (et al.): Wiley.

Australasian Journal on Ageing, vol 37, no 3, September 2018, pp 194-201.

This research explored residential aged care (RAC) workplace design features that influence how RAC staff feel valued, productive and safe. A secondary aim was to validate emerging themes about RAC design features with stakeholders. A multistage qualitative study was conducted in one RAC facility with 100 residents in outer metropolitan Melbourne as follows: (i) photo-elicitation – photographs were used to prompt discussions with RAC staff; (ii) individual interviews with RAC directors; and (iii) validity testing with the advisory committee. Key workplace design features that influenced how RAC staff felt valued, productive and safe included the following: (i) home-like environment; (ii) access to outdoor spaces; (iii) quality indoor environment; and (iv) access to safe, open and comfortable workplaces. Key workplace design features that matter to RAC staff in a 'shared workspace' exist. Increasing demands upon RAC requires evidence-based workplace design policy and evaluation approaches that support RAC staff to work in shared workspaces. (JL)

ISSN: 14406381

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

RESILIENCE

(See 246/74)

RETIREMENT COMMUNITIES

246/108 'An ant against an elephant': retirement village residents' experiences of disputes and dispute resolution; by Sue Malta, Susan B Williams, Frances A Batchelor.: Wiley.

Australasian Journal on Ageing, vol 37, no 3, September 2018, pp 202-209.

The present study, based in Victoria, Australia, aimed to record retirement village residents' experiences of dispute management and satisfaction levels related to dispute resolution processes. A survey was distributed to 6,500 retirement village residents, 1,876 (29%) of whom responded. Most residents rated life in retirement villages as positive, with an association between life satisfaction and management's ability to resolve disputes. Almost 70% of respondents reported that issues of concern to management were resolved satisfactorily; however 38% were not resolved to residents' satisfaction. One-fifth reported contacting regional managers or higher personnel regarding issues affecting them, with two-thirds of these respondents reporting a negative outcome. Over 30% did not know if their village had dispute resolution processes in place. Despite finding retirement village life positive, residents of retirement villages found disputes and dispute resolution processes unsatisfactory and desired change to address these concerns. (JL)

ISSN: 14406381

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

246/109 Loneliness in senior housing communities; by Harry Owen Taylor, Yi Wang, Nancy Morrow-Howell.: Taylor and Francis.

Journal of Gerontological Social Work, vol 61, no 6, September 2018, pp 623-639.

There are many studies on loneliness among community-dwelling older adults, however there is limited research examining the extent and correlates of loneliness among older adults who reside in senior housing communities. This study examined the extent and correlates of loneliness in three public senior housing communities in and around St. Louis, Missouri. Data for this project was collected with survey questionnaires with a total sample size of 148 respondents. Loneliness was measured using the Hughes 3-item loneliness scale. Additionally the questionnaire contained measures on socio-demographics, health/mental health, social engagement and social support. Missing data for the hierarchical multivariate regression models were imputed using multiple imputation methods. Results showed that approximately 30.8% of the sample was not lonely, 42.7% was moderately lonely and 26.6% was severely lonely. In the multivariate analyses loneliness was primarily associated with depression. Contrary to popular opinion this study found the prevalence of loneliness was high in senior housing communities. Nevertheless senior housing communities could be ideal locations for reducing loneliness among older adults. Interventions should focus on concomitantly addressing both an individual's loneliness and mental health. (JL)

ISSN: 01634372

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

SEXUALITY

- 246/110 Sex after divorce: older adult women's reflections; by Kate A Morrissey Stahl, Jerry Gale, Denise C Lewis, Douglas Kleiber.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 6, August-September 2018, pp 659-674.
People who divorce experience a number of negative impacts, yet divorce also offers opportunities for growth and transformation. This qualitative study of older adult women offered the possibility that divorce may be sexually empowering, especially for women, based on in-depth interviewing of women who had gone through one or more divorces. Detailed examples of the experiences of 14 women with divorce and sexual expression were offered, focusing on in which situations divorce might be empowering and how it could contribute to sexual exploration and satisfaction. Overall for the 14 women in the study who had experienced divorce, the quality of sex in the marriage impacted the quality of sexual expression after the divorce. Also these findings supported the idea of transformational learning through divorce, and expanded divorce-stress-adjustment and transformational learning perspectives to apply more specifically to sexual expression. Understanding possible impacts of divorce over the lifespan, including strengths-based aspects, is important for social workers as the population they serve ages. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>

SOCIAL CARE

(See Also 246/57)

- 246/111 Can state supervision improve eldercare?: An analysis of the soundness of the Swedish supervision model; by Anders Hanberger, Lennart Nygren, Katarina Andersson.: Oxford University Press.
British Journal of Social Work, vol 48, no 2, March 2018, pp 371-389.
This article examines assumptions on how Swedish state supervision (SSV) of eldercare is to achieve its intended effects. It explores how SSV is intended to work to ensure and improve eldercare quality, and theoretically and empirically assesses the validity of its guiding assumptions with programme theory methodology. The theoretical assessment suggests that most intended effects are partly achieved, though the quality-enhancing assumption finds little support in caring research. The assumption that the supervised parties will improve their compliance with laws and regulations has some validity, but this compliance is temporary and confined to the aspects of eldercare being supervised. 24 interviews with the chairs of Social Welfare Committees and care unit managers provide empirical support for all but two intended effects. SSV has not increased 'awareness of national regulative demands in eldercare' or contributed to 'general quality improvement in eldercare'. Four unintended effects of SSV were also recognised in the interviews, eg. unsupervised caring activities were less prioritised. The authors conclude that, although SSV does little to improve eldercare quality, it is needed for transparency and accountability as well as to hold local governments and public and private service providers to account for compliance with national statutes. (JL)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>
- 246/112 Fostering inter-agency collaboration for the delivery of community-based services for older adults; by Catherine E Tong, Thea Franke, Karen Larcombe, Joanie Sims Gould.: Oxford University Press.
British Journal of Social Work, vol 48, no 2, March 2018, pp 390-411.
Organisations promoting health and social outcomes are grappling with two concurrent realities: dwindling budgets and declining state support; and a rapidly ageing population. This is true for all levels of government, non-governmental organisations and non-profits. The purpose of this Canadian study was to assess the process and extent to which four non-profit organisations collaborated to meet service objectives related to older adults in a local area. A collaboration survey and semi-structured interviews with nine stakeholders from four community-based public sector organisations were conducted annually for three years. Interviews were transcribed and data were analysed using topic and analytic coding. Successful inter-agency collaborations involved: (i) shared vision; (ii) effective communication; (iii) time to build relationships; (iv) shared expertise and resources; and (v) strong leadership. Factors that jeopardised inter-agency collaboration included: (i) misinformed understanding of goals; (ii) meetings seen as a waste of time; (iii) not sharing resources; and (iv) lack of organisational resources. It is argued that successful collaborations are about a process that includes relationship building, sharing of resources and establishing a shared vision. A method is offered for those involved in the establishment and assessment of collaborations to provide appropriate, accessible and timely assessments of collaborative efforts. (JL)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>
- 246/113 The state of the adult social care sector and workforce in England: September 2018; by Dave Griffiths, Will Fenton, Gary Polzin, Roy Price, Jess Arkesden, Rosy McCaffre, Skills for Care. Leeds: Skills for Care, September 2018, 107 pp.
This report uses data from the National Minimum Data Set for Social Care (NMDS-SC) to provide information about the adult social care sector including its size and shape, employment information, recruitment and retention issues, workforce demographics, pay, qualification rates and future workforce forecasts. In 2017, around 21,200 organisations were involved in providing or organising adult social

care in England; some 41,000 establishments were involved in providing or organising adult social care. The workforce was around 1.6 million: full-time equivalent (FTE) jobs were estimated at 1.13 million, and there were some 1.47 million people working in adult social care. Around 240,000 adults, older people and carers received direct payments in 2016/17, of which Skills for Care estimates that around 70,000 (29%) directly employed their own staff. A section of the report devoted to personal assistants (and direct payments) outlines findings of a Skills for Care survey based on responses from 968 individual employers and 1,218 PA responses from people with varying care needs, ages and from each region of England. Among other key findings are that workers had an average of 8.2 years experience in the sector and four years of experience in a role. A worker's average age was 43 years old: a fifth were aged over 55. The vacancy rate was 8.0%, equivalent to around 110,000 vacancies at any given time, the majority of which (76,000) were care workers; staff turnover was 30.7%. Around a quarter of the workforce were recorded as being on zero hours contracts (335,000 jobs), with the highest proportion in domiciliary care services (49%), particularly among care workers (58%). A range of other reports and information also available: The size and structure of the adult social care sector and workforce in England, 2018; nine Regional reports; Workforce estimates; Local authority area information and reports (detailed 2-page workforce reports and a data comparison tool); and "topic" reports on: Apprenticeships; Pay rates; Personal assistants report; Recruitment and retention; Registered managers; Registered nurses; Social work; and Workforce nationality figures. (RH)

From : Skills for Care, West Gate, Grace Street, Leeds LS1 2RP.

<https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

246/114 Understanding health and social care; by Jon Glasby. 3rd ed Bristol: Policy Press, 2017, 220 pp (Understanding welfare: social issues, policy and practice series).

This is a concise guide for students and practitioners who want a comprehensive introduction to health and social care. It offers practical features, including user-focused case studies and reflective exercises to promote understanding; also clear explanations of social policy theory to help frame the policy and practice dilemmas faced by students, front-line workers and policy makers. Chapters cover: the origins of community health and social care; partnership working in health and social care; independent living and the social model of disability; anti-discriminatory practice and social inclusion; user involvement and citizenship; and support for carers. This edition has been updated to cover key developments including the Health Act 2012, the Care Act 2014, the Francis Inquiry, the Winterbourne View abuse scandal, the integrated care agenda and the impact of austerity. (RH)

Price: £21.99

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

STATISTICS

(See Also 246/43)

246/115 Active ageing and solidarity between generations: a statistical portrait of the European Union 2012; by Eurostat, European Commission. 2012 ed Luxembourg: Office for Official Publications of the European Communities, 2011, 141 pp (Eurostat statistical books: Population and social conditions).

In response to demographic challenges being faced within Europe, the European Union designated 2012 as the European Year for Active Ageing and Solidarity between Generations, with the objective of helping creation of an active ageing culture in Europe, based on a society for all ages. This publication includes statistics on: demography, older people and the labour market; the transition from work to retirement; well-being, health and healthcare; living conditions and consumption expenditure; and themes around participation in society (e.g. education and transport). It has been produced in collaboration with the Directorate-General for Employment, Social Affairs and Inclusion and Eurofound (the European Foundation for the Improvement of Living and Working Conditions). (RH)

246/116 National life tables, UK: 2015 to 2017: trends in the average number of years people will live beyond their current age measured by period life expectancy, analysed by age and sex for the UK and its constituent countries; by Office for National Statistics - ONS.: Office for National Statistics - ONS, 25 September 2018, 11 pp (Statistical bulletin).

National life tables are based on three consecutive years of data (in this case 2015, 2016 and 2017) to reduce the effect of annual fluctuations in the number of deaths caused by seasonal events such as 'flu. This Statistical bulletin reports that after decades of steady improvements in life expectancy in the UK, life expectancy at birth in the UK did not improve in 2015 to 2017 and remained at 79.2 years for males and 82.9 years for females. It gives links to other sources which explain factors such as the increase in death registrations in 2015. It uses graphs to illustrate changes since this statistical series began in 1980. It comments on how life expectancy at age 65 years in the UK did not improve for males and females in 2015 to 2017, and remained at 18.6 years for males and 20.9 years for females. Across all four UK countries, life expectancy at age 65 years remained the same in 2015 to 2017, except for males in Northern Ireland where a decline of 0.1 years was seen. It provides comparative figures indicating that life expectancy in the UK remained lower than in many other comparable countries internationally. (RH)

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2015to2017>

STROKE

- 246/117 Marriage after the transition to stroke: a systematic review; by Sharon Anderson, Norah Keating.: Cambridge University Press.
Ageing and Society, vol 38, no 11, November 2018, pp 2241-2279.
In health and chronic illness, satisfying marriages promote well-being and life satisfaction, yet stroke research has focused on either the stroke survivor as the patient or the spouse as a care-giver. The authors use Pope, Mays and Popay's framework for synthesising qualitative and quantitative methods, to conduct a systematic review and synthesis of 39 peer-reviewed studies, to determine what happens to marital relationships after one partner has suffered a stroke. All the articles examined the impact of stroke. Three overarching themes characterise the evolution of marriage after stroke: chaos in the marriage, work to re-establish the marriage, and evolution of the marriages. While both the stroke condition itself and survivors' need for care undermined the emotional qualities of the relationship for some couples, about two-thirds were able to retain or regain the relationship closeness. As in other chronic illnesses, the relationship closeness and a couple's ability to collaborate contributed to the survivor's recovery and to the satisfaction with life of the stroke survivor and the spouse. The results underscore the need to consider the qualities of the relationship between stroke survivors and their spouses. Future research could include a greater focus on qualitative or mixed-methods approaches to explore the interactions between stroke survivors and spouses that affect the well-being of both partners. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

TRANSPORT

- 246/118 Older people's travel and mobility needs: a reflection of a hierarchical model 10 years on; by Charles Musselwhite, Hebba Haddad.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 2, 2018, pp 87-105.
In 2010 the authors published a model of older people's travel and mobility needs in an article in this journal, 'Mobility, accessibility and quality of later life' (Musselwhite and Haddad, 2010). The model comprised three levels: practical (the need to get from A to B as quickly, cheaply and efficiently as possible); psychosocial (the need for independence, control and status); and aesthetic needs (the need for travel for its own sake), all which need to be fulfilled to achieve wellbeing and quality of life. Since then the model has been translated into different languages and been cited 119 times across different formats. This paper aims to discuss the issue. Using ten years of analysing feedback including articles that cited the model, discussions with academics, policy makers and practitioners as well as from older people themselves, the paper reflects on the original model. Five key themes are generated from the re-examination: the validity of the model; the utility and usefulness of needs in understanding travel behaviour and turning them into policy or practice; application of the model to different contexts; understanding the relationship between travel needs and health and wellbeing; and fitting the model to future changes in transport and social policy. This reflection on this well-cited and well-used model allows a re-adjustment of the model, updating it to be used in conjunction with policy and practice, especially highlighting the need to further distinguish mobility for aesthetic needs. (JL)
From : <http://www.emeraldinsight.com/loi/qaoa>
- 246/119 Smart mobility and elderly people: can ICT make the city more accessible for everybody?: by Rosaria Battarra, Floriana Zucaro, Maria Rosa Tremittera.
TeMA Journal of Land Use, Mobility and Environment, Special issue 2, 2018, pp 23-42.
In the field of urban studies, the Smart City paradigm aims to make cities safe, accessible and sustainable, including for older people. Strategies that use information and communications technology (ICTs) to improve mobility, accessibility and safety can have positive impacts, for example enabling older people to lead autonomous lives, and participate actively in society according to individual needs. This paper reviews the literature and defines the three components of Smart Mobility for older people: accessibility, safety and ICT. It analyses initiatives and actions that can have positive impacts on older people's mobility according to the three categories of Smart Mobility. It describes the Smart Mobility for the cities surveyed, using a set of indicators and other data: extension of the pedestrian areas and cycle paths; car sharing supply; public transport stops; and electronic bus stop signs. It highlights the critical issues to be tackled, to implement smart mobility for older people. The paper attempts to show that in the sample of Italian cities analysed, the ICTs applied to the transport sector do not fully realize their potential. This is not due to the limited fields of application, rather to the lack of a "system-orientated" perspective when applying innovations. The adoption of a smart approach cannot be limited to a market-induced uncritical introduction of devices or sensors. Instead, it will be necessary to refine the tools for understanding the needs of specific categories of users (such as older people), and to define integrated strategies that can operate on many aspects simultaneously. (RH)
ISSN: 19709870
From : <http://www.bollettinofilosofico.unina.it/index.php/tema/article/download/5768/6424>

VOLUNTEERING AND THE VOLUNTARY SECTOR

246/120

Age-friendly and inclusive volunteering: review of community contributions in later life; by Kate Jopling, Dan Jones, Centre for Ageing Better - CfAB. London: Centre for Ageing Better, October 2018, 94 pp.

Making a contribution to our communities is good for us, can improve our social connections, enhances our sense of purpose and self-esteem, increases our life satisfaction, happiness and well-being, and helps others. This report sets out findings of the Review of Community Contributions in Later Life, led by the Centre for Ageing Better (CfAB) in partnership with the Office for Civil Society (part of the Department for Digital, Culture Media and Sport - DCMS) from October 2017 to June 2018. The aim was to deliver practical recommendations, to inform the work of government, funders and those in the voluntary, public and private sectors. The review covers all forms of volunteering and community activity: the informal (e.g. neighbourliness and helping out); formal, civic roles (e.g. school governors or magistrates); volunteering in public sector bodies and charitable organisations; and involvement in local campaigns (e.g. protesting about closure of a local service). The report considers who contributes and why, and the practical, structural and emotional barriers. A framework for age-friendly, inclusive volunteering includes case studies illustrative of activities of a wide range of national and local organisations. (RH)

From : <https://www.ageing-better.org.uk/publications/age-friendly-inclusive-volunteering>

