Older People’s Wellbeing Monitor for Wales:
Evidence Review

Report prepared on behalf of the Office of the Chief Social Research Officer, Welsh Assembly Government

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Older People’s Wellbeing Monitor for Wales: Evidence Review

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Older People’s Wellbeing Monitor for Wales: Evidence Review

1. BACKGROUND

The Office of the Chief Social Research Officer (OCSRO), Welsh Assembly Government commissioned the Support Unit for Research Evidence (SURE), Cardiff University, to undertake an evidence review to support the development of an Older People's Wellbeing Monitor for Wales. The Monitor will summarise the latest research on health and wellbeing indicators and is a companion to the Children and Young People’s Wellbeing Monitor for Wales.

Project Objectives

The objectives of the evidence review are to:

- Develop a search strategy.
- Conduct a rigorous and comprehensive literature search.
- Review the literature identified:
  - complete data audit forms for each study, extracting the characteristics and results, and assessing quality;
  - provide the completed data audit forms in a final report to OCSRO.

2. METHODS

2.1 Search strategy

A comprehensive literature search across all topic areas was conducted in February 2009. Previous research has shown that a wide range of databases should be searched to obtain good sensitivity for topics relating to the health of the public. Additional 'snowballing' techniques were also employed to improve sensitivity, such as following up reference lists and contacting experts in the field. It was also anticipated that there was likely to be rich data from a wealth of grey literature reports produced by governmental and non-governmental organisations and charities. These were sought through searching grey literature databases, key websites and contacting experts.

Information Sources

The range of information sources used for the evidence review are listed below:

Databases

General Health/Biomedical

1. British Nursing Index
2. CINAHL (Cumulative Index to Nursing and Allied Health Literature)
3. Science Citation Index
4. Medline
5. Medline in Process

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3 Various unpublished ‘snowballing’ studies in collaboration with the Centre for Public Health Excellence at the National Institute for Health & Clinical Excellence (NICE).
6. Embase

**Social Care and Social Sciences**
7. ASSIA (Applied Social Sciences Index and Abstracts)
8. Community Wise
9. Social Science Citation Index
10. Social Care Online
11. Social Services Abstracts
12. Sociological Abstracts

**Specialist**
13. Age Line - Literature relating to ageing and the 50+ population
14. ABI Inform - Literature regarding business and workplaces
15. PsycINFO – Psychological literature

**Grey Literature**
17. SIGLE - System for Information on Grey Literature in Europe

**Additional Information Sources**

**Websites**
Age Concern [www.ageconcern.org.uk](http://www.ageconcern.org.uk)
Age Alliance Wales [www.agealliancewales.org.uk](http://www.agealliancewales.org.uk)
British Geriatrics Society [www.bgs.org.uk](http://www.bgs.org.uk)
British Society of Gerodontontology [www.gerodontology.com](http://www.gerodontology.com)
Care and Repair [www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)
Care Council for Wales [www.ccwales.org.uk](http://www.ccwales.org.uk)
Data Unit Wales [http://www.dataunitwales.gov.uk](http://www.dataunitwales.gov.uk)
HOWIS [www.wales.nhs.uk](http://www.wales.nhs.uk)
International Federation on Ageing [www.ifa-fiv.org](http://www.ifa-fiv.org)
Help the Aged [www.helptheaged.org.uk](http://www.helptheaged.org.uk)
Joseph Rowntree Foundation [http://www.jrf.org.uk](http://www.jrf.org.uk)
Office for National Statistics (ONS) [www.statistics.gov.uk](http://www.statistics.gov.uk)
Older People & Ageing Research & Development Network (OPAN Cymru) [www.opanwales.org.uk](http://www.opanwales.org.uk)
Prime Cymru [www.prime-cymru.co.uk](http://www.prime-cymru.co.uk)
Welsh Assembly Government [wales.gov.uk](http://wales.gov.uk)
Department of Health (including the Department for Work and Pensions) [www.dh.gov.uk](http://www.dh.gov.uk)
Scottish Executive [www.scotland.gov.uk/Home](http://www.scotland.gov.uk/Home)
Wales Centre for Intergenerational Practice [www.ccip.org.uk](http://www.ccip.org.uk)
World Health Organization [www.who.int](http://www.who.int)
WHO Health Evidence Network [www.euro.who.int/HEN](http://www.euro.who.int/HEN)

**Citation Tracking and Experts**
Bibliographies of key texts were checked for further potentially relevant papers. Key experts were also consulted through online discussion groups below to identify further potential published, unpublished or ongoing studies:
Database Search Terms
The search strategy was designed to identify papers relating to the Monitors’ proposed chapter headings and themes, which are based on the Strategy for Older People’s nine indicators of change\(^5\) and the UN Principles\(^6\). See appendix 1 for the full list of chapter headings.

The search strategy was developed in Medline, and then refined by consulting OCSRO and the Older People’s Wellbeing Monitor for Wales project board, and by testing the search against a set of papers known to the SURE team. The final search strategy was agreed with OCSRO, and then adapted to the remaining databases.

The review aimed to place particular focus on studies conducted in Wales and the UK. However in the event that UK research was scarce and large gaps in the evidence were identified, the search was designed to also include international literature. To maximise generalisability to Wales, it was intended that non-UK studies would only be included if the sample population resided in an OECD\(^7\) country or region that is industrially established and has a market economy including Europe, North America, Canada, New Zealand, Australia and Japan.

The MEDLINE search strategy, using the National Library of Medicine’s Medical Subject Headings (MeSH) and search fields for text words in titles and abstracts, is presented in appendix 2. The structure is based on combining three groups of terms: population terms AND subject terms AND study design terms. A filter to remove non-OECD countries was also applied. The list of search strategies used in all the databases is provided in the separate document entitled - ‘Document B - Search History’.

2.2 Selection of Studies
Search results were downloaded into the bibliographic software Reference Manager for sifting. The titles and abstracts were sifted to separate UK from non-UK studies. UK and possible UK-based studies were then screened to remove duplicate and clearly irrelevant citations.

The full-text of the remaining potentially relevant papers were obtained and the inclusion criteria applied to select the final set of papers. The inclusion criteria are listed below:

**Inclusion Criteria**
The review aimed to identify observational research on the health and wellbeing of older people, of relevance to the following Monitor headings:

- Independence and Material Wellbeing

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\(^7\) Organisation for Economic Development (OECD) - see [http://www.oecd.org/countrieslist/0.3351.en_33873108_33844430_1_1_1_1_1_100.html](http://www.oecd.org/countrieslist/0.3351.en_33873108_33844430_1_1_1_1_1_100.html).
• Participation
• Care
• Self-fulfilment and Active Ageing
• Dignity and Social Inclusion

The full list of subheadings is available in appendix 1.

Please note that the SURE team recently conducted a systematic review on the social determinants of older people’s health for the Welsh Assembly Government\(^8\), and the results are included in the Monitor evidence review. As systematic reviews provide an overview of results across the evidence base, it was decided not to include primary research in this area. This was to avoid duplication of results and effort. The systematic review is currently being updated and will be provided to OCSRO when complete.

**Study Designs**
Quantitative and qualitative observational studies were eligible for inclusion (e.g. cohort studies, questionnaires, focus groups or interview studies), and systematic reviews of these study designs. Case series, case reports, discussion papers, editorials and letters were excluded along with studies only available as an abstract.

Quantitative studies were restricted to a sample size of 200 people or more, whereas qualitative studies of all sample sizes were included.

**Study Population and Country of Origin**
As per the project brief, the study population was limited to adults aged 50 and over. As previously mentioned, the review aimed to place particular focus on studies conducted in Wales and the UK. We planned to include other OECD countries in the event that UK research was scarce and large gaps in the evidence were identified. However due to the large volume of UK research available, studies involving other countries were only included if they also contained UK data.

**Date and Language Range**
The review was confined to English or Welsh language studies published from 2000 to date. Furthermore studies were excluded if they only covered data prior to 1998, so results were based on recent research.

2.3 Completion of Data Audit Forms

**Data Extraction**
Data from the full text of each included paper was extracted into the data audit forms provided. Initially, a sub-set of studies was extracted in duplicate by the project team. This was conducted to test the data audit templates, make amendments where necessary and standardise data extractors. All data audit forms were then completed by one reviewer and checked by a second. See appendix 3 for a template of the data audit form.
Where several papers were published reporting similar outcomes from one study, these were extracted into one data audit form for ease of use.

**Quality Appraisal**

The validity of all included studies was assessed using study-specific critical appraisal checklists according to SURE’s internationally recognised methodology\(^9\). The findings were then entered into ‘Quality/Limitations’ section of the data audit form. Examples of the checklists used are available in appendix 4.

3. RESULTS

3.1 Search Results

The search resulted in 13626 references. 5767 duplicates were removed and the titles and abstracts scanned to exclude 1020 clearly irrelevant citations (i.e. references with inappropriate country of origin or care setting, plus editorials, letters and discussion papers). 5082 non-UK studies were also identified.

1757 UK and possible-UK studies remained, of which 1382 were excluded at title and abstract. The full-text of 375 papers was then obtained and the inclusion criteria applied. 240 papers did not meet the criteria, leaving 135 included papers. The studies were appraised and data extracted into 116 data audit forms.

A flow diagram, outlining the screening of search results is shown below:

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A summary of the data audit forms is provided in section 3.2 overleaf. Data audit forms are provided separately. The reference list of all included papers is provided in section 4.
### 3.2 Table of Included Papers

<table>
<thead>
<tr>
<th>Ref ID</th>
<th>Title of Paper</th>
<th>Monitor Chapter Working Titles</th>
<th>Notes (e.g. data source, location)</th>
<th>Type of Data</th>
<th>Publisher</th>
</tr>
</thead>
</table>
| 1      | Abbott 2005 Living on the Margins: Older People, Place and Social Exclusion    | • Independence and Material Wellbeing  
• Participation  
• Care  
• Dignity and Social Inclusion                                                                 | ‘Better Government for Older People’ programme. Data collected 1998.                           | Qualitative                  | Policy Studies                |
| 2      | Arber 2004 Gender, Marital Status, and Ageing: Linking Material, Health, and Social Resources | • Independence and Material Wellbeing  
• Participation  
• Self-fulfilment and Active Ageing  
• Dignity and Social Inclusion                                                                 | GHS 1993-96 and BHPS 1999. secondary analysis, includes Wales (BHP).                         | Quantitative - record linkage | Journal of Aging Studies       |
| 4      | Atkins 2001 Older people: their transport needs and requirements               | • Participation  
• Self-fulfilment and Active Ageing                                                                 | By the Dept of Transport, includes England & Wales. Data collected March 2000                 | Quantitative & Qualitative   |                               |
| 5      | Awang 2002 Older people and participation within Disabled Facilities Grant processes | • Independence and Material Wellbeing  
• Care                                                                                     | England, data collection period not reported                                                  | Qualitative                  | British Journal of Occupational Therapy |
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<tbody>
<tr>
<td>10</td>
<td>Barnes 2006</td>
<td>Characteristics and views of family carers of older people with heart failure</td>
<td>• Older People who are Carers</td>
<td>Longitudinal data collected 2003 to 2006.</td>
</tr>
<tr>
<td>11</td>
<td>Barrett 2005</td>
<td>Support and information needs of older and disabled older people in the UK</td>
<td>• Independence and Material Wellbeing • Care</td>
<td>UK, Period of data collection not reported</td>
</tr>
<tr>
<td>15</td>
<td>Bowling 2008</td>
<td>Enhancing later life: How older people perceive active ageing? Lay perceptions of successful ageing; findings from a national survey of middle aged and older adults in Britain.</td>
<td>• Participation • Self-fulfilment and Active Ageing</td>
<td>Omnibus Survey, England, Scotland and Wales.</td>
</tr>
<tr>
<td>16</td>
<td>Bowling 2006a</td>
<td>Do perceptions of neighbourhood environment influence health? Baseline findings from a British survey of aging</td>
<td>• Participation • Self-fulfilment and Active Ageing</td>
<td>Omnibus Survey, England, Scotland and Wales.</td>
</tr>
<tr>
<td></td>
<td>Bowling 2007a</td>
<td>How do objective and subjective assessments of neighbourhood influence social and physical functioning in older age? Findings from a British survey of ageing</td>
<td></td>
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<tr>
<td>17</td>
<td>Bowling 2007b</td>
<td>Quality of life among older people with poor functioning. The influence of perceived control over life</td>
<td>• Participation • Self-fulfilment and Active Ageing</td>
<td>Omnibus survey</td>
</tr>
<tr>
<td>Reference</td>
<td>Title</td>
<td>Categories</td>
<td>Methodology</td>
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<tr>
<td>Bowling</td>
<td>Lay theories of quality of life in older age.</td>
<td>Quality of life from the perspectives of older people</td>
<td></td>
<td>Ageing &amp; Society</td>
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<td>2007c</td>
<td></td>
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<td></td>
<td>Ageing &amp; Society</td>
</tr>
<tr>
<td>Gabriel</td>
<td>The role of autonomy in explaining mental ill-health and depression</td>
<td>Independence and Material Wellbeing, Care, Self-fulfilment and Active Ageing</td>
<td>Data collected 1998/99 in Belfast.</td>
<td>Qualitative Ageing &amp; Society</td>
</tr>
<tr>
<td>2004</td>
<td>among older people in long-term care settings</td>
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<td>Ageing &amp; Society</td>
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<td>Boyle</td>
<td>Public attitudes to the healthcare of older people in Scotland</td>
<td>Care</td>
<td>Survey in 2001, Scotland.</td>
<td>Quantitative &amp; Qualitative Scottish Executive Central Research Unit</td>
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<td>2005</td>
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<td>Scottish Executive Central Research Unit</td>
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<td>Braunholtz</td>
<td>Public attitudes to the healthcare of older people in Scotland</td>
<td>Care</td>
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<td>Quantitative &amp; Qualitative Scottish Executive Central Research Unit</td>
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<td>2002</td>
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<td>Scottish Executive Central Research Unit</td>
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<tr>
<td>Breeze</td>
<td>Trends in influenza vaccination uptake among people aged over 74 years,</td>
<td>Care</td>
<td>MRC-funded Trial of the Assessment and Management of Older People in the Community. Great Britain.</td>
<td>Quantitative BMC Family Practice</td>
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<tr>
<td>2004</td>
<td>1997-2000: survey of 73 general practices in Britain</td>
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<td>BMC Family Practice</td>
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<tr>
<td>Buck</td>
<td>Social exclusion and civil law: experience of civil justice problems</td>
<td>Independence and Material Wellbeing, Care, Dignity and Social Inclusion</td>
<td>English &amp; Welsh Civil and Social Justice Survey</td>
<td>Quantitative Social Policy and Administration</td>
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<tr>
<td>2005</td>
<td>among vulnerable groups</td>
<td></td>
<td></td>
<td>Social Policy and Administration</td>
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<tr>
<td>2007</td>
<td>preferences for specialised housing</td>
<td></td>
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<td>Research Policy and Planning</td>
</tr>
<tr>
<td>No.</td>
<td>Author</td>
<td>Title</td>
<td>Subtitle</td>
<td>Methodology</td>
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| 24  | Burholt 2003 | European study of adult well-being: comparative report on social support resources | • Participation  
• Self-fulfilment and Active Ageing  
• Dignity and Social Inclusion | European Study of Adult Well-Being, inc Wales, data collected between 2002-2003 | Quantitative | European Study of Adult Well-Being (ESAW) |
| 25  | Burholt 2006 Lamura 2003 | The material resources and well-being of older people | • Independence and Material Wellbeing | European Study of Adult Well-Being, inc Wales, data collected between 2002-2003 | Quantitative | European Study of Adult Well-Being (ESAW) |
| 27  | Calnan 2006 Woolhead 2004 | Dignity under threat? A study of the experiences of older people in the United Kingdom | • Care  
• Dignity and Social Inclusion | includes Wales, SW England and S Wales, conducted in 2002 | Qualitative | International Journal of Health Services Age and Ageing |
| 30  | Chandola 2007 | Social inequalities in self reported health in early old age: follow-up of prospective cohort study | • Care  
• Self-fulfilment and Active Ageing | 'Whitehall II study', longitudinal data collected from 1991 to 2004 | Quantitative | BMJ |
<table>
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<tr>
<th>Reference</th>
<th>Title</th>
<th>Summary</th>
<th>Methodology</th>
<th>Type</th>
<th>Source</th>
</tr>
</thead>
</table>
| 31 Clough 2003 | Homing in on housing: a study of housing decisions of people over 60 | • Independence and Material Wellbeing  
• Care | Data collected 2000-2003 | Qualitative | Eskrigge Social Research |
| 32 Clover 2006 | Overcoming barriers for older gay men in the use of health services: a Qualitative study of growing older, sexuality and health | • Care  
• Participation  
• Dignity and Social Inclusion | London, data collected 2002/03 | Qualitative | Health Education Journal |
| 33 CM Insight 2007 | Insurance and age: exploring behaviour, attitudes and discrimination | • Self-fulfilment and Active Ageing  
• Dignity and Social Inclusion  
• Possibly ‘Independence and Material Wellbeing’ for driving and travel opportunities but no relevant subheading. | UK wide, 2006 | Qualitative and Quantitative | Age Concern and Help the Aged |
| 35 Cooper 2008 | The prevalence of elder abuse and neglect: A systematic review | • Dignity and Social Inclusion | Systematic review | Systematic review of quantitative studies | Age and Ageing |
| 36 Craig 2007 | Health survey for England 2005: the health of older people (all volumes) | • Participation  
• Care  
• Self-fulfilment and Active Ageing | Health Survey for England 2005 | Quantitative | NHS. The Information Centre |
| 37 Crocker 2006 | Giving up or finding a solution? The experience of attempted suicide in later life | • Care | Qualitative study, study date is not reported | Qualitative | Aging & Mental Health |
| 38 Crombie 2004 | Why older people do not participate in leisure time physical activity: A survey of activity levels, beliefs and deterrents | • Self-fulfilment and active ageing | Scotland, date period not reported | Quantitative | Age and Ageing |
| 39 Croucher 2008 | Review of Sheltered Housing in Scotland | • Independence and Material Wellbeing  
• Care | Scotland, data collected 2007 | Scottish Government Social Research / Communities |
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<td>40</td>
<td>Curran 2002</td>
<td>Older People and the Enterprise Society: Age and Self-Employment Propensities</td>
<td>• Independence and Material Wellbeing</td>
<td>UK</td>
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<td>41</td>
<td>Dahlberg 2007</td>
<td>Age and gender of informal carers: a population-based study in the UK</td>
<td>• Older People who are Carers</td>
<td>UK 2001 Census</td>
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<td>42</td>
<td>Davis 2005</td>
<td>Active ageing in active communities: Volunteering and the transition to retirement</td>
<td>• Participation</td>
<td>England</td>
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<td>45</td>
<td>Doran 2003</td>
<td>Health of young and elderly informal carers: analysis of UK census data</td>
<td>• Older People who are Carers</td>
<td>UK Census 2001</td>
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<td>47</td>
<td>Evans 2007</td>
<td>A Qualitative study of lay beliefs about influenza immunisation in older people</td>
<td>• Care</td>
<td>South Wales</td>
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<td>Evans 2003a</td>
<td>Why do older people not get immunised against influenza?: A community survey</td>
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<td>Flynn</td>
<td>2006</td>
<td>Retired Members in a British Union</td>
<td>Participation</td>
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<td>Gott</td>
<td>2007</td>
<td>Patient views of social service provision for older people with advanced heart failure</td>
<td>Care</td>
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<td>55</td>
<td>Hanratty</td>
<td>2007</td>
<td>Retirement age caregivers and deprivation of area of residence in England and Wales</td>
<td>Older People who are Carers</td>
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<td>56</td>
<td>Hanratty</td>
<td>2008</td>
<td>Socioeconomic differences in service use, payment and receipt of illness-related benefits in the last year of life: Findings from the British Household Panel Survey</td>
<td>Indep. &amp; Mat. Wellbeing, Care, Self-Fulfilment and Active Ageing</td>
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<td></td>
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<td>Managing resources in later life. Older people's experience of change and continuity</td>
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<tr>
<td>59</td>
<td>Hill 2009</td>
<td>• Independence and Wellbeing&lt;br&gt;• Participation&lt;br&gt;• Care&lt;br&gt;• Self-fulfilment and Active Ageing</td>
<td>England, data collected in 2005 and 2007.</td>
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<td>60</td>
<td>Hubbard 2003</td>
<td>• Care</td>
<td>South Wales, one year data collected from June 1997.</td>
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<td>Hudson 2007</td>
<td>• Participation&lt;br&gt;• Dignity and Social Inclusion</td>
<td>England</td>
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<td>62</td>
<td>Hughes 2004</td>
<td>• Independence and Material Wellbeing</td>
<td>England</td>
<td></td>
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<td>63</td>
<td>Jagger 2009</td>
<td>• Independence and Material Wellbeing&lt;br&gt;• Self-fulfilment and Active Ageing</td>
<td>Statistics of Living and Income Conditions (SILC) survey, 2005</td>
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<td>64</td>
<td>Jagger 2007</td>
<td>• Self-fulfilment and Active Ageing</td>
<td>MRC Cognitive Function and Ageing Study, includes area in Wales, 1991-2001</td>
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<td>Jamieson 2007</td>
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<td>Jeary 2005</td>
<td>Sexual abuse and sexual offending against elderly people: A focus on perpetrators and victims</td>
<td>Dignity and Social Inclusion</td>
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<td>68</td>
<td>Kelson 2001</td>
<td>Speaking out about stroke services: the views of people affected by stroke: a survey to inform the implementation of the National Service Framework for Older People</td>
<td>Care</td>
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<td>70</td>
<td>Lafortune 2007</td>
<td>Trends in Severe Disability Among Elderly People</td>
<td>Care</td>
<td>Reanalysis of data from OECD countries - includes UK (GHS)</td>
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<td>71</td>
<td>Lang 2007</td>
<td>Moderate alcohol consumption in older adults is associated with better cognition and well-being than abstinence</td>
<td>Care</td>
<td>ELSA 2002/03</td>
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<td>73</td>
<td>Lawrence 2008</td>
<td>The experiences and needs of people with dementia and serious visual impairment: a Qualitative study</td>
<td>Care</td>
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<tr>
<td>74</td>
<td>Leino-Kilpi 2003a</td>
<td>Perceptions of autonomy, privacy and informed consent in the care of elderly people in five European countries: general overview</td>
<td>Care</td>
<td>Includes UK (Scotland), 1998-2001</td>
</tr>
<tr>
<td>Reference</td>
<td>Title</td>
<td>Concepts</td>
<td>Location</td>
<td>Study Type</td>
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<td>Ross 2008</td>
<td>Living and Caring? An Investigation of the Experiences of Older Carers</td>
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• Independence and Material Wellbeing  
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| 128 | Tinker 2001  | Eighty-five not out: a study of people aged 85 and over at home       | • Independence and Material Wellbeing                                  | England, 98 to 2000  
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| 129 | Tod 2002     | I'm still waiting': barriers to accessing cardiac rehabilitation services | • Care                                                                   | England  
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Journal of Advanced Nursing | Qualitative |                           |
| 130 | Tomassini 2006 | The oldest old in Great Britain: change over the last 20 years       | • Independence and Material Wellbeing  
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| 131 | Traynor 2003 | People aged 65 and over: results of a study carried out on behalf of the Department of Health as part of the 2001 General Household Survey | • Independence and Material Wellbeing  
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London: Her Majesty's Stationery Office | Quantitative |                           |
| 132 | Traynor 2005 | Understanding the lives of older women                                 | • Self-fulfilment and Active Ageing                                     | Edinburgh, Scotland  
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| 134 | Vernon 2008  | Participation in community exercise classes: barriers to access         | • Care  
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| 136 | Victor 2006  | Older People's Experiences of Loneliness in the UK: Does Gender Matter? | • Participation  
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<p>| 136 | Victor 2005  | The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain |                                                                 |                                                                 |                      |                                 |</p>
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4. REFERENCES

Reference list of included studies:


Appendix 1

List of Monitor Chapter Headings and subheadings (working titles)

Independence and Material Wellbeing
1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
4. Older persons should have access to appropriate educational and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.
7. Indicator of change material wellbeing - employment rate. Those in employment as a percentage of the population, in three age groups: a) 16-59/64 (available for all-Wales and by local authority). b) 50-59/64 (available at all-Wales level). c) 60/65+ (available at all-Wales level).
8. Indicator of change material wellbeing – work related training/education. Percentage of people aged 50+ who had taken part in any education or training connected with their job, or any job that they might do in the future, during a three-month period.

Participation
9. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations.
10. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.
11. Older persons should be able to form movements or associations of older persons.

Care
12. Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.
13. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness.
14. Older persons should access to social and legal services to enhance their autonomy, protection and care.
15. Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.
16. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives.
17. Indicator of change social care – receipt of community based services helping people to live at home. Rate of people aged 65+ helped to live at home per 1,000 population aged 65+. 
18. Indicator of change social care – housing that is unfit or in a defective state. Proportion of women aged 60+ and men aged 65+ who live in households classed as a) unfit and b) defective.

19. Indicator of change health care – access to selected surgical procedures. Rates per 1,000 population aged 65 or over of: a) hip replacements and b) knee replacements.

Self-fulfilment and Active Ageing

20. Older persons should be able to pursue opportunities for the full development of their potential.

21. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

22. Indicator of change active ageing – participation in sport or leisure activities. Participation by people aged 50+ in any sport or activity during a four-week period.

23. Indicator of change health and wellbeing – healthy life expectancy at 65+. Average number of years that a person aged 65 can expect to live in good or fairly good health, based on people’s own assessment of their general health.

24. Indicator of change health and wellbeing – disability free life expectancy at 65+. Average number of years that a person aged 65 can expect to live free from long-standing illness.

Dignity and Social Inclusion

25. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

26. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.\(^1\)

27. Indicator of change social inclusion – fear of crime. Percentage of people age 50+ who report that their lives are greatly affected by fear of crime. In addition, the following two measures will be included if existing data can be used: contact with friends and family and access to transport.

\(^1\) In Wales, this would include linguistic equality, i.e. giving Welsh and English equal status. Source: Help the Aged. How to Age-proof: A model to assess age discrimination and promote age equality. A publication from the Growing Older in Wales initiative (October 2006).
Appendix 2: Medline Search Strategy

Key: / or sh = subject heading; exp = explode subject heading; $ = truncation term; ? = replaces single letter; ti = title field; ab = abstract field; pt = publication type; adj = adjacent to ; adj2 = up to two words between the identified terms allowed, in any order; OR/ = combines all the search lines within the numbered range using OR e.g. or/1-4 searches 1 or 2 or 3 or 4.

Searches

1. older people.ti,ab.
2. older person$.ti,ab.
3. older citizen$.ti,ab.
4. old$ population$.ti,ab.
5. senior citizen$.ti,ab.
6. ((elder$ or old$) adj (women or men or adult$)).ti,ab.
7. later life.ti,ab.
8. retired.ti,ab.
9. pensioner$.ti,ab.
10. elderly.ti,ab.
11. (old age or last years of life or late adulthood).ti,ab.
12. pension age.ti,ab.
13. oldest old.ti,ab.
14. ("50 years or older" or "55 years or older" or "60 years or older" or "65 years or older" or "70 years or older" or "75 years or older" or "80 years or older" or "85 years or older" or "90 years or older" or "95 years or older").ti,ab.
15. (older than 50 or older than 55 or older than 60 or older than 65 or older than 70 or older than 75 or older than 80 or older than 85 or older than 90 or older than 95).ti,ab.
16. (Ag?ing adj (network$ or population$1 or people or person$ or adult$ or workforce$ or worker$1 or employee$1 or communit$ or resident$ or citizen$1 or adult$)).ti,ab.
17. (aged adj (fifty or fifty five or sixty or sixty five or seventy or seventy five or eighty or eighty five)).ti,ab.
18. exp Aged/sn, px
19. or/1-18

Theme 1: Independence and material well being

1. Older persons should have access to adequate food, water, shelter, clothing and health care through the provision of income, family and community support and self-help.
2. Older persons should have the opportunity to work or to have access to other income-generating opportunities.
3. Older persons should be able to participate in determining when and at what pace withdrawal from the labour force takes place.
4. Older persons should have access to appropriate educational and training programmes.
5. Older persons should be able to live in environments that are safe and adaptable to personal preferences and changing capacities.
6. Older persons should be able to reside at home for as long as possible.

20. (malnutrition or malnourish$) adj3 (pattern$ or prevalence$ or trend$1 or rate or rates or determinant$
or frequen$ or occur$ or association$ or incidence$ or cases)).ti,ab.
21 ((meal or vegetable or fruit) adj3 (deliver$ or consume$1 or consumption or servings)).ti,ab.
22 (diet$ pattern$ or food pattern$ or meal pattern$ or eating pattern$ or diet$ habit$1 or food habit$1 or meal habit$1 or eating habit$1 or nutrient$ intake or healthy eating)).ti,ab.
23 (Under nourished or under?nourished).ti,ab.
24 (food security or food insecurity or nutrition$ deficit$).ti,ab.
25 ((independen$ or actively) adj2 (living or live or residence or reside or housing)).ti,ab.
26 (meals on wheel$ or balanced meal$ or hot meal$).ti,ab.
27 food services/ or menu planning/ or vegetables/ or food supply/

((weight loss or weight change or over?weight or under?weight or obese or obesity) adj2 (pattern$ or prevalence$ or trend$1 or rate or rates or determinant$ or frequen$ or occur$ or association$ or incidence$ or cases)).ti,ab.
29 (insufficient weight or sufficient weight or suitable weight or appropriate weight or reduced weight or low weight or inadequate weight or adequate weight).ti,ab.
((supply or availab$ or access$ or obtain$ or unobtain$ or inaccess$ or unavail$ or acquire$) adj2 (nutrition$ or nutrient$1 or nutritious or water or shelter$1 or clothing or clothes or food or foods or consumer durables or labo?r saving device$ or internet)).ti,ab.
31 (financial adj (difficult$ or limit$ or problem$ or trouble$ or worries or worry)).ti,ab. Or wealth.ti,ab

(employment or unemploy$ or material wellbeing or home ownership or hardship or financial assets or financial security or recruitment opportunit$ or workplace opportunit$ or job promotion or prosperity or earning$ capacity or low pay or low paid).ti,ab.
33 ((work or workplace or job or promotion) adj2 (prospect$ or opportunit$ or training or availabl$ or education or qualification or life long learning or adult learning)).ti,ab.
34 ((invalidity or sickness or disability or incapacity) adj2 (benefit$ or retirement or pension or allowance or payment)).ti,ab.
35 ((adequate or sufficient) adj2 (pension or income)).ti,ab.
36 employment/td,sn [trends and statistics and numerical data]
37 (living at home adj3 (support$ or help$ or service$ or assist$ or aid$ or visit$ or trend$ or rate$)).ti,ab.
38 ((independen$ or actively) adj2 (living or live or residence or reside or housing)).ti,ab.
39 (live$1 at home adj3 (support$ or help$ or service$ or assist$ or aid$ or visit$ or trend$ or rate$)).ti,ab.
40 (remote monitoring service$ or telecare service$ or communit$ alarm$1 or home safety or fire safety or affordable warmth or fuel poverty or housing support or chang$ capacity$).ti,ab.
41 ((property or home$1 or housing) adj2 (adapt$4 or maintenance or maintain$ or cope or copes or coping or coped)).ti,ab.
42 ((live$1 or living or environment$1) adj3 (safe or safety or safely)).ti,ab.
43 (living adj5 (cope or copes or coping or coped)).ti,ab.
44 (health indicators or Living arrangement$).ti,ab. or *health status indicators/
or/20-44

<table>
<thead>
<tr>
<th>Theme 2: Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their wellbeing and share their knowledge and skills with younger generations.</td>
</tr>
<tr>
<td>8. Older persons should be able to seek and develop opportunities for service to the community and to serve as volunteers in positions appropriate to their interests and capabilities.</td>
</tr>
<tr>
<td>9. Older persons should be able to form movements or associations of older persons.</td>
</tr>
</tbody>
</table>

((societies or society or social or community or communities or neighbo?rhoo$1) adj2 (integrate$1 or integration or service or volunteer$ or involvement or representative$ or participat$1 or barrier$ or
Theme 3: Health and Social Care

10. Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.

11. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness.

12. Older persons should access to social and legal services to enhance their autonomy, protection and care.

13. Older persons should be able to utilise appropriate levels of institutional care providing protection, rehabilitation and social and mental stimulation in a humane and secure environment.

14. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives (informal assistance or informal support or informal help or informal care or family assistance or family support or family care).ti,ab.

15. Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.

16. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness.

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20. Older persons should benefit from family and community care and protection in accordance with each society’s system of cultural values.

21. Older persons should have access to health care to help them maintain or regain the optimum level of physical, mental and emotional wellbeing and to prevent or delay the onset of illness.

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24. Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives (informal assistance or informal support or informal help or informal care or family assistance or family support or family care).ti,ab.

Theme 4: Self-fulfilment and active ageing

15. Older persons should be able to pursue opportunities for the full development of their potential.
16. Older persons should have access to the educational, cultural, spiritual and recreational resources of society.

((physical$ activ$ or physical$ inactiv$ or physical exercise$ or sedentary lifestyle or activity restriction or physical$ literat$ or outdoor activit$ or leisure activit$ or recreation$) adj5 (access$ or avail$ or unavail$ or unavail$ or attend$ or involve$ or participat$ or member$1 or membership$ or join$2 or joining or includ$ or inclusion or uptake$ or taking up or engage$ or engaging or rate$ or trend$ or level$1 or step$ count$1 or total daily or time spent or hour$ spent)).ti,ab.

67 (gymnasia$1 or health spa$1 or leisure centre$ or leisure center$ or fitness centre$ or fitness center$ or gym class$ or fit$ class$ or fit$ club$ or swimming pool$).ti,ab.

68 ((active travel or walk$) adj5 (access$ or avail$ or inaccess$ or unavail$ or attend$ or involve$ or participat$ or member$1 or membership$ or join$2 or joining or includ$ or inclusion or uptake$ or taking up or engage$ or engaging or rate$ or trend$ or level$1 or step$ count$1 or total daily or time spent or hour$ spent)).ti,ab.

((church or religious or spiritual or theatre or cinema or museum or recreation$ or club or continuing education or social activit$ or evening class$ or adult education$ or adult learning or film club or bingo or library) adj5 (access$ or avail$ or inaccess$ or unavail$ or attend$ or involve$ or participat$ or member$1 or membership$ or join$2 or joining or includ$ or inclusion or uptake$ or taking up or engage$ or engaging or rate$ or trend$ or level$1 or step$ count$1 or total daily or time spent or hour$ spent)).ti,ab.

70 (access$ or avail$ or inaccess$ or unavail$ or attend$ or involve$ or participat$ or member$1 or membership$ or join$2 or joining or includ$ or inclusion or uptake$ or taking up or engage$ or engaging or rate$ or trend$ or level$1 or step$ count$1 or total daily or time spent or hour$ spent)).ti,ab.

((active$ ageing or active$ aging or self fulfilment or successful ageing or healthy ageing or successful aging or healthy aging)).ti,ab.

74 and 72

"Activities of Daily Living"/ or exp Education, Continuing/ or Dancing/ or exp Sports/ or Recreation/ or Exercise/ or public facilities/ or swimming pools/ or "walking/

74 75 and 72

(active$ ageing or active$ aging or self fulfilment or successful ageing or healthy ageing or successful aging or healthy aging).ti,ab.

77 Life Expectancy/td

78 (life expectancy or healthy life years or long?standing illness).ti,ab.

79 ((well being or well?being or wellbeing) adj2 (health or physical or mental or psychological or therapeutic or subjective or collective or overall or satisf$)).ti,ab.

80 73 or 75 or 76 or 77 or 78 or 79

**Theme 5: Dignity and social inclusion**

17. Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

18. Older persons should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.\(^\text{11}\)

81 Crime/ and Fear/

82 ((fear or afraid or perception$ or perceive$ or fright$ or panic or alarm$ or terrified or experience$1) adj2 (crime or burglary or robbery or violence or assault$2 or mugg$3 or criminal$1)).ti,ab.

83 ((social or society or community or communities) adj2 (exclusion or inclusion or interaction or

\(\text{11}\) In Wales, this would include linguistic equality, i.e. giving Welsh and English equal status. Source: Help the Aged. How to Age-proof: A model to assess age discrimination and promote age equality. A publication from the Growing Older in Wales initiative (October 2006).
involvement or participation or isolation or relationship$ or network$ or contact$ or engage$ or cohesion or citizenship or valued or dignity).ti,ab.

(family network$ or social group$ or friends or social relations or family relations or contact$ with family or family contact$1 or loneliness or lonely).ti,ab.

((physical or mental or psychological or sexual) adj1 (abuse or abused or abusing)).ti,ab.

(Bullying or violence or ageism or human rights or freedom or dignity or dignified).ti,ab. or "Discrimination (Psychology)")/ or Spouse Abuse/ or Elder Abuse/

((age or elder$ or ageing or aged) adj2 (discriminat$ or neglect or neglectation or exploit$ or equality)).ti,ab.

((race or racial or gender or female or male or sexual or disability or disabled) adj2 (discriminin$ or equality)).ti,ab.

or/81-88

Combining Themes

45 or 49 or 66 or 80 or 89

Study designs

Data collection/ or Qualitative Research/

(interview or meta-analysis).pt. or (systematic review$ or systematic evidence$ review or meta?analys?s or systematic overview).ti,ab

((health or heart) adj4 study).ti.

((old or ageing or aging or elderly) adj2 (study or project)).ti.

(survey or census or cohort study or participation study or longitudinal study or cross sectional study or cross sectional survey or questionnaire study).ti,ab.

("Boyd-Orr cohort" or ELSA or national travel survey or "Renfrew and Paisley study" or "UK renal cohort " or "Whitehall study" or "australian longitudinal study of aging" or "British Women's heart and health study" or "successful mental health aging" or "Generalised anxiety and depression impact survey" or "rhode island health interview survey" or "cross-sectional and longitudinal aging study" or "national health interview survey" or "behavioral risk factor surveillance system" or "british crime survey" or "french national longitudinal survey" or "age validation study" or "normative aging study" or "california men's health study" or "men born in 1914" or "women's health initiative observational cohort study" or "health and retirement study" or "massachusetts male aging study" or "european survey on aging" or "health, aging and body composition" or "Health ABC study" or "health and retirement survey" or "berlin aging study" or "helsinki health study" or "osaka university aged twin registry" or "australian national survey of mental health and wellbeing" or "cognitive function and aging study" or "MRC-CFAS" or "canadian study of health and aging" or "longitudinal study of aging danish twins" or "psychiatric morbidity survey of great britain" or "aging in manitoba study" or "aging, status, and the sense of control" or "survey of health, ageing and retirement in europe" or "caerphilly health and social needs study" or "copenhagen city heart study" or "NILS-LSA" or "great britain retirement and retirement plans survey" or "maastricht aging study" or "british psychiatric morbidity survey" or "longitudinal aging study" or "flint men's health study" or (national population health survey adj2 canada) or "women's health initiative observational study").ti,ab.

or/91-96

Applying limits

((retrospective$ adj2 review$) or (case$ adj2 review$) or (patient$ adj2 review$) or (patient$ adj2 chart$) or (peer adj2 review$) or (chart adj2 review$) or (case$ adj2 report$) or (rat or rats or mouse or mice or hamster or hamsters or animal or animals or dog or dogs or cat or cats or bovine or sheep)).ti,ab.sh. or editorial.pt. or letter.pt.

19 and 90 and 97

99 99 not 98

10 Algeria$ or Egypt$ or Libya$ or Moroccan$ or Tunisia$ or Western Sahara$ or Angola$ or Benin or Botswana$ or Burkina Faso or Burundi or Cameroon or Cape Verde or Central African Republic or
Chad or Comoros or Congo or Djibouti or Eritrea or Ethiopia or Gabon or Gambia or Ghana or Guinea or Kenya or Lesotho or Liberia or Madagascar or Malawi or Mali or Mauritania or Mauritius or Mayotte or Mozambique or Namibia or Niger or Nigeria or Reunion or Rwanda or Saint Helena or Senegal or Seychelles or Sierra Leone or Somalia or South Africa or Sudan or Swaziland or Tanzania or Togo or Uganda or Zambia or Zimbabwe or China or Chinese or Hong Kong or Macao or Mongolia or Taiwan or Belarus or Moldova or Russia or Ukraine or Afghanistan or Armenia or Azerbaijan or Bahrain or Cyprus or Cypriot or Georgia or Iran or Iraq or Israel or Jordan or Kazakhstan or Kuwait or Kyrgyzstan or Lebanon or Oman or Pakistan or Palestine or Qatar or Saudi Arabia or Syria or Tajikistan or Turkmenistan or United Arab Emirates or Uzbekistan or Yemen or Bangladesh or Bhutan or British Indian Ocean Territory or Brunei Darussalam or Cambodia or India or Indonesia or Laos or People's Democratic Republic or Malaysia or Maldives or Myanmar or Nepal or Philippines or Singapore or Sri Lanka or Thailand or Timor Leste or Vietnam or Albania or Andorra or Bosnia or Herzegovina or Bulgaria or Croatia or Estonia or Faroe Islands or Greenland or Liechtenstein or Lithuania or Macedonia or Malta or Maltese or Romania or Serbia or Montenegro or Slovenia or Svalbard or Argentina or Belize or Bolivia or Brazil or Chile or Chilean or Colombia or Costa Rica or Cuba or Ecuador or El Salvador or French Guiana or Guatemala or Guyana or Haiti or Honduras or Jamaica or Nicaragua or Panama or Paraguay or Peru or Puerto Rico or Suriname or Uruguay or Venezuela or developing country or south America).ti.

10 100 not 101
2 limit 102 to humans
3 limit 103 to yr="2000 - 2009"
4 limit 105 to english language
7 remove duplicates from 105
Appendix 3: Data Audit Form

<table>
<thead>
<tr>
<th>GENERAL INFORMATION (&lt;i&gt;description of study, objective and topics covered&lt;/i&gt;):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title and year published (&lt;i&gt;citation, list all authors&lt;/i&gt;):</th>
<th>Funder</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Source of Data and Year Undertaken (&lt;i&gt;include name and type of study e.g. ‘general household survey, cross-sectional survey’&lt;/i&gt;):</th>
<th>Author Organisation(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Wales Specific Data (&lt;i&gt;delete as appropriate and list countries/region&lt;/i&gt;)</th>
<th>Type of Data (&lt;i&gt;delete as appropriate&lt;/i&gt;):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wales only [ ]</td>
<td>Qualitative / Qualitative</td>
</tr>
<tr>
<td>Wales and other countries [ ]</td>
<td></td>
</tr>
<tr>
<td>Other UK countries [ ]</td>
<td></td>
</tr>
<tr>
<td>Non-UK [ ]</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme (&lt;i&gt;name the Monitor chapter and where possible the number of the subheading. E.g. ‘Participation. 10’&lt;/i&gt;):</th>
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</table>

<table>
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<tr>
<th>Methodology (&lt;i&gt;Brief description only – i.e. summary of aims and objectives and where possible sample size, sampling and setting&lt;/i&gt;):</th>
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<tr>
<th>Data Issues – Quality and Limitations:</th>
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<table>
<thead>
<tr>
<th>Key Findings (&lt;i&gt;Comprehensive findings and include authors conclusions&lt;/i&gt;):</th>
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<table>
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<tr>
<th>Demographic details</th>
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</thead>
<tbody>
<tr>
<td>Age group(s) covered:</td>
</tr>
<tr>
<td>Location (country, region):</td>
</tr>
<tr>
<td>Gender:</td>
</tr>
<tr>
<td>Ethnicity:</td>
</tr>
<tr>
<td>Socioeconomic data:</td>
</tr>
<tr>
<td>Additional notes:</td>
</tr>
</tbody>
</table>

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<tr>
<th>Link (&lt;i&gt;url&lt;/i&gt;):</th>
</tr>
</thead>
</table>
Appendix 4: Critical appraisal checklists

Questions to assist with the critical appraisal of a Qualitative study


Paper details

Authors: 

Title: 

Source

A  What is this paper about?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the study relevant to your research question?</td>
<td>continue</td>
<td>discard</td>
<td></td>
</tr>
<tr>
<td>2. Does the paper address a clearly focused issue?</td>
<td>Are the aims of the investigation clearly stated?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B/  Do you trust it?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Is the choice of a Qualitative method appropriate?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What was this study exploring (eg behaviour/reasoning/beliefs)?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Do you think a Quantitative approach could have equally/better addressed this issue?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Was the author’s position clearly stated?</td>
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<tr>
<td>- Has the researcher described his/her perspective?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Has the researcher examined his/her role, potential bias and influence?</td>
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<tr>
<td>5. Was the sampling strategy clearly described and justified?</td>
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<tr>
<td>Check to see whether:</td>
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</tr>
<tr>
<td>- the method of sampling is stated or described</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the investigators sampled the most useful or productive range of individuals and settings relevant to their question</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- the characteristics of those included in the study are defined (and are comparable to the wider population)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Was there an adequate description of the method of data collection given?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Is the method of data collection described and justified?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- How were the data collected (eg audiotape/videotape/field notes)?</td>
<td></td>
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<tr>
<td>- If interviews were used, were the questions pre-tested?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- If observation was used, is the context described and were observations made in a variety of circumstances?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Were the procedures for data analysis/interpretation described and justified?

Check to see whether:
- a description is given of how the themes and concepts were identified in the data
- the analysis was performed by more than one researcher
- negative/discrepant results were taken into account
- the data were fed back to the participants for comment

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
</table>

C/ What did they find?

8. What are the primary findings?

Consider whether the results:
- address the research question
- are likely to be clinically important

Please note to avoid duplication with audit forms this section will not be completed

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
</table>

9. Are the results credible?

- Were sequences from the original data presented (eg quotations) and were these fairly selected?
- Is it possible to determine the source of the data presented (eg numbering of extracts)?
- How much of the information collected is available for independent assessment?
- Are the explanations for the results plausible and coherent?
- Are the results of the study compared with those from other studies?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
</table>

D/ Are the results relevant locally?

10. Can the results be applied to the local situation?

- Consider differences between the local and study populations (eg cultural, geographical, ethical) which could affect the relevance of the study.

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
</table>

11. Were all important outcomes/results considered?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
</table>

12. Accept for further use as Qualitative study evidence?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can't tell</th>
<th>No</th>
</tr>
</thead>
</table>

Comments:
Questions to assist with the critical appraisal of an observational study eg cohort, case-control, cross-sectional. (Type IV evidence)


Paper citation:

A/ What is this paper about?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Can’t tell</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the study relevant to the needs of the Project?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Does the paper address a clearly focused issue?

in terms of …
- The population studied?
- (case-control study only) Is the case definition explicit and confirmed?
- The outcomes considered?
- Are the aims of the investigation clearly stated?

3. Is the choice of study method appropriate?

4. Is the population studied appropriate?

- (x-sec study) Was the sample representative of its target population?
- (cohort study) Was an appropriate control group used – ie were groups comparable on important confounding factors?
- (case-control study) Were the controls randomly selected from the same population as the cases?

5. Is confounding and bias considered?

- Have all possible explanations of the effects been considered?
- (cohort study) Were the assessors blind to the different groups?
- (cohort study) Could selective drop out explain the effect?
- (x-sec study) Did the study achieve a good response rate?
- (x-sec study) Were rigorous processes used to develop the questions? (e.g. were the questions piloted/validated?)
**Older People’s Wellbeing Monitor for Wales: Evidence Review**

- (case-control study) How comparable are the cases and controls with respect to potential confounding factors?
- (case-control study) Were interventions and other exposures assessed in the same way for cases and controls?

<table>
<thead>
<tr>
<th>6. (Cohort study) Was follow up for long enough?</th>
</tr>
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<tbody>
<tr>
<td>• Could all likely effects have appeared in the time scale?</td>
</tr>
<tr>
<td>• Could the effect be transitory?</td>
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<tr>
<td>• Was follow up sufficiently complete?</td>
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<tr>
<td>• Was dose response demonstrated?</td>
</tr>
</tbody>
</table>

**C/ What did they find?**

<table>
<thead>
<tr>
<th>7. Are tables/graphs adequately labelled and understandable?</th>
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<tbody>
<tr>
<td>8. Are you confident with the authors’ choice and use of statistical methods, if employed?</td>
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</table>

<table>
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<tr>
<th>9. What are the results of this piece of research?</th>
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<td>Please note to avoid duplication with audit forms this section will not be completed</td>
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</table>

**D/ Are the results relevant locally?**

<table>
<thead>
<tr>
<th>10. Can the results be applied to the local situation? Consider differences between the local and study populations (eg cultural, geographical, ethical) which could affect the relevance of the study.</th>
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<tbody>
<tr>
<td>11. Were all important outcomes/results considered?</td>
</tr>
<tr>
<td>12. Is any cost-information provided?</td>
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<tr>
<td>13. Accept for further use as Type IV evidence?</td>
</tr>
</tbody>
</table>

**Comments:**