

# New Literature on Old Age

EDITOR

**Gillian Crosby**VOLUME  
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## ABUSE

(See Also 180/86)

- 180/1 "Setting the scene" for protection of vulnerable adults (POVA) investigations; by Gillian Parsons. The Journal of Adult Protection, vol 8, no 2, August 2006, pp 39-45.  
Many agencies are becoming involved in adult protection, and this article considers the service delivery options that will allow for successful forward planning and an effective application of resources. It suggests a framework for social services as the lead agency to co-ordinate the process for dealing with allegations of abuse. The aim of the framework is to establish how best to manage cases involving the alleged abuse of vulnerable adults. An analysis is provided of three alternative organisational models for dealing with referrals and investigations. The discussion also proposes different sets of arrangements for achieving effective multi-agency working. (RH)  
ISSN: 14668203  
From : Website: <http://www.pavpub.com>
- 180/2 Access to assets: older people with impaired capacity and financial abuse; by Anne-Louise McCawley, Cheryl Tilse, Jill Wilson (et al).  
The Journal of Adult Protection, vol 8, no 1, May 2006, pp 20-32.  
A significant proportion of older Australians is likely to have a disability for decision-making by reason of impaired capacity. This paper draws on findings from a secondary analysis of suspected financial abuse cases in the files of the Guardianship and Administration Tribunal in Queensland, Australia. It explores the association between formal and semi-formal asset management arrangements and suspected financial abuse cases. The role of families as a formal asset manager is also considered. (RH)  
ISSN: 14668203  
From : Website: <http://www.pavpub.com>
- 180/3 Elder abuse: the last taboo?; by Claudine McCreadie, Simon Biggs.  
Geriatric Medicine, vol 36, no 6, June 2006, pp 21/28.  
Abuse of older people is a subject no one likes to acknowledge exists, yet it does and it is essential to know how prevalent it is. Fortunately, there is a drive afoot to raise awareness. The authors report on how Comic Relief and the Department of Health (DH) are working in conjunction with one another to fund new research in this area that will help develop preventative measures and strategies. The Institute of Gerontology at King's College London and the National Centre for Social Research are undertaking this research. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 180/4 First steps: the UK national prevalence study of the mistreatment and abuse of older people; by Claudine McCreadie, Madeleine O'Keeffe, Jill Manthorpe (et al).  
The Journal of Adult Protection, vol 8, no 3, November 2006, pp 4-11.  
This article outlines the background to the recently commissioned UK national study of the prevalence of elder abuse and explains the methodology adopted in Stages 1 and 2 of the research. This is being funded by Comic Relief with co-funding from the Department of Health (DH) and carried out by a team of researchers at King's College London and the National Centre for Social Research. Stage 1, the development work, was completed in autumn 2005. Stage 2, which began in March 2006, is a national survey of the private residential population of the United Kingdom. (KJ/RH)  
ISSN: 14668203  
From : Website: <http://www.pavpub.com>
- 180/5 Recognising and addressing elder abuse in care homes: views from residents and managers; by Sheila Furness.  
The Journal of Adult Protection, vol 8, no 1, May 2006, pp 33-49.  
In 2004, the author carried out a small scale study to find out the views of those living and working in care homes in England on a range of issues connected to inspection, regulation and ways to better protect older people. This study reports on views from 19 managers and 19

residents about their understanding of abuse, their perceptions of the different forms of abuse, and the possible action to deal with offending care staff. Although there was some consensus about the seriousness of certain types of abuse and how managers would investigate the allegation, the findings indicate that mandatory training for registered care home owners and managers is necessary to clarify their responsibilities in relation to their actions and the reporting of certain offences to relevant agencies. Residents' views also need to be taken seriously if they are to voice their opinions about life in a care home. (RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

180/6

Whistle while you work: [adult abuse and Public Concern at Work]; by Graham Hopkins. Community Care, no 1647, 2 November 2006, pp 36-37.

The abuse scandal in Cornwall highlights weaknesses that still exist in protecting adults from abuse. This article includes a case study and advice on how whistleblowing can strengthen approaches to adult protection. It indicates that Public Concern at Work (PCAW) and its helpline receives more enquiries from the health and social care sector than any other. (RH)

ISSN: 03075508

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

180/7

World Elder Abuse Awareness Day; by Bridget Penhale.

The Journal of Adult Protection, vol 8, no 3, November 2006, pp 33-36.

This brief article charts the launch of the first World Elder Abuse Awareness Day in June 2006. The International Network for the Prevention of Elder Abuse (INPEA) founded in 1997 is featured. Further details of INPEA can be found on AgeInfo Organisations database. A key and notable feature of this project was the partnerships and collaboration forged between interested individuals, agencies, organisations, NGOs, governments and corporations. It is anticipated that this World Day will become an annual event. The following website may be of interest: ([www.inpea.net](http://www.inpea.net)) (KJ/RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

## **AGE DISCRIMINATION**

(See Also 180/71)

180/8

Specialist services for older people: issues of negative and positive ageism; by Jan Reed, Margaret Cook, Glenda Cook (et al).

Ageing and Society, vol 26, part 6, November 2006, pp 849-865.

As part of a programme of research funded by the Department of Health (DH) exploring implementation of the National Service Framework for Older People (NSF-OP), this paper reports findings of a study in 2004 on the development of specialist services for older people in the National Health Service (NHS) in England, as recommended by the NSF. Information was collected through a questionnaire survey about the nature of specialist developments at three levels of the NHS: strategic health authorities (SHAs), provider Trusts, and service units. This produced an overview of developments and a frame from which to select detailed case studies. Analysis of survey data showed that there were variations in the way that the NSF was being interpreted and implemented. In particular, there was inconsistency in the interpretation of the NSF's anti-ageism standard; some concluded that the strategy discouraged services exclusively for older people, others that it encouraged dedicated provision for them. The tension between creating age-blind and age-defined services was played out in the context of existing service structures, which had been shaped over decades by many local and national influences. These conceptual and historical factors need to be taken into account if services are to change, as developments are shaped by 'bottom-up' local processes as well as 'top-down' policy initiatives. In particular, the tension inherent in the NSF between negative and positive ageism, and its varied interpretations at local levels need to be taken into account when evaluating progress in implementation. (RH)

ISSN: 0144686X

From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

180/9 Staff perceptions of ageist practice in the clinical setting: practice development project; by Jenny Billings.  
Quality in Ageing, vol 7, no 2, June 2006, pp 33-45.  
Anthea Tinker's (1996) reference to "ageist practice", as the carrying out of unfair or insensitive treatment because of age, is used. This study was undertaken in response to the audit requirements for the National Service Framework for Older People (NSF) Standard One, rooting out ageism. The aim was to identify and describe the nature of any anti-discriminatory practice in the clinical setting through the perceptions and experiences of staff working with older people. The study adopted a qualitative approach using focus group design. Six focus groups were conducted with 57 members of staff. An aim of the study method was to isolate consensus areas of ageist practice that would facilitate targeted intervention. To assist this, statements relating to common practice experiences were developed following the first two focus groups. This was used as a discussion tool for subsequent groups. Perceived ageist practices could be grouped under the following themes: access to services; communication and attitudes; treatment and care; the role of relatives; and resources. On the basis of the findings, greater choice and control for older people need to be features of the recommendations, through the development of a coordinated development programme involving all stakeholders. (RH)  
ISSN: 14717794  
From : <http://www.pavpub.com>

### **ANXIETY**

(See 180/34)

### **ASSESSMENT**

180/10 What the doctor ordered?: CAB evidence on medical assessments for incapacity and disability benefits; by Alan Barton, Citizens Advice - NACAB. London: National Association of Citizens Advice Bureaux, 2006, 15 pp (Evidence briefing).  
The Green Paper, "A new deal for welfare: empowering people to work" (2006) places new importance on the role of decision-making in the awarding of incapacity benefits for people who cannot work because of illness or disability. Medical assessments form the basis for decisions about entitlement. However, Citizens Advice Bureaux (CABs) have long been aware of the flaws in the process and quality of medical assessments and the decisions based on them. This report cites cases dealt with by CABs to draw attention to the problems with the Personal Capacity Assessment, chief amongst which is that it does not assess mental health conditions adequately. It concludes that the Department for Work and Pensions (DWP) should appoint a senior person to act as a mental health champion to scrutinise policies and practices across DWP and its agencies. (RH)  
Price: FOC  
From : Citizens Advice, 115-123 Pentonville Road, London N1 9LZ.  
<http://www.citizensadvice.org.uk>

### **ASSISTIVE TECHNOLOGY**

180/11 Big brother or brave new world?: telecare and its implications for older people's independence and social inclusion; by John Percival, Julianne Hanson.  
Critical Social Policy, vol 26, no 4, issue 89, November 2006, pp 888-909.  
Telecare is advocated as a means of effectively and economically delivering health and social care services in people's homes. It uses technology that can monitor activities and safety, provide virtual home visiting, activate reminder systems, increase home security and convey information. Significant planned investment by central government will be rewarded, if telecare results in fewer older people requiring institutional care and more remaining independent in their own homes longer than would otherwise be the case. This paper reports on focus group work with older people, carers and professional stakeholders, to consider key issues rarely addressed in provider-led studies. Emerging social policy implications centre on the potential impact of telecare on service users' autonomy and privacy and, controversially, as a replacement for human support.

It is argued that the development of relevant policy and practice in respect of telecare has to pay close and careful attention to concerns held by all stakeholders, particularly in regard to individual choice, surveillance, risk-taking and quality of service. (KJ/RH)

ISSN: 02610183

From : <http://csp.sagepub.com>

180/12 Improving the provision of information about assistive technology for older people; by Claudine McCreadie, Fay Wright, Anthea Tinker.

Quality in Ageing, vol 7, no 2, June 2006, pp 13-22.

The importance of assistive technology (AT) in helping older people maintain independence is increasingly recognised in policy. This article reports on a modest piece of research funded by the Helen Hamlyn Foundation, that looked at an important corollary of this development - the provision of relevant and appropriate information about AT. The research involved mapping both AT and information sources, focus groups with 28 users aged 75+ and 12 carers, interviews with 40 professionals and information providers and a postal questionnaire to 131 care home managers (response rate 45%). The findings point to the large volume of available information, but suggest that there are problems in identifying needs and in accessing all necessary information. While professionals share these problems, organisational issues can affect professional capacity to provide satisfactory information. The situation in care homes appears ambiguous in terms of responsibility for AT provision for residents and hence for information. The researchers concluded that there is considerable scope for improving access to information and the design of that information. Issues concerning the terminology used also need further research. (RH)

ISSN: 14717794

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

180/13 Looking to the future: the role of assistive technology; by Kunal Khanna, Dylan Harris, Pradeep Khanna.

Geriatric Medicine, vol 36, no 10, October 2006, pp 21/24.

Technology is rapidly evolving; and the concept of assistive technology (AT) is now being put into practice, creating new horizons for future healthcare. The authors explain exactly what AT means and the different ways it can be used to help older patients understand and manage their illness while safely maintaining their independence. (RH)

ISSN: 0268201X

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

#### **ATTITUDES TO AGEING**

180/14 Baby boomers and the illusion of perpetual youth; by Michael Bywater.

New Statesman, 30 October 2006, pp 34-37.

A light-hearted but critical look at the "Baby Boomers" as the post-war generation children who, in the author's opinion, have not grown up as adults with a maturity comparable to their parents/grandparents but as "greedy children", lamenting the loss of something they never actually had and the consequences of this for today's society. The article is taken from Bywater's book "Big babies: or: why can't we just grow up?" published by Granta Books (November 2006). (KJ)

ISSN: 13647431

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

180/15 Heroines, villains and victims: older people's perceptions of others; by Jean Townsend, Mary Godfrey, Tracy Denby.

Ageing and Society, vol 26, part 6, November 2006, pp 883-900.

This paper examines older people's contrasting images of older people as 'those like us' and as 'others'. It draws on data from a qualitative study about the experience of ageing that was undertaken in partnership with two local groups of older people in England. Whilst the informants acknowledged their chronological age, changes in appearance and physical limitations, most did not describe themselves as old. They challenged the idea of older people being 'past it'. Older people who personified their own values of inter-dependence, reciprocity and keeping going were seen as 'heroines' of old age, but negative stereotypes were ascribed simultaneously to others, 'the villains'. Aspects of behaviour which evoked censure were 'giving up', 'refused to be helped' and



'taking without putting back', and were usually attributed to acquaintances known only at a distance. The victims of old age were primarily people with dementia, who were perceived as 'needing to be looked after' and objects of pity and concern. The paper explores the ways in which these various images of old age related to people's self-identity and management of the ageing process, especially in a society that has ambivalent conceptions of old age. The findings contribute to an understanding of how people's values underpin their conception of 'a good old age' and how they shape their interpretation of societal stereotypes. They also indicate the importance of considering whose voices are heard in the context of exploring the identity and contributions of older people to achieve a more inclusive society. (RH)

ISSN: 0144686X

From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

## **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 180/72, 180/96)

- 180/16 Meeting the needs of black and minority ethnic communities; by Gary Lashko. Housing, Care and Support, vol 9, no 1, April 2006, pp 2-4. Articles in this issue of Housing, Care and Support look at housing care and support mainly from the viewpoint of black and minority ethnic (BME) communities, service providers and clients. This introductory article outlines the issues explored: commissioning services; the Supporting People Strategy proposals; reducing barriers for refugees; discrimination in service provision; and support for homeless and vulnerable people. (RH)  
ISSN: 14608790  
From : Website: <http://www.pavpub.com>

## **CARE MANAGEMENT**

- 180/17 Census of care home residents: CCC Conference Friday 30th June 2006; by Continuing Care Conference (CCC); Clinical Effectiveness and Evaluation Unit (CEEU), Royal College of Physicians - RCP. London: Continuing Care Conference (CCC), 2006, various. The CCC conference on 30 June 2006 set out findings of the largest ever census of UK care home residents undertaken, a census of 32301 people in 751 care homes. The conference explored the results of this census and implications for future care policy development. The census participants were BUPA Care Homes, National Care Forum, Registered Nursing Homes Association and CRHAG - Cornwall Registered Homes Action Group. CCC intends the findings to play a valuable role in informing the crucial issue of resources needed and the planning of future care, which includes the physical provision, staffing and supportive infrastructure. CCC urges policy-makers to give priority to the issues highlighted by the results. Key results were: a very high level of dependency in general; an overlap in the types of needs between residential and nursing care; the impact of chronic diseases and the loss of mental functioning in particular; and the inconsistency apparent in the use and funding of care homes from area to area. The conference papers presented by the five speakers which highlight the census results, as well as the two press releases (30 June and 3 July) can be downloaded from the CCC website. The full report is not in the public domain. (KJ)  
From : Continuing Care Conference, 1 Millbank, London SW1P 3JZ. Download documents : <http://www.ccc-ltc.org.uk>
- 180/18 Evaluation of the Evercare approach to case management of frail elderly people: executive summary; by Ruth Boaden, Mark Dusheiko, Hugh Gravelle (et al), National Primary Care Research and Development Centre (NPCRDC). Manchester: National Primary Care Research and Development Centre, November 2006, 4 pp (Executive summary 42). Case management for frail older people aims to combine both preventive and responsive care for patients at high risk of deterioration in their health. Case management is also a key component of the government's Community Matron policy. Evercare is a form of case management which was introduced in nine pilot Primary Care Trusts (PCTs) by UnitedHealth Europe in 2003; and this evaluation outlines the main findings of NPCRDC's evaluation of Evercare carried out between 2003 and 2005. NPCRDC found that the Evercare approach to case management provided

additional contacts, monitoring and treatment options that were highly valued by patients and their carers. However, although there were individual examples of avoided admissions, there was no overall effect on emergency hospital admissions. More detailed results are available in the full report, "Evercare evaluation: final report" ([www.npcrdc.ac.uk/pr33](http://www.npcrdc.ac.uk/pr33)). (RH)

From : NPCRDC, 5th floor, Williamson Building, The University of Manchester, Oxford Road, Manchester, M13 9PL. E-mail: [npcrdc-commsunit@manchester.ac.uk](mailto:npcrdc-commsunit@manchester.ac.uk) Download: <http://www.npcrdc.ac.uk/es42>

## CARERS AND CARING

(See Also 180/108)

- 180/19 Call us carers: limitations and risks in campaigning for recognition and exclusivity; by Liz Lloyd. *Critical Social Policy*, vol 26, no 4, issue 89, November 2006, pp 945-960.  
The organisation Carers UK is currently pursuing a campaign for the title of "carer" to be used only in connection with unpaid carers, and this article comments on the campaign. The campaign is analysed in the context of recent developments in policies on unpaid caring and broader debates concerning recognition campaigns, identity and solidarity with others. It is argued that success for carers in terms of securing better benefits and services has been partial and limited, and that there are problems in linking demands for recognition with demands for improved material conditions. It is also argued that this particular campaign is likely to prove counterproductive, not only for carers but also for others in caring relationships, including paid carers and people in need of support. (KJ/RH)  
ISSN: 02610183  
From : <http://csp.sagepub.com>
- 180/20 Mental health of carers: special section; by G M Charlesworth (et al).  
*Aging & Mental Health*, vol 10, no 2, March 2006, pp 71-133.  
This issue of *Aging & Mental Health* includes six papers relating to the emotional well-being of family carers, and report studies from the UK, the US, Japan and the Netherlands. Gilliam and Stefan look at the relationship between caregiving self-efficacy and depressive symptoms in dementia family caregivers. Croog and colleagues look in further detail at the relationships between mental state and responses to caring for a spouse with Alzheimer's disease (AD). Martin et al describe a pilot study on the associations between entrapment, shame, guilt and depression in carers of people with dementia. Schreiner et al use the Zarit Burden Inventory (ZBI) to search for an appropriate cut-off score for identifying level of burden that indicates that a carer is at risk of depression. Drees and colleagues look at the effect of the Meeting Centres Support Program (MSCP) on family carers. Lastly, Miller et al examine the experience of non-cognitively impaired care recipients at the hands of their potentially harmful "caring" relatives. Charlesworth's editorial introduces these papers in relation to previous research regarding carers' emotional experiences. (RH)  
ISSN: 13607863  
From : <http://www.tandf.co.uk/journals>
- 180/21 Predicting mental health outcomes in female working carers: a longitudinal analysis; by C Lyonette, L Yardley.  
*Aging & Mental Health*, vol 10, no 4, July 2006, pp 368-377.  
The factors that contribute to psychological distress and positive affect over time in female working carers of older people are investigated. Questionnaires (including measures of work-related, care-related, interpersonal and psychological aspects of working and caring) were distributed to 273 female working carers, most working as nurses, in two large NHS Trust hospitals in south-east England. In cross-sectional analyses, higher work stress and work demands predicted higher psychological distress among respondents. Better carer health, lower external pressures to care, and higher work satisfaction predicted greater positive affect. The combined effects of greater work stress and work demands also predicted higher levels of psychological distress at follow-up (after one year) whereas younger age and lower work stress predicted greater positive affect over time. The study concludes that the more stressful and demanding work roles appear detrimental to carers' mental health, while lower stress may be more beneficial, providing

satisfaction and fulfillment outside of the caring role. Older female carers may be especially at risk of psychological distress, possibly due in part to increasing health problems of their own. (RH)

ISSN: 13607863

From : <http://www.tandf.co.uk/journals>

180/22

Specialist clinical assessment of vulnerable older people: outcomes for carers in a randomised controlled trial; by Dan Venables, Paul Clarkson, Jane Hughes (et al).

Ageing and Society, vol 26, part 6, November 2006, pp 867-882.

'Caring for carers' is high on the UK policy agenda for community care. Although recent policy advocates the provision of services directly to the carer, research suggests that an alternative way of helping carers is through targeting enhanced services towards the cared-for person. This paper reports a randomised controlled trial of the effects on carer distress of an additional specialist clinical assessment for vulnerable older people at risk of residential or nursing home placement. The sample was composed of 142 informal carers of older people, randomly assigned to receive either the additional specialist assessment or the usual social services assessment. Carers were assessed using the modified Social Behaviour Assessment Schedule (SBAS), and data were also collected on older people's service use throughout the study period. Regression analyses indicated that changes in older people's behaviour - as opposed to carer or service-related factors - predicted changes in carer distress, and that carers of the older people who expected depressive symptoms received the greatest benefit from the specialist assessment. The study suggests that an effective means of improving outcomes for carers may be to target services towards the distressing behaviours of the person for whom they care, with symptoms of depression being particularly important. (RH)

ISSN: 0144686X

From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

#### **CONSUMER PERSPECTIVES**

180/23

Management and outcome of a preferred place of care pilot; by Jenni Newton.

Nursing Times, vol 102, no 42, 17 October 2006, pp 32-33.

The Preferred Place of Care document originated in Lancashire, and was developed as a tool to record patient and carer choice. It is patient-held and is intended to be used for a variety of different health and social care settings. Although the document appears to provide a unique insight in to patient and carer experience and fulfil a unique function in terms of empowerment, there is, to date, little evidence available on its effectiveness. This paper reports on the management and outcome of a pilot of the Preferred Place of Care document in south Essex. Here, its use by an end-of-life palliative care support initiative demonstrated its worth in empowering patients, relatives and staff. (RH)

ISSN: 09547762

From : <http://www.nursingtimes.net>

180/24

Principles and practice of geriatric assent; by V Molinari, L B McCullough, JH Coverdale (et al). Aging & Mental Health, vol 10, no 1, January 2006, pp 48-54.

Geriatric assent involves health care professionals' active collaboration with cognitively impaired patients that takes account of their longstanding values in any major health care decisions. The main purpose of this paper is to assist geriatric health practitioners in the field to understand how to apply geriatric assent to a variety of clinical situations to maximise incapacitated older people's input into decision-making. A case example and algorithm are presented to illustrate the basic principles of implementing geriatric assent. Practice informed by the principle of geriatric assent will preserve respect for the current and future autonomy of patients across diverse cultural backgrounds. (RH)

ISSN: 13607863

From : <http://www.tandf.co.uk/journals>

## DEMENTIA

(See Also 180/94, 180/106)

- 180/25 "It's like a revolving door syndrome": professional perspectives on models of access to services for people with early-stage dementia; by R Pratt, L Clare, V Kirchner.  
Aging & Mental Health, vol 10, no 1, January 2006, pp 55-62.  
As the need for services for people with dementia grows and the benefits of early intervention become clear, it has become important to understand what factors may improve access to services for people with early-stage dementia. There are a number of models of service access, and these emphasise different areas, whether individual factors, relationships, or social context. The relevance of these models to variations in service access for people with early-stage dementia, and how well they relate to professional accounts, is not well known. In this study, 50 key professionals were interviewed about access to services for people with early-stage dementia, in order to explore how different models of access were reflected in their own understandings. People with early-stage dementia were thought to have a range of complete needs, but participants felt these needs remained largely unmet because of the impact of the framework within which services are delivered. The findings highlight the importance of considering relationships and socio-contextual factors, such as the impact of the framework of service delivery, when attempting to understand variations in access to services. In order to improve access to services, it will be necessary to move beyond addressing different factors relating to access, and to consider the impact of the framework for service delivery and relationships that influence contact with services. (RH)  
ISSN: 13607863  
From : <http://www.tandf.co.uk/journals>
- 180/26 'Coming out' with Alzheimer's disease: changes in awareness during a psychotherapy group for people with dementia; by R Watkins, R Cheston, K Jones (et al).  
Aging & Mental Health, vol 10, no 2, March 2006, pp 166-176.  
This paper forms the second phase of a project looking at those changes that occurred for participants during a series of time-limited psychotherapy groups for people with dementia. Using the Association of Problematic Experiences Scale (APES), the accounts of one participant (Robert) are analysed across the course of the group. Robert moves from a position in which he wards off awareness that he has dementia of the Alzheimer's type, to being able to joke about having brain changes that are symptomatic of the illness. The change in his discourse about Alzheimer's disease (AD) was accompanied by an increase in Robert's level of affect. However, reflecting on the changes that had occurred to him, Robert commented that before he came to the group, he had been frightened, thinking that "I'm going crazy ... what am I going to be like in another five years?" For Robert, coming to the group had meant that this fear had been replaced by the knowledge that he was not alone. In the light of the move towards early diagnosis, the importance of this model of change in awareness as a means of increasing understanding of the presence of emotional development is discussed. (RH)  
ISSN: 13607863  
From : <http://www.tandf.co.uk/journals>
- 180/27 The added value of a multidisciplinary approach in diagnosing dementia: a review; by Claire A G Wolfs, Carmen D Dirksen, Johan L Severens (et al).  
International Journal of Geriatric Psychiatry, vol 21, no 3, March 2006, pp 223-232.  
In a critical review of studies involving a multidisciplinary assessment of dementia, literature was systematically searched in a number of relational databases (Medline, PsychInfo, Pubmed and EconLit). A first selection was based on screening of title by one author. Inter-rater reliability was determined by scoring all abstracts by two authors. The reliability of selecting full articles was based on scoring a random sample by two authors. Five studies were identified as relevant for the purpose of this review. The most important outcome was the level of diagnostic agreement between single discipline or multidisciplinary teams (MTs). (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>

- 180/28 Dignity on the ward : Working with hospital patients with dementia or confusion: A guide for hospital staff; by Royal College of Nursing - RCN; Help the Aged. [rev ed] London: Help the Aged, 2006, 13 pp A5 booklet (Dignity on the ward).  
This pocket guide was developed by the RCN as part of a project commissioned by the Help the Aged Dignity on the Ward campaign. Jan Dewing was the author of the original version of this guide but this edition contains amendments by members and staff of the RCN. This guide is not intended to be a guide to the clinical treatment of patients with dementia or acute confusion but provides practical information to hospital staff working with patients who have dementia or confusion on acute wards. It is hoped that hospital staff will understand better the needs of this vulnerable group of patients, and the importance of taking a person-centred approach. (KJ)  
ISBN: 1845980050  
Price: £1.00  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. [www.helptheaged.org.uk](http://www.helptheaged.org.uk)
- 180/29 Hidden conditions: detecting delirium; by Stephen Curran, John Wattis.  
Geriatric Medicine, vol 36, no 10, October 2006, pp 41/47.  
Delirium (known as 'acute confusional state') is common in physically ill older people, affecting up to 50% of those acutely ill in hospital as well as up to 15% of postoperatively. In selected groups (e.g. those with dementia), the prevalence may rise to nearer 90%. The authors discuss the experience, the impact, the detection and differential diagnosis, and the practical management of delirium. (RH)  
ISSN: 0268201X
- 180/30 Illness representations in early-stage dementia: a preliminary investigation; by Linda Clare, Trish Goater, Bob Woods.  
International Journal of Geriatric Psychiatry, vol 21, no 8, August 2006, pp 761-767.  
The self-regulation model of adjustment to illness suggests that individual differences in coping and responding are related to the illness representations that people hold. The present study explores the feasibility of applying this concept with people with early-stage dementia. Understanding of the illness was explored in semi-structured interviews with 22 people (from one rural and one urban UK areas) with a diagnosis of mild to moderate Alzheimer's disease (AD) or mixed dementia; and a measure of mood was administered. Representations covering illness, identity, cause, course, cure/control and consequences were successfully elicited, but diverged from professional constructs in some important respects. Most participants regarded their difficulties as part of normal ageing, and one third viewed their condition as stable or improving. Almost all participants described some positive coping strategies; participants who believed that nothing could be done to help were more likely to score above clinical cut-offs for depression or anxiety. These findings support the relevance of the concept of illness representations, within a self-regulation framework, to early-stage dementia. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 180/31 Improved quality of life and cognitive stimulation therapy in dementia; by B Woods, L Thorgrimsen, A Spector (et al).  
Aging & Mental Health, vol 10, no 3, May 2006, pp 219-226.  
Quality of life (QoL) is now seen as a key outcome to many aspects of dementia care. In a recent randomised controlled trial of Cognitive Stimulation Therapy (CST) groups, significant improvements in self-reported QoL were identified as well as changes in cognitive function. This further analysis of results from the trial examines whether the changes in these two domains occurred independently, perhaps for different reasons, or whether the effect of treatment on QoL was mediated by the changes in cognition. In all, 201 people with dementia living in residential homes or attending day centres in London, Hertfordshire and Essex were assessed using the Quality of Life - Alzheimer's Disease (QoL-AD) scale and a range of measures of cognition, dementia level, mood, dependency and communication. Participants were randomised to receive an intervention programme of CST or to receive treatment as usual. The QoL-AD and other measures were repeated 8 weeks later. At baseline, higher QoL in dementia was significantly associated with lower level of dependency and depression, but not with cognitive function or dementia severity. Improvement in QoL was associated with being female, low QoL at baseline,

reduced depression and increased cognitive function. Changes in cognitive function mediated the effects of treatment in improved QoL. These results suggest that whilst QoL in dementia appears to be independent of level of cognitive function, interventions aimed at improving cognitive function can, nonetheless, have a direct effect on QoL. (RH)

ISSN: 13607863

From : <http://www.tandf.co.uk/journals>

180/32

Longitudinal assessment of awareness in early-stage Alzheimer's disease using comparable questionnaire-based and performance-based measures: a prospective one-year follow-up study; by L Clare, B A Wilson.

*Aging & Mental Health*, vol 10, no 2, March 2006, pp 156-165.

Few studies of awareness in dementia have taken a longitudinal perspective, yet exploring the ways in which awareness changes over time may offer important information about the processes involved and the relationship between awareness and other variables. This study explored in detail the patterns of change in awareness scores over time for a group of 12 participants with early-stage Alzheimer's disease (AD) using a multi-dimensional measure giving comparable discrepancy scores for each of the components of the assessment, with similar patterns for questionnaire-based and performance-based ratings. The small changes that were observed reflected both participant and informant factors. Most of the participants showed only very minor changes in mean discrepancy score and change in Mini Mental State Examination (MMSE) score over time, although there was a significant decline in MMSE scores at follow-up. The observation of different longitudinal trajectories for awareness scores, reflecting increased or decreased awareness or no change, may indicate the operation of different processes affecting the operation of explicit awareness that can be understood within a biosychosocial formulation of this complex construct. (RH)

ISSN: 13607863

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180/33

Lying to people with dementia: developing ethical guidelines for care settings; by Ian A James, Amy J Wood-Mitchell, Anna M Waterworth (et al).

*International Journal of Geriatric Psychiatry*, vol 21, no 8, August 2006, pp 800-801.

The authors further explore the topic of lying to people with dementia, building on James' and colleagues' pilot work (PSIGE Newsletter, 82, February 2003). A questionnaire was administered to elicit qualitative and quantitative responses concerning the function, frequency, nature and consequences of lying within different care settings. 112 participants (65 from north-east England, 47 from Eire) were staff working in settings including residential homes, Elderly Mentally Ill units, and hospital wards. The sample comprised 4 occupational therapists, 6 doctors (psychiatrists, geriatricians or trainees), 10 social workers, 31 unqualified care staff and 61 qualified nursing staff. Of these participants, only four stated that they had never lied; only two said that neither they nor their colleagues lied. While the authors do not necessarily condone the use of lies, the topic needs to be debated further. Their short article presents draft guidelines developed from the participants' qualitative comments, as an initial attempt at an ethical framework for this topic. (RH)

ISSN: 08856230      From : <http://www.interscience.wiley.com>

180/34

Relationship between anxiety and agitation in dementia; by H Twelftree, A Qazi.

*Aging & Mental Health*, vol 10, no 4, July 2006, pp 362-367.

Anxiety and agitation are common in people with dementia. The consequences can be severe, including increased mortality rates and institutionalisation. Of the little literature available, some studies have assumed that agitation is the outward manifestation of anxiety, while others have attempted to differentiate between them. This study aims to investigate the relationship between anxiety and agitation in people with mild to moderate dementia. A secondary aim was to compare two measures of anxiety which have been used in people with dementia. A cross-sectional correlation design was used. Participants were 40 older people with dementia recruited from day hospitals and community mental health teams in Leicestershire. The main finding was that anxiety and agitation are associated in dementia. The degree of correlation did not support the use of agitation as a measure of anxiety. Anxiety symptoms of autonomic sensitivity were not correlated with agitation and could be used to differentiate between the two if this was required. The use of

the Rating for Anxiety in Dementia (RAID) was supported as a measure of anxiety in people with dementia. (RH)

ISSN: 13607863      From : <http://www.tandf.co.uk/journals>

180/35

Standards of care in day hospitals and day centres: a comparison of services for older people with dementia; by Siobhan Reilly, Dan Venables, Jane Hughes (et al).

International Journal of Geriatric Psychiatry, vol 21, no 5, May 2006, pp 460-468.

Current policy in England emphasises the importance of caring for high dependent older people at home for as long as possible. It is therefore crucial that day care services are effective and widely available. This study used a cross-sectional postal survey design, in which representatives from three-quarters of identified specialist day care services for older people with dementia in North West England provided information on a range of indicators including: basic structural features; delivery of care; service content; and quality measures. Day hospitals tended to have more day care places and a greater number of attendees, but lower occupancy rates than day centres. Day hospitals reported higher standards of care in relation to systematic assessment and care planning, promotion of rehabilitation, carer involvement and individualised provision of care. They were also more likely to employ building design features to encourage independence and choice for people with dementia. A higher proportion of day centres provided services exclusively for older people with dementia; and a greater proportion of staff in day centres had undergone specific training in caring for people with dementia. Day centres were also more likely to have effective transport arrangements in place. The standards developed for the study were sufficiently reliable to allow for an acceptable estimate of quality. Day centres and day hospitals appeared to perform two distinct but complementary functions. These results provide key material for shaping provision of day care for older people with dementia, especially given the absence of national standards in this area. (RH)

ISSN: 08856230      From : <http://www.interscience.wiley.com>

## **DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING**

(See Also 180/52)

180/36

Trends in premature mortality in England and Wales 1950-2004; by Levin Wheller, Allan Baker, Clare Griffiths.

Health Statistics Quarterly, no 31, Autumn 2006, pp 34-41.

Premature mortality is a major public health concern, but there has been little consensus among researchers on how it should be defined and reported. In this article, four means of measuring early deaths are considered using four different age thresholds to define prematurity. Using these four indicators, trends in premature mortality are reported for England and Wales from 1950 to 2004. All measures show that, however 'premature' is defined, levels of premature mortality have decreased markedly over time. This article discusses which mortality indicator and age threshold would be most appropriate for a measure of premature mortality for use in national mortality statistics for England and Wales. (RH)

ISSN: 14651645      From : <http://www.statistics.gov.uk>

## **DEPRESSION**

(See Also 180/98)

180/37

Depression: pitfalls in management; by Roger Bullock.

Geriatric Medicine, vol 36, no 5, May 2006, pp 43-48.

Depression is common in the older general hospital patient, and at any one time 100 patients with depressive symptoms may be occupying beds in the average sized general hospital. However, depression can be often undiagnosed and untreated. The author discusses why it is important to identify depression in this age group, and looks at the co-morbidities associated with the illness. (RH)

ISSN: 0268201X

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

- 180/38 Depression in late-life: shifting the paradigm from treatment to prevention; by Ellen M Whyte, Barry Rovner.  
International Journal of Geriatric Psychiatry, vol 21, no 8, August 2006, pp 746-751.  
Late-life depression is very common and is associated with high rates of morbidity and mortality. While the field of geriatric psychiatry is focused on depression treatment, prevention is an enticing option. Prevention of late-life depression would decrease both emotional suffering and depression-associated morbidity and mortality, and may decrease dependence on non-mental health professionals to detect depression and to initiate a treatment referral. This paper reviews current thinking on prevention research with a particular focus on its application to late-life depression. To illustrate these issues, the authors discuss recent and ongoing clinical trials of interventions to prevent depression in two populations of older people: those with age-related macular degeneration (AMD) and those with cerebrovascular disease. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 180/39 Elderly depressed patients: what are their views on treatment options?; by T Kurovillla, C D Fenwick, M S Haque (et al).  
Aging & Mental Health, vol 10, no 2, March 2006, pp 204-206.  
The aim of this study was to explore attitudes of older people with depression receiving secondary psychiatric care towards different types of treatment for depression. 100 patients, recruited from a large teaching hospital in Birmingham, were subjected to structured interviews at which their attitudes towards the effectiveness, likelihood of causing side-effects, and acceptability of anti-depression medication, electroconvulsive therapy (ECT) and psychotherapy were measured on a 5-point Likert scale. Psychotherapy was considered both effective and acceptable by these patients, although it is not widely available across the UK. Anti-depressants were also considered to be effective and acceptable, although likely to cause side-effects. However, these patients did not think highly of ECT, either in its effectiveness or acceptability. (RH)  
ISSN: 13607863  
From : <http://www.tandf.co.uk/journals>
- 180/40 Elderly women and late life depression; by Dora Kohen.  
Geriatric Medicine, vol 36, no 3, March 2006, pp 39-43.  
Depression is more common in older people. Studies suggest that twice as many women are likely to be affected by depression than men. There is also evidence that depression can exacerbate the course or initiate the onset of serious and disabling medical conditions. In this article, the author discusses depression in women, and reviews the effect of some common co-morbidities on depression in the older female population. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 180/41 Screening for depression in older medical inpatients; by Sarah Cullum, Sue Tucker, Chris Todd (et al).  
International Journal of Geriatric Psychiatry, vol 21, no 5, May 2006, pp 469-476.  
Depression is common in older people with physical health problems, but is often undetected and untreated. This may be partly due to the overlap of somatic symptoms. Nonetheless, the National Service Framework for Older People (NSF) recommends screening for depression in acute healthcare settings to improve health outcomes. This study is part of a larger study of liaison psychiatry in older medical inpatients in a district general hospital in East Anglia, and estimates the prevalence of depressive symptoms. The study shows that of 618 inpatients screened with the 15-item Geriatric Depression Scale (GDS-15), 44% scored above the normally recommended cut-off for depression. A stratified sample of 223 was further assessed using the Geriatric Medical State (GMS): the prevalence of ICD-10 depressive disorder was 17.7%. The study confirms that depression is common among older UK medical inpatients, with 1 in 6 suffering from clinical depression. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>



## DISABILITY

- 180/42 Ageing, disability and workplace accommodations; by Julie Ann McMullin, Kim M Shuey. *Ageing and Society*, vol 26, part 6, November 2006, pp 831-847.  
In most western nations, laws discourage discrimination in paid employment on the basis of disability, but for these policies to be of benefit, individuals must define their functional limitations as disabilities. There is a strong relationship between age and disability among those of working age; yet it is unclear whether older workers attribute their limitations to disability or to 'natural ageing'. If the latter is true, they may not believe that they need to qualify for workplace accommodations (i.e. adaptations or interventions in the workplace). Similarly, if an employer attributes a worker's limitation to 'natural ageing' rather than to a disability, they may not offer compensatory accommodation. This paper uses data from the Canadian 2001 Participation and Activity Limitation Survey, to ascertain whether workers who ascribe their functional limitation to ageing are as likely as those who do not to report a need for workplace accommodation. It also looks at whether those who identify a need for compensatory accommodation and who ascribe their limitation to ageing have unmet workplace-accommodation needs. The findings suggest that, even when other factors are controlled - e.g. the type and severity of the disability, the number of limiting conditions, gender, age, education, income and occupation - those who made the ageing attribution were less likely to recognise the need for an accommodation; and among those who acknowledged a need, those who ascribed their disability to ageing were less likely to have their needs met. (RH)  
ISSN: 0144686X  
From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)
- 180/43 Charles Bonnet syndrome: forgotten but important; by Murali Krishna, Peter Decalmer. *Geriatric Medicine*, vol 36, no 10, October 2006, pp 27/36.  
Visual hallucinations occur in a number of ophthalmological, medical and neuropsychiatric disorders. Charles Bonnet syndrome is less frequently diagnosed but is a rather common cause of visual hallucinations in older adults. In this article, the authors review the history and discuss the assessment and management of this condition.  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 180/44 Charles Bonnet Syndrome and the elderly; by Sitara Khan, Jeffrey Lim. *Geriatric Medicine*, vol 36, no 4, April 2006, pp 39-42.  
Charles Bonnet Syndrome (CBS) describes the phenomenon of hallucinations in older people with visual impairment. The hallucinations are vivid, complex and well formed. They frequently have no personal meaning, are recognised as being unreal by the patients, and can sometimes be voluntarily terminated by the patient. In this article, the authors discuss the syndrome's clinical course. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 180/45 Treating age-related macular degeneration; by James Self, Poorna Abeysiri, Andrew Lotery. *Geriatric Medicine*, vol 36, no 4, April 2006, pp 27/34.  
Age-related macular degeneration affects approximately one in three of the population by the age of 75. It is the commonest cause of blindness in the Western world, accounting for all cases of registered blindness in people aged 65+. In this article, the authors review the causal factors, the symptoms, how the disease progresses, and they discuss how best to treat the condition. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>

## EMPLOYMENT

(See Also 180/78, 180/93, 180/95, 180/96, 180/110)

- 180/46 'Not ready for the scrapheap': looking for work after 50; by Clare Collins, Age Concern England - ACE; Elborough Consulting Ltd. London: Age Concern England, 2006, 39 pp.

Employment rates for men and women aged 50+ have been increasing steadily since the 1990s, but are still below those for adults aged 25-49. Age Concern England (ACE) believes that over 50s should be able to participate fully in society and the economy, and to be fairly rewarded for doing so. Work in later life gives people the opportunity to enhance their incomes through earnings, savings and pensions, and to contribute to their overall health and well-being. 49 people aged 50-65 participated in this research, and this report prepared by Clare Collins of Elborough Consulting Ltd sets out the findings. It covers: people's personal circumstances; being out of work; why over 50s want to work; experiences of and attitudes to change; health issues; and applying for jobs. Participants were asked for recommendations on types of practical support helpful to jobseekers, most popular being one-to-one personal support. Other views included: changing employers' and/or societies attitudes; psychological or emotional support; short paid placements or trial work periods; access to IT; and facilitating mutual support and information workshops. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Website: [www.ageconcern.org.uk](http://www.ageconcern.org.uk)

180/47

A guide to good practice in age management; by Gerhard Naegele, Alan Walker, European Foundation for the Improvement of Living and Working Conditions. Dublin: European Foundation for the Improvement of Living and Working Conditions, 2006, 35 pp.

The ageing and shrinking of the workforce across the European Union EU) in the next 20 years calls for a new approach to managing ageing, both in the workplace and in economic and social policy terms. These guidelines are intended as a practical tool for those with employment responsibilities, in ensuring that workforce ageing is managed successfully and that age does not become a barrier to employment. The guidelines are derived mainly from findings of a project looking at developments across 11 EU countries (Austria, Belgium, Finland, France, Germany, Greece, Italy, the Netherlands, Sweden, Spain and the UK). The guide follows up the Foundation's 'Combating age barriers in employment' project report (1997) and 'Managing an ageing workforce: a guide to good practice', by Alan Walker (1999). (RH)

ISBN: 9289709340

From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.

<http://www.eurofound.eu.int/areas/populationandsociety/ageingworkce.htm>

180/48

Older workers : some useful sources; by Sarah Vickerstaff.

Social Policy & Society, vol 5, pt 4, October 2006, pp 565-567.

This is a selective resource of websites and documents that can be downloaded, and covering issues relating to older workers in the UK labour market. It complements other sources cited on the themed topic of employment for older workers in this issue of Social Policy & Society. (KJ/RH)

ISSN: 14747464

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

180/49

Over 50s Outreach Pilot: qualitative research: a report of research carried out by Insite Research and Consulting on behalf of the Department for Work and Pensions; by Gerwyn Jones, Rita Griffiths, Insite Research and Consulting; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2006, 105 pp (Department for Work and Pensions Research report, no 401).

The Over 50s Outreach Pilot ran from April 2004 until March 2005, its primary objective being to use external organisations to raise awareness and encourage over 50s to use Jobcentre Plus services. The main target groups were economically inactive individuals and those in receipt of inactive benefits who had no contact with Jobcentre Plus. The pilot also included any individuals who were interested in paid or voluntary employment and would benefit from Jobcentre Plus services, regardless of whether or not they were in receipt of benefits or above State Pension age (SPA). The research was carried out across five Jobcentre Plus districts. In depth, face-to-face interviews were undertaken with 5 Jobcentre Plus advisers, 5 District Programme Quality Monitoring Team (DPQMT) personnel, 10 external organisation staff, and 12 customers who had been engaged and referred to Jobcentre Plus via the pilot. This report describes the design and implementation of the pilot projects. It explores the marketing and outreach methods used and

their effectiveness in reaching the target group. It examines which customers responded to the approaches of pilot providers and why, and presents the experiences and views of the help and advice they received. Appendices include the topic guides used. (RH)

From : Corporate Document Services, 7 Eastgate, Leeds LS2 7LY. Orderline tel: 0113 399 4040. E-mail: [orderline@cds.co.uk](mailto:orderline@cds.co.uk) Summary available from website: <http://www.dwp.gov.uk/asd/asd5/rrs-index.asp>

180/50

Prosperity for all in the global economy - world class skills: final report; by Alexander Leitch, Leitch Review of Skills, HM Treasury. London: TSO, 5 December 2006, 148 pp.

In 2004, Lord Leitch was appointed by the Chancellor of the Exchequer, Gordon Brown, to carry out this review of long-term skills needs in the UK. This report notes that of the 30 OECD countries, the UK lies 17th on low skills, 20th on intermediate skills and 11th on high skills. In addition, 5 million adults lack functional literacy, 17 million adults have difficulty with numbers, and more than one in six young people leave school unable to read, write or add up properly. Lord Leitch recommends radical change across the whole skills spectrum by: increasing skills attainment at all levels, with a demand-led skills system; employer engagement in skills; embedding a culture of learning; and integrating employment and skills services. Of interest to this audience is that a new universal adult careers service to diagnose skill needs is recommended, as is integrating the public employment and skills services to deliver sustainable employment, enabling more disadvantaged people to gain skills and find work. (RH)

Price: £18.00

From : [http://www.hm-treasury.gov.uk/media/523/43/leitch\\_finalreport051206.pdf](http://www.hm-treasury.gov.uk/media/523/43/leitch_finalreport051206.pdf)

180/51

Self-employment and retirement: a report of research carried out by Social Policy Research Unit, the University of York on behalf of the Department for Work and Pensions; by Roy Sainsbury, Naomi Finch, Anne Corden, Social Policy Research Unit - SPRU, University of York; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2006, 112 pp (Department for Work and Pensions Research report, no 395).

Findings from a qualitative research study are presented, exploring how self-employed people aged 40+ make financial plans for retirement, and whether self-employment can play a role in extending people's working lives. Findings are based on interviews with 40 people in two areas of England in late 2005 and early 2006. The project was undertaken by the Social Policy Research Unit (SPRU), University of York on behalf of the Department for Work and Pensions (DWP). The research was undertaken against a background of growing policy interest in pension provision, particularly the work of the Pensions Commission. The report explores the routes by which people come to self-employment, and the advantages and constraints. Considered next are knowledge of financial products that might contribute to income after retirement, patterns of saving within the study group, and views and perceptions about savings and pension products. Thinking about and moving from self-employment to retirement is examined with regard to expected level of income after State Pension Age (SPA), or expectations of extending working life. The researchers consider policy lessons, for example how to improve pension provision for the self-employed. Appendices include research methods and documentation used during the research. (RH)

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180/52

Wearing out the work ethic: population ageing, fertility and work-life balance; by Ian Dey.

Journal of Social Policy, vol 35, part 4, October 2006, pp 671-688.

In response to population ageing, the UK intends to increase female labour supply. To this end, the Chancellor of the Exchequer has announced a ten-year strategy designed to allow parents to combine work with family responsibilities more easily. The policies proposed centre on extending parent leave and childcare provision, while promoting greater flexibility in employment. While these policies may improve labour supply in the short term, this article looks at their implications for fertility, which if negative may reduce the labour supply in the longer term. Recent demographic studies suggest that measures which allow women more readily to combine childbearing with paid employment may also stabilise or improve fertility rates, so mitigating the trend to population ageing. However, the evidence is not conclusive, for relationships between female employment and fertility are complex and context dependent. The article suggests several

factors that might therefore merit further consideration. These include gender inequities in the domestic division of labour, long working hours and a re-evaluation of unpaid work in the home. Enthusiasm for the work ethic may have to be balanced by a more explicit acknowledgement of a care ethic. (KJ)

ISSN: 00472794

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

### **END-OF-LIFE CARE**

180/53

Introductory guide to end of life care in care homes; by National Council for Palliative Care; End of Life Care Programme, NHS, Department of Health - DH.: Electronic format, June 2006, unnumbered.

The NHS End of Life Care (EoLC) Programme is part of an overall strategy to give people greater choice in their place of care and death, and to provide training for health and social care staff in helping care for people at the end of their lives. This guide from the NHS End of Life Care (EoLC) Programme Care Homes sub-group is aimed at care home managers and staff interested in improving care for those care home residents in the final stages of life. It provides: an overview of terms associated with end of life care; case studies on services available; and a list of information sources. (RH)

From : Downloaded (3/7/06) easy Word version: <http://www.endoflifecare.nhs.uk>

### **ETHICAL ISSUES**

(See 180/59)

### **EUTHANASIA**

180/54

Euthanasia in the UK: the real story; by Clive Seale, Dawn Powell.

Geriatric Medicine, vol 36, no 5, May 2006, pp 17/21.

In his survey on end-of-life decisions made by UK doctors, Professor Clive Seale of Brunel University asked doctors to fill in an anonymous questionnaire about whether they or a colleague had committed euthanasia or helped with a patient's suicide. He also asked if they either withdrew or withheld treatment (a "non-treatment decision") or intensified the alleviation of pain or symptoms, knowing that such actions could hasten the end of a patient's life (a "double-effect" decision). Of 857 replies from doctors describing the care of the last patient they attended who died, 0.16% of deaths involved euthanasia at a patient's request ("voluntary" euthanasia), and 0.33% involved ending a patient's life without a concurrent request from the patient to do so. 30% of respondents gave doses of drugs that they thought had a double effect, and 33% had made "non-treatment" decisions. These findings led to media reports that UK doctors are illegally helping 8 patients a day to die. Dawn Powell discusses the survey results with Prof Seale. (RH)

ISSN: 0268201X

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

### **EXERCISE**

180/55

Effectiveness of community physiotherapy and enhanced pharmacy review for knee pain in people aged over 55 presenting to primary care: pragmatic randomised trial; by Elaine M Hay, Nadine E Foster, Elaine Thomas (et al).

British Medical Journal, vol 333 no 7576, 11 November 2006, pp 995-998.

325 adults aged 55+ (mean age 68) consulting with knee pain at 15 general practices in North Staffordshire were recruited between May 2001 and March 2004. All received an information leaflet, modelled on the Arthritis Research Campaign leaflet on knee osteoarthritis, which gave advice about pain control and simple exercise. Those in one intervention group received advice from a community pharmacist on controlling pain, while another group had exercises with community physiotherapists for 3-6 sessions of about 20 mins duration over 10 weeks. The control group received the information leaflet only. Significantly fewer participants in the physiotherapy group reported consulting the GP for knee pain in the follow-up (postal questionnaires at 3, 6, and 12 months); and use of non-steroidal and anti-inflammatory drugs was

lower in the physiotherapy and pharmacy groups than in the control group. Evidence based care for older people with knee pain, delivered by primary care physiotherapists and pharmacists, resulted in short term improvements to health outcomes, reduced use of non-steroidal and anti-inflammatory drugs, and high patient satisfaction. Physiotherapy seemed to produce a shift in consultation behaviour away from the national general practitioner led model of care. (RH)

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

180/56

The symbolic value of tai chi for older people; by Peter Scourfield.

Quality in Ageing, vol 7, no 2, June 2006, pp 4-12.

The prevention and management of falls is a key part of Cambridge City and South Cambridgeshire PCT's Improving Health Programme. This article is based on a small-scale study into tai chi for older people at risk of falling. The aims of the research were first, to explore what benefits the class members felt they derived from practising tai chi; and second and more specifically, whether or not class members actually practised tai chi at home. The study was based on two broad assumptions: that the practice of tai chi has benefits for older people at risk of falling; and that such benefits that might result from tai chi, increase with more frequent practice. The latter assumption prompted the desire to investigate whether class members practised tai chi at home. The research revealed that class members did not believe that tai chi had necessarily reduced their risk of falling. However, notwithstanding this, their commitment to tai chi was very strong. The findings suggest that tai chi had a symbolic value for this predominantly middle class group. It allowed them to "buy into" a third age lifestyle, despite increasing limitations of entering the fourth age. The members used tai chi, not only to improve balance and fitness, but also as a means of achieving a positive self-image. It was therefore an age-resisting strategy that operated on both a physical and symbolic level. (RH)

ISSN: 14717794

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

180/57

Tai Chi versus brisk walking in elderly women; by Joseph F Audette, Yoong Soo Jin, Renee Newcomer (et al).

Age and Ageing, vol 35, no 4, July 2006, pp 388-393.

26 community-dwelling, sedentary healthy women aged 65+ (mean age 71.4) in the Boston area were recruited to this US study. 11 were randomly assigned to Tai Chi Chuan, 8 to a brisk walking group, and 8 acted as a sedentary comparison group. The exercise groups met for 1 hour, 3 days a week for 12 weeks. The study found that a short form of Tai Chi can have a significant effect on older women's aerobic fitness. Indeed, Tai Chi is at least as effective as brisk walking in enhancing aerobic fitness in older women. Moreover, Tai Chi has other benefits on fitness, including enhancing lower extremity strength and balance that brisk walking does not. (RH)

ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org>

## **GOVERNMENT AND POLICY**

180/58

The core executive's approach to regulation: from 'better regulation' to 'risk-tolerant deregulation'; by Anneliese Dodds.

Social Policy & Administration, vol 40, no 5, October 2006, pp 526-542.

Some underlying documentary, legislative and press sources concerning approaches to regulatory decision-making are used to examine change to the New Labour core executive's approach to regulation and its relationship with risk. The article claims that an initial commitment to better regulation has gradually been replaced by explicit support for deregulation. A reduction in the scope of regulation was also promoted by the Thatcher and Major governments. The New Labour core executive shares previous (Conservative) administrations' concern to include business in deregulatory decision-making. However, the article claims that there is one significant difference in the New Labour deregulatory approach: a new toleration of risk. Deregulation is, now, described as a corrective to regulators' over-reactions to perceived risks, which, it is claimed, are holding back economic and technological progress. However, this new approach excludes competing views concerning how risk should be regulated. In particular, it does not engage with widespread popular views that government should continue to protect against risk. (RH)

ISSN: 01445596 From : <http://www.blackwell-synergy.com>

- 180/59 Global social justice for older people: the case for an international convention on the rights of older people; by Kwong-Leung Tang, Jik-Joen Lee.  
British Journal of Social Work, vol 36, no 7, October 2006, pp 1135-1150.  
Older people are beginning to represent a large proportion of the general population and have become a major area for social programming in many parts of the world. However, neglect or violation of older people's rights is common. Until recently, there has been a surprising lack of advocacy on the part of non-governmental organizations (NGOs) and human rights activists for a legally effective international convention on the rights of older people, as compared with other vulnerable groups such as children and women. This paper argues that the introduction of an international convention on the rights of older people is long overdue. Such an international convention should contain comprehensive and legally binding provisions which would require ratifying states to promote older people's rights. It should be reinforced by a strong monitoring system that would involve key members of the international community. This paper outlines the arguments in favour of the creation of a transnational human rights agreement for older people and proposes that international NGOs and human rights advocates should work toward creating such a convention. (KJ/RH)  
ISSN: 00453102  
From : <http://www.bjsw.oxfordjournals.org>
- 180/60 Partnerships for Older People Projects: "Developing services to engage, enable and empower older people"; by Rajbant Kaur.  
Working with Older People, vol 10, issue 3, September 2006, pp 28-30.  
Partnerships for Older People Projects (POPPs) were launched by the Department of Health (DH) in March 2004, and cited in the White Paper, "Our health, our care, our say" (Cm 6737, January 2006) as an example of investment in prevention. This article outlines the aims and objectives of POPP pilots, and some possible impacts on future services for older people. (RH)  
ISSN: 13663666
- 180/61 Strong and prosperous communities: the local government White Paper; by Department for Communities and Local Government - DCLG.: TSO, 2006, 230 pp (2 vols) (Cm 6939 I and II).  
Volume I of the White Paper comprises chapters as follows: responsive services and empowered communities; effective, accountable and responsive local government; strong cities, strategic regions; local government as a strategic leader and place-shaper; a new performance framework; transforming local services; community cohesion; and potential steps for the implementation of the proposed policies. Volume II comprises seven annexes, which examine possible impacts of the White Paper's proposals as they might affect various interest groups: community safety; health and well-being; vulnerable people; children, young people and families; economic development, housing and planning; climate change; and the third sector. (RH)  
Price: £32.50  
From : TSO, PO Box 29, Norwich NR3 1GN. <http://www.tsoshop.co.uk>  
Available in downloadable form: <http://communities.gov.uk/index.asp?id=1503999>
- 180/62 Sure Start services for older people; by Michele Hollywood.  
Working with Older People, vol 10, issue 3, September 2006, pp 31-33.  
The government's announcement earlier in 2006 to adopt and develop the Sure Start for children and families model to cater for socially excluded older people has been well-received. The author of this article examines sheltered housing's contribution towards this new service development - published as "A Sure Start to later life" - and how it may benefit older people, not just the vulnerable. (RH)  
ISSN: 13663666

## HEALTH CARE

(See Also 180/55)

- 180/63 Hypothermia: a medical emergency; by Lohith Bachegowda, Jeremy Williams, Abhaya Gupta. *Geriatric Medicine*, vol 36, no 5, May 2006, pp 25/30.  
Hypothermia can affect any age group, but older patients are particularly at risk because of social isolation and multiple co-morbidities. Managing severe hypothermia can be challenging, as there is usually very little history available from the patient. The authors discuss the pathophysiology, clinical features and management of this condition in the accident and emergency (A&E) setting. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>
- 180/64 Improving care in prostate cancer; by Greg Boustead. *Geriatric Medicine*, vol 36, no 4, April 2006, pp 45-51.  
While outcome has improved in prostate cancer, important deficiencies in care remain. Although chronological age alone should not decide treatment, a man's life expectancy and the presence of serious co-morbid disease are important influences on his choice. The author discusses the role of health professionals in helping men to balance the risks and benefits of treatment. (RH)  
ISSN: 0268201X  
From : <http://www.gerimed.co.uk>

## HEALTH SERVICES

(See 180/8, 180/35)

## HOME CARE

- 180/65 Bringing well-being and choice into everyday home care; by Charles Patmore. *Working with Older People*, vol 10, issue 3, September 2006, pp 24-27.  
The White Paper, "Our health, our care, our say" (Cm 6737, January 2006) has "well-being" and customer-directed services as a theme that is repeated, but what does such rhetoric mean for everyday home care for older people? The author reports on "Flexible, person-centred home care for older people", a research study at the Social Policy Research Unit (SPRU) at the University of York, that indicated how well-being and choice could be promoted without individualised budgets. Furthermore, the suggested approach of this research by the author and colleagues could, by implication, lead to a smooth transition to individualised budgets. This article outlines the research methodology for the study; also three examples of how some staff were already empowered to promote well-being and choice: flexibility to use care time as a customer chooses; helping older people to buy valued services privately; and enthusiasm for older people's well-being. (RH)  
ISSN: 13663666
- 180/66 Standards of care in home care services: a comparison of generic and specialist services for older people with dementia; by D Venables, S Reilly, D Challis (et al). *Aging & Mental Health*, vol 10, no 2, March 2006, pp 187-194.  
Current policy in England emphasises both the importance of caring for highly dependent older people for as long as possible in their own homes, and the development of specialist care services for people with dementia. However, the differences between specialist and generic home care services for people with dementia are poorly understood. This cross-sectional postal survey describes the standards of home care services for people with dementia in North West England, and investigates the differences in quality standards between specialist and generic home care services. 46% of identified services provided information on a range of quality indicators. Most services provided only a few of the indicators used by the study, and there was little evidence of services adopting national minimum standards. Few differences were found between the two service types, although generic services appeared to offer a greater degree of flexibility than specialist services. These results help to inform the understanding of the home care service mix

and provision, and the uptake of national minimum standards. They provide key material for shaping the future provision of home care for older people with dementia. (RH)

ISSN: 13607863

From : <http://www.tandf.co.uk/journals>

180/67

Time to care?: an overview of home care services for older people in England, 2006; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI, 2006, 158 pp (CSCI-176) (Executive summary available).

Home care is an essential service that enables older people who may otherwise be unable to cope to remain safely at home. This report summarises evidence about the performance of home care in England, drawing on evidence collected by the Commission for Social Care Inspection (CSCI) over the last two years. It gives an overview of the current state of the domiciliary care market (the appendix includes recent data). It presents evidence on older people's experience of home care: what they want from services and their levels of satisfaction. It looks at the quality of registered domiciliary care services, including performance against the national minimum standards and regional variation. It summarises evidence about how councils commission home care, including contractual arrangements with providers. It provides examples of innovative practice identified during visits to nine councils (Oldham, Essex, Shropshire, Thurrock, Hartlepool, Leicestershire, Sandwell, Trafford and Wandsworth) and three providers (in Sunderland, Southampton and Salford). (RH)

Price: FOC

From : CSCI Admail 3804, Newcastle, NE99 1DY. Orderline: 0870 240 7535 Documents available in other formats on request. <http://www.csci.org.uk/publications>  
email: [csci@accessplus.co.uk](mailto:csci@accessplus.co.uk)

### **HOMELESSNESS**

180/68

Invisible and ill: three case reports of homelessness in older adults; by Susan M Benbow, Paul R Cohen.

The Journal of Adult Protection, vol 8, no 3, November 2006, pp 12-15.

Described are three homeless older people who presented to an old age psychiatry service. Homeless older adults are likely to have untreated mental and physical health problems and to be invisible to services. To detect and treat them, services need to be flexible. (KJ/RH)

ISSN: 14668203

From : Website: <http://www.pavpub.com>

### **HOSPITAL SERVICES**

(See Also 180/28, 180/35, 180/109)

180/69

The effect of link nurses on hospital readmission rates; by Paul Anthony Ashton, Sheilagh Woolhouse, Susan Clark (et al).

Nursing Times, vol 102, no 42, 17 October 2006, pp 34-35.

This study investigates whether visits to a patient early post-discharge by a member of the ward team (locality link nurse, LLN) reduces psychiatric hospital readmission rates for older people, and improves the physical and psychological state of the patient. Its findings suggest that an LIN providing early follow-up intervention is not an effective solution to reducing readmission rates. (RH)

ISSN: 09547762

From : Full version of paper at <http://www.nursingtimes.net>

180/70

Planning to improve the hospital experience for older patients; by Caroline Lawson.

Nursing Times, vol 102, no 39, 26 September 2006, pp 30-31.

It is estimated that by 2031, the number of people aged 65+ will exceed 15 million and comprise 23% of the UK population. This population shift will have dramatic effects on healthcare provision, and it is essential not only that services are in place to meet this demand, but also that nurses have the skills to care for this age group. (RH)

ISSN: 09547762 From : <http://www.nursingtimes.net>



## HOUSING

- 180/71 Age equality in housing: a guide to tackling age discrimination for housing providers, commissioners, planners and builders; by Ben Harding, Housing and Older People Development Group (HOPDEV).: Housing and Older People Development Group (HOPDEV), 2006, 11 pp. This pamphlet forms part of the Housing and Older People Development Group (HOPDEV) Ageism work stream programme. It explains what age discrimination is, and how common it is within the context of housing. It outlines changes in the law and social policy and the implications of those changes for housing planners and providers. It provides guidance for housing professionals who want to tackle age discrimination in their industry. (RH)  
Price: FOC  
From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP. E-mail: [enquiries@eac.org.uk](mailto:enquiries@eac.org.uk) (quoting the report's title in full).  
Downloads: <http://hopdev.housingcare.org>
- 180/72 AT HOME: audit tool for housing and related services for older minority ethnic people; by Housing and Older People Development Group (HOPDEV).: Housing and Older People Development Group (HOPDEV), 2006, 1 CD.  
The AT HOME toolkit has been designed with the housing needs of black and minority ethnic (BME) older people in mind, and how individual organisations, service commissioners and providers might respond. It comprises six separate modules, and it also provides additional resources to help make the application of the tool as effective as possible, and foster information sharing and joint working practices. (RH)  
Price: FOC  
From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP. E-mail: [enquiries@eac.org.uk](mailto:enquiries@eac.org.uk) (quoting title in full).  
Downloads: <http://hopdev.housingcare.org>
- 180/73 Housing advice and information for older people; by Housing and Older People Development Group (HOPDEV).: Housing and Older People Development Group (HOPDEV), 2006, 4 pp.  
Access to housing information and advice was one of five key areas for action identified in the Government's strategic framework, "Quality and choice for older people's housing (DETR/DH, 2001). This pamphlet outlines key messages from the Housing and Older People Development Group (HOPDEV) on better housing advice and information for older people. (RH)  
Price: FOC  
From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP. E-mail: [enquiries@eac.org.uk](mailto:enquiries@eac.org.uk) (quoting the report's title in full).  
Downloads: <http://hopdev.housingcare.org>
- 180/74 Older people's housing strategies: taking account of older people's views; by Housing and Older People Development Group (HOPDEV).: Housing and Older People Development Group (HOPDEV), 2006, 4 pp.  
Following the Government's announcement that it will develop a national strategy on housing for older people, the Housing and Older People Development Group (HOPDEV) organised two events in partnership with older people's organisations and HOPDEV members. Participants at the events came up with some key messages from older people about housing, which this pamphlet summarises. (RH)  
Price: FOC  
From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP. E-mail: [enquiries@eac.org.uk](mailto:enquiries@eac.org.uk) (quoting the report's title in full).  
Downloads: <http://hopdev.housingcare.org>
- 180/75 Older people's housing strategies: key policy drivers; by Lorna Easterbrook, Housing and Older People Development Group (HOPDEV).: Housing and Older People Development Group (HOPDEV), 2006, 17 pp.  
30% of all households in the UK are headed by someone aged 60+, a proportion that will increase over the next 16 years. The Housing and Older People Development Group (HOPDEV) was

commissioned to write this report, following the Government's announcement that it will develop a national strategy on housing for older people. The report looks across the separate national housing and old age agendas to consider what is happening at national, regional and local levels in terms of strategies and services. It is intended for use by everyone involved in housing for older people. The report has been funded through the overall support provided to HOPDEV by the Office of the Deputy Prime Minister (ODPM) and the Department of Health (DH) in 2004-2006. (RH)

Price: FOC

From : Elderly Accommodation Counsel (EAC), 3rd Floor, 89 Albert Embankment, London SE1 7TP. E-mail: [enquiries@eac.org.uk](mailto:enquiries@eac.org.uk) (quoting the report's title in full).

Downloads: <http://hopdev.housingcare.org>

## **INDIVIDUAL BUDGETS**

180/76

Being "In control": individual budgets for older people in West Sussex; by Jane Goldingham. Working with Older People, vol 10, issue 3, September 2006, pp 19-23.

Nowhere is the thrust towards taking personal responsibility for our own care more evident in government policy than in the introduction of individual budgets. The author reports on progress in West Sussex, one of the 13 authorities piloting individual budgets, which if successful, will be introduced nationally. (RH)

ISSN: 13663666

## **INFORMATION AND COMMUNICATION TECHNOLOGY**

180/77

ICT, social capital and voluntary action; by Jayne Cravens, Ben Anderson, Economic & Social Research Council - ESRC; National Council for Voluntary Organisations - NCVO. Swindon: Economic & Social Research Council (ESRC), 2006, 21 pp (ESRC Seminar series - Mapping the public policy landscape).

Information and communication technology (ICT) is changing how individuals interact with one another, with organisations, and with Government. How this impacts social capital - that reserve of potential goodwill generated by people's social interactions - remains to a large extent unclear, and still being debated. This report is one of a series in which the Economic and Social Research Council (ESRC) presents independent research in key policy areas to potential users in government, politics, the media and voluntary workers. It is based largely on presentations by the researchers, Jayne Cravens of Coyote Communications and Ben Anderson of the University of Essex, and is the second in a series of seminars entitled "Engaging Citizens" organised by the ESRC in collaboration with the National Council for Voluntary Organisations (NCVO). The report draws attention to the role of the internet in, and for, voluntary and community organisations. It includes examples of internet-based projects with such organisations in mind. (RH)

Price: FOC

From : ESRC, Polaris House, North Star Avenue, Swindon SN2 1UJ.  
<http://www.esrc.ac.uk/policyseminar>

## **INTERNATIONAL AND COMPARATIVE**

(See Also 180/42, 180/101)

180/78

Employment initiatives for an ageing workforce in the EU15; by Philip Taylor, European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the European Communities, 2006, 98 pp.

As the European population grows older, there is increasing pressure on governments and companies to provide initiatives that enable and encourage older workers to remain the workplace. This report documents a range of case examples from companies across the first 15 European Union (EU) Member States which have implemented successful age management initiatives over the past ten years. The 150 examples selected demonstrate good practice in such areas as recruitment, training, skills development, time management, health promotion and workplace design. The overall aim of the research was to show effective ways of increasing the labour

market participation of older workers, to enhance their contribution and productivity, and to prevent the incidence of early exit and unemployment. The research was carried out by the Faculty of Social and Political Sciences at Cambridge University. A companion report, 'Age and employment in the new Member States', examines the extent to which initiatives aimed at improving employment opportunities for the ageing workforce have developed in the new Member States and acceding countries. (KJ/RH)

ISBN: 928970943X

From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.

<http://www.eurofound.europa.eu>

180/79

Gerontological practice for the twenty-first century: a social work perspective; by Virginia E Richardson, Amanda S Barusch. New York: Columbia University Press, 2006, 491 pp (End-of-life care : a series).

This book is aimed at graduate students and practitioners, and provides a US perspective on practice approaches that are age-specific and empirically based, blends micro and macro views and reflects themes in ageing and social work. The book uses case illustrations throughout, and is in four parts. Part 1 reviews current and classic theories of ageing. It proposes an original framework for an integrative approach to practice with older people that incorporates both individual and policy-level interventions. Part 2 covers common and important psychological problems among older individuals - such as anxiety, depression, suicide, substance abuse and dementia - and describes appropriate, evidence-based interventions. Part 3 considers the social psychological picture by discussing working with older families, end-of-life care, bereavement, work and retirement. Part 4 focuses on core socio-political issues in the lives of older people: economic policy, poverty, health policy, quality of life concerns and social services. (KJ/RH)

ISBN: 023110748X

Price: £48.50

From : John Wiley & Sons Ltd., Distribution Centre, 1 Oldlands Way, Bognor Regis, West Sussex PO22 9SA. [cs-books@wiley.co.uk](mailto:cs-books@wiley.co.uk)

180/80

Let people loose: [comparison of older people's care in the UK with Finland]; by Mark Lloyd. Community Care, no 1646, 26 October 2006, pp 32-33.

This article provides a comparison of older care in Finland and the UK, based on a study visit by staff from Kent Community Housing Trust to the combined health and social services department in the Espoo region. The article concentrates on lessons to be learned for older care, particularly residential, in the UK. It focuses on the benefits of nursing and social care combined services, contrasting Finland's guiding principle that "regulation stifles the soul" in older care, with the UK approach of over-regulation. (KJ/RH)

ISSN: 03075508

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

180/81

Means testing and the heterogeneity of housing assets: funding long-term care in Spain; by Joan Costa-Font, Oscar Mascarilla-Miro, David Elvira.

Social Policy & Administration, vol 40, no 5, October 2006, pp 543-559.

The access to publicly funded long-term care (LTC) in Spain has been traditionally rationed through the use of means tests based on individuals' current income and needs. However, individuals' wealth - primarily housing assets - is progressively taken into account. In parallel, the responsibilities for the organisation of LTC services have been devolved to region states - autonomous communities (ACs) - giving rise to some regional heterogeneity, though limited credence has been reported as the underlying determinants. This paper examines the current role of housing assets in determining public and private funding for LTC in Spain. Secondly, the authors present a qualitative and quantitative examination of the regional heterogeneity in the processes of public funding criteria determining eligibility to public support for LTC. Finally, they report survey evidence on the individual's willingness to sell (WTS) their housing assets in order to either totally or partially finance access to LTC. Their findings suggest that housing assets are the main source of wealth accumulation at old age. If there is significant regional heterogeneity in the access to LTC resulting from regional differences in the means testing criteria. Progressively, all ACs are considering housing assets in the means testing criteria. Interestingly,

individuals' willingness to sell their housing assets declines with age and is more common among less skilled and widowed individuals. (RH)

ISSN: 01445596

From : <http://www.blackwell-synergy.com>

180/82

Older people 'on the edge' in the countrysides of Europe; by George Giacinto Giarchi.

Social Policy & Administration, vol 40, no 6, December 2006, pp 705-721.

Relatively few comparative studies have focused specifically upon the socio-economic conditions affecting the welfare of older rural Europeans. Such publications as exist are usually confined to single studies. In presenting a European overview of their 'life-world', this paper focuses on the general conditions of older rural Europeans living in different types of countryside within a centre-periphery framework. These conditions are largely dependent upon the interconnectivity (nexus) between regional urban centres and the older people's types of settlement. The extent of the global socio-economic focus between urban centres and countryside is critical, especially for those living in less accessible and remote areas. Older people's positive and negative outcomes are seen to occur within four possible urban-rural parameters. The first consists of two-way socio-economic urban-rural flows that are more likely to be of benefit to significant numbers of older people, especially in urban fringes and accessible countrysides. The second parameter arises when there is a long-standing response, where the lack of communication between the rural locality and urban centre hampers socio-economic rural-urban flows, isolating older people, particularly in less accessible and remote countryside. The third occurs when regional and local urban centres block or cut back socio-economic flows to the countryside. The fourth takes place where the rural communities resist socio-economic urban flows that they regard as a threat to their rural idyll. Exemplars within each of the four urban-rural alternatives help to show the applicability and workability of this four-way exploratory approach. (RH)

ISSN: 01445596

From : <http://www.blackwell-synergy.com>

180/83

Productivity among older people in the Netherlands: variations by gender and the socio-spatial context in 2002-03; by Marieke Van Der Meer.

Ageing and Society, vol 26, part 6, November 2006, pp 901-923.

Productivity among older people manifests itself in engagement in paid work, voluntary work, giving support to others, home maintenance and housekeeping. This paper reports an investigation into the extent to which levels of participation in the different productive activity types in the Netherlands are associated with age, gender and the settings in which people live. The regional and rural-urban dimensions of variation are examined. The data were derived from the European Study of Adult Well-being survey (ESAW). The results show that the oldest women tended to restrict their productivity in the private domain of housekeeping, while the oldest men were more often productive in the community, and their regional variations were stronger for women than for men. Traditional gender roles particularly affected the way in which older women living in a peripheral region participated in productive activities. In contrast, the urban-rural dimension was more important for men than for women, partly because a group of older men in the cities were not involved in paid work. Overall, strong gender influences on the variations in productive engagement were found. Processes of age-related contraction and convergence in patterns of participation in productive activities were imputed from the cross-sectional data. A full understanding of the ageing and cohort effect underlying the reported patterns would require much more detailed information on the spatial and temporal dimensions of older people's activity patterns. (RH)

ISSN: 0144686X

From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

180/84

Shifting the pension mix: consequences for Dutch and Danish women; by Patricia Frericks, Robert Maier, Willibrord de Graaf.

Social Policy & Administration, vol 40, no 5, October 2006, pp 475-492.

All European countries are aiming to reform their pension systems in line with two conceptual ideas: firstly, that systems should combine public, occupational and private systems; secondly, that entitlements should be individualised. The Dutch and Danish pensions systems already consist of these three different pensions with relatively individualised entitlements, and in a way

form an ideal type of pension system. However, these systems are far from ideal, since they are deeply gender-based. The positive effects of citizenship-based state pensions conceal the negative ones. In addition, recent developments in the combination of the pension schemes counteract the positive effects. Given the male-oriented norm when it comes to full pension entitlement, and given the fact that life courses are still gendered, these countries' systems and developments have negative effects for women. (RH)

ISSN: 01445596

From : <http://www.blackwell-synergy.com>

## LEGAL ISSUES

- 180/85 The Care Standards Act 2000 (Establishments and Agencies)(Miscellaneous Amendments) Regulations 2006: laid before Parliament 9th June 2006; by Department of Health - DH.: Electronic format, 6 June 2006, 8 pp (Statutory Instruments 2006, No 1493).  
These new regulations came into force on 1 July 2006 in response to an Office of Fair Trading report criticising lack of price transparency in the sector (OFT Report 780, "Care homes for older people in the UK : a market study", 2005). This and other OFT Reports followed on from the OFT's super-complaint made by Which? (Consumer's Association) and supported by SPAIN (Social Policy Ageing Information Network) in 2003. These Regulations amend the Care Homes Regulations 2001 (SI 2001, no 3965), and require all care homes to provide clear information on terms and conditions, including fees, before a resident moves in. This will help families choosing a care home on behalf of someone who is likely to be frail or vulnerable. Homes will also be asked to provide transparent information on the timing of and reasons for any increases in fees. Minor amendments to other Regulations under the Care Standards Act 2000 are also included. (KJ/RH)  
Price: [£3.00]  
From : Download document : <http://www.opsi.gov.uk/si/si200614.htm>
- 180/86 Decision and debate: addressing the implications of the POVA banning list; by Jill Manthorpe, Martin Stevens.  
The Journal of Adult Protection, vol 8, no 2, August 2006, pp 3-14.  
The Safeguarding Vulnerable Groups Bill introduces a central vetting process for staff and volunteers working with vulnerable adults and children in England and Wales. This new scheme will bring together the current Protection of Vulnerable Adults banning scheme (POVA), List 99 (banning teachers), and the Protection of Children Act list (applicable to those working in childcare). This article draws on research analysing the first 100 referrals to the POVA list, and identifies a series of prototypical cases and common themes. The discussion reveals the complexity of decision-making in this type of regulation and its endorsement. (RH)  
ISSN: 14668203  
From : Website: <http://www.pavpub.com>

## LIFE-LONG LEARNING

- 180/87 Learning in later life: a public spending challenge; by Andrew Harrop, Stephen McNair, Jim Soulsby, NIACE - National Institute of Adult Continuing Education; Age Concern England - ACE; Centre for Research into the Older Workforce (CROW), University of Surrey. Leicester: NIACE, 2006, 38 pp.  
The government is assessing future spending priorities and goals during autumn 2006, in preparation for a Comprehensive Spending Review (CSR) in 2007. "Learning in later life" reviews existing policies, and comments on how government strategies and spending decisions on skills and ageing are often made in isolation from each other. The authors discuss two main themes. The first - learning for work - stresses how training can help extend working life, by giving older people the skills to move back into work, retain their jobs, or move on to new challenges. Put another way, will there be enough older workers in 2020, and will these workers have the right skills? The second - learning for life and access to education in retirement - considers the benefits to physical and mental health, well-being, self-confidence and increased community activity. While government is recognising the 'invest to save' arguments as ways of off-setting health and social care needs, there are barriers to participation in learning such as

transport problems and reduced availability of learning opportunities. In all, under-participation by older workers in training and older people in learning requires government attention in the forthcoming CSR. A short summary document (5 pp) is also available. (RH)

Price: £9.95 (+ £0.95 p&p)

From : NIACE, 21 De Montfort Street, Leicester LE1 7GE. [www.niace.org.uk](http://www.niace.org.uk)

## **LONG TERM CARE**

(See 180/81)

## **MEDICAL ISSUES**

180/88

Oncology: mid-life and beyond.

Geriatric Medicine, vol 36, no 6, supplement gm 2, June 2006, 32 pp (whole issue).

This supplement aimed at general practitioners (GPs) has been produced to update them on current and future developments of treatment for oncology. The role of the geriatrician and general practitioner are considered, as well as the following conditions: lung, skin and breast cancer, and leukaemia. Latest developments in palliative care are considered by Dr Keri Thomas. (KJ/RH)

ISSN: 0268201X

180/89

Self management of arthritis in primary care: randomised controlled trial; by Marta Buszewicz, Greta Rait, Mark Griffin (et al).

British Medical Journal, vol 333 no 7574, 28 October 2006, pp 879-882.

In order to evaluate the effectiveness of a self management programme for arthritis, this randomised controlled trial recruited 842 patients aged 80+ with osteoarthritis of hips or knees (or both) and pain or disability (or both) from 74 general practices in the UK. Participants were randomised to six sessions of self management of arthritis and an education booklet (intervention group) or the education booklet alone (control group). Data were collected at baseline, 4 months and 12 months regarding quality of life - as assessed by the Short Form Health Survey (SF36) - also other physical and psychosocial outcomes. Response rates were 80% and 76% at 4 and 12 months. The two groups showed significant differences at 12 months on the anxiety sub-score of the Hospital Anxiety and Depression Scale (HADS), arthritis self efficacy scale for pain, and self efficacy for other aspects of management. Results were similar for intention to treat and pre protocol analyses. No significant differences were seen in numbers of visits to the GP at 12 months. While the self management of arthritis programme reduced anxiety and improved participants' perceived self-efficacy to manage symptoms, it had no significant effect on pain, physical functioning or contact with primary care. (RH)

ISSN: 09598138

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

## **MENTAL HEALTH**

(See 180/20, 180/21)

## **MENTAL HEALTH SERVICES**

180/90

Government proposals to close the Bournemouth gap; by Christopher Curran, Catherine Grimshaw, Anthony Deery.

Open Mind, no 142, Nov/Dec 2006, pp 24-25.

Explained are the government's proposals to address some of the issues required to close the "Bournemouth gap". The principles of the Mental Capacity Act (MCA) will apply, including the requirement to act in the best interests of the incapacitated person and in the least restrictive manner. It is concluded, at present, it is unclear how people will gain access to legal aid and representation at the new Court of Protection and how hospitals and care homes will cope with the potential workload; but if the Bournemouth proposals materialise they would apply to an adult who i) suffers from a mental disorder or a disability of mind; ii) lacks the capacity to give informed consent to the arrangements made for their care; iii) for whom such care - in

circumstances that amount to a deprivation of liberty within the meaning of Article 5 of the European Convention on Human Rights - is considered after an independent assessment to be necessary in their best interests to protect them from harm. (KJ)  
ISSN: 0265511X

- 180/91      Reviewing the Care Programme Approach 2006: a consultation document; by Pat Holman, Care Services Improvement Partnership - CSIP, Department of Health - DH. London: London Development Centre, November 2006, 39 pp (Ref 278106).  
The Care Programme Approach (CPA) was introduced in 1990 to provide a framework for effective mental health care for people with severe mental health problems. The importance of close working between health and social care services was stressed, as well as the need to involve service users and their carers in assessing and planning service users' support and care. Significant developments since 1999 (e.g. the National Service Framework for Mental Health), coupled with evidence pointing to the need for improvements has prompted this review, led by Pat Holman. The overall aim is that CPA should be underpinned by a set of agreed common values and principles. This consultation asks who should the CPA be for; and proposes that national competencies should be identified for the role of care co-ordinator. Other sections consider: continuity of care; service user and carer engagement and involvement; physical health and social outcome needs; choice in mental health; clinical risk assessment and management; tackling bureaucracy; and measuring and improving quality. Annexes include current definitions for the CPA, and on the CPA in relation to the Common Assessment Framework for Adults (CAF). (RH)  
From : Dawn Fleming, London Development Centre, 11-13 Cavendish Square, London W1G 0AN. E-mail: [cpareview@londondevelopmentcentre.org](mailto:cpareview@londondevelopmentcentre.org) Web: [www.nimhe.csip.org.uk/cpa](http://www.nimhe.csip.org.uk/cpa)

#### MENTAL ILLNESS

- 180/92      Deliberate self-harm in people aged 60 years and over: characteristics and outcome of a 20-year cohort; by Keith Hawton, Louise Harriss.  
International Journal of Geriatric Psychiatry, vol 21, no 6, June 2006, pp 572-581.  
This is a prospective investigation and follow-up of 730 consecutive patients (459 women, 271 men) aged 60+ who presented to the general hospital in Oxford following deliberate self-harm (DSH) over a 20-year period, 1978-1997. Outcome has been examined in terms of repetition of DSH and death by the end of 2000 identified through official death registers. DSH involved self-poisoning in 88.6% of cases, 49.3% of the overdoses including paracetamol, 24% minor tranquillizers, and 15.9% antidepressants. Nearly three-quarters of episodes involved high suicidal intent. Common problems preceding DSH were physical illness (46.1%), social isolation (33.5%), relationship problems with family (29.4%) and bereavement or loss (16.7%). Repetition of DSH occurred in 15.3% of cases. By the end of 2000, 432 of traced patients (65.4%) had died. There were 30 suicides and open verdicts, which were 49 times and 33 times more frequent respectively than expected from general population death rates. Prior DSH before initial presentation was the main risk factor for suicide, with some evidence of high suicide intent being another factor. There were also excess deaths due to several types of physical disorder. The range of problems experienced by older DSH patients requires extensive and multidisciplinary clinical interventions. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>

#### NURSING

- 180/93      "A wealth of knowledge": the employment experiences of older nurses, midwives and the NHS; by Jane Wray, Roger Watson, Anne Stimpson (et al), Faculty of Health and Social Care, University of Hull; School of Nursing and Midwifery, University of Sheffield. Hull: University of Hull, 2006, 99 pp (+ appendices).  
Between 1983 and 1998, the average age of working registered nurses increased by more than four years from 37.4 to 41.9. An age bulge of nurses in their mid-30s to mid-40s is working its way through the population, reflecting the large intakes of new qualified nurses in the 1970s and early 1980s. The aim of the project reported here was to study the employment experiences of older nurses and midwives by: examining employment policy and procedure in relation to age,

ethnicity, ill-health and disability; identifying a range of positive practices with regard to supporting nurses and midwives in the workplace; and providing recommendations to support future anti-discriminatory practice in this field. This report describes the methods used, and provides a review of the literature. It discusses the human resources (HR) policy documents received from 26 NHS Trusts and 18 Primary Care Trusts (PCTs). The results of the survey and interviews are reported on: age; discrimination; continuing professional development (CPD); quality of life and psychological morbidity; and work-life balance. Signposts to good practice for NHS Trusts and PCTs working with older nurses and midwives are suggested. (RH)

Price: FOC

From : University of Hull, Faculty of Health and Social Care, Hull HU6 7RX. email: j.wray@hull.ac.uk

## **PALLIATIVE CARE**

180/94

Exploring palliative care for people with dementia: A discussion document - August 2006; by National Council for Palliative Care; Alzheimer's Society. London: National Council for Palliative Care - NCPC, 2006, 23 pp.

Palliative care is defined as the active holistic care of patients with advanced, progressive illness. This document aims to raise awareness and encourage debate around issues concerning the palliative care needs of people with dementia. It outlines the policy and demographic contexts; considers the experiences of dying for people with dementia; and explores some of the specific palliative care needs of people with dementia. Of many key challenges in helping meet the palliative needs of people with dementia and their family carers, the document highlights three: assessment; education and training; and support for family carers. (RH)

Price: £15

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.  
<http://www.ncpc.org.uk>

## **PENSIONS AND BENEFITS**

(See Also 180/10, 180/84)

180/95

Employer attitudes to personal accounts: report of a quantitative study: a report of research carried out by BRMB on behalf of the Department for Work and Pensions; by Keith Bolling, Catherine Grant, Alice Fitzpatrick (et al), BRMB Limited; Department for Work and Pensions - DWP. Leeds: Corporate Document Services - CDS, 2006, 186 pp (Department for Work and Pensions research report, no 397).

In this context, "personal accounts" relates to the idea of a National Pensions Savings Scheme (NPSS), a recommendation of the Pensions Commission. This quantitative survey is based on telephone interviews with 2516 private sector employers in Great Britain, and was designed to be representative of all such employers with one or more employees. The sample was drawn from the Inter-Departmental Business Register (IDBR) which is a comprehensive list of employers compiled from value added tax (VAT) and income tax returns. The report is organised as follows: overview of pension provision; attitudes to pension provision and awareness of the pensions debate; employer attitudes towards automatic enrolment; employers' views on eligibility criteria and periodic re-enrolment of those who opt out; employers' attitudes towards contribution levels; comments on employers' spontaneous or most likely responses; impacts of existing pension provision; administrative impacts; employer attitudes toward different ways of phasing in the proposal; and employer views on employee reactions. This study was commissioned as part of a programme of research and analysis carried out by the Department for Work and Pensions (DWP) to gather evidence to inform the Government's proposals on personal accounts, as set out in the White Paper, "Security in retirement: towards a new pensions system" (Cm 6841; TSO, 2006). (RH)

From : Corporate Document Services, 7 Eastgate, Leeds LS2 7EY. E-mail: [orderline@cds.co.uk](mailto:orderline@cds.co.uk)  
Website: [www.cds.co.uk](http://www.cds.co.uk)

Download from DWP website: <http://www.dwp.gov.uk/asd/asd5/rrs2006.asp>



- 180/96 Work, saving and retirement among ethnic minorities: a qualitative study: a report of research carried out by the Policy Studies Institute on behalf of the Department for Work and Pensions; by Helen Barnes, Rebecca Taylor, Policy Studies Institute - PSI; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2006, 92 pp (Department for Work and Pensions Research report, no 396).  
Pensioners living in households headed by someone from a minority ethnic group are more likely to live on a low income and may face significant barriers to accessing benefits. This qualitative research study was designed to examine the different factors that affect the work, saving and retirement decisions of ethnic minority groups. The aim of the research was to fill acknowledged gaps in existing research to ensure that policies are appropriate and sensitive to any cultural differences. The findings are based on 60 semi-structured interviews in autumn 2005 with people from the six main ethnic minority groups in the UK (Indian, Pakistani, black Caribbean, black African, Bangladeshi and Chinese) and included both those above and below state pension age (SPA). The report describes the research aims and methodology; the topic guide used and a listing of sample participants attributes are included as appendices. The report presents findings on: work and education trajectories; household finances; planning for and financing retirement; and factors influencing retirement planning. (RH)  
From : Corporate Document Services, 7 Eastgate, Leeds, LS2 7TY. Orderline tel: 0113 399 4040; e-mail: [orderline@cds.co.uk](mailto:orderline@cds.co.uk) Summary available from website: <http://www.dwp.gov.uk/asd/>

### **POVERTY**

(See Also 180/111)

- 180/97 Necessities of life: older people's experiences of poverty; by Thomas Scharf, Bernadette Bartlam, Jenny Hislop (et al), Help the Aged; Centre for Social Gerontology, Institute for Life Course Studies, Keele University. London: Help the Aged, 2006, 63 pp.  
The true impact of low incomes on quality of life for older people living in the UK is revealed. This report presents findings of a study which seeks to inform the development of alternative approaches to the measurement of older people's poverty. It does so using qualitative techniques, focusing on the experiences of potentially disadvantaged groups often overlooked in mainstream research: people aged 85+; people with a disability; older people who are also informal carers; people of Bangladeshi origin; people of Irish origin; gypsies and travellers; people living in rural communities; and people living in institutional settings. Five key themes are analysed: low expectations and stoicism; life course dimensions; patterns of exclusion; quality of life; and issues beyond the basics such as social participation and maintaining independence. Key themes from the overall empirical research design, and implications for policy and research are discussed. Methodology and information materials used in the research are included as appendices. (RH)  
ISBN: 1845980131  
Price: £10.00  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.  
E-mail: [publications@helptheaged.org.uk](mailto:publications@helptheaged.org.uk)

### **RESIDENTIAL AND NURSING HOME CARE**

(See Also 180/17)

- 180/98 Analysis of a care planning intervention for reducing depression in older people in residential care; by K J Lyne, S Moxon, I Sinclair (et al).  
*Aging & Mental Health*, vol 10, no 4, July 2006, pp 394-403.  
About 40% of older people in residential care have significant symptoms of depression. A training and care planning approach to reducing depression was implemented for 114 depressed residents living in 14 residential care homes in North Yorkshire. Care staff were offered brief mental health training by community mental health teams for older people. They were then assigned to work individually with residents in implementing the care planning intervention, which was aimed at alleviating depression and any health, social or emotional factors that might contribute to the resident's depression. Clinically significant improvements in depression scores were associated with implementation of the intervention, as evidenced by changes in scores on the General Mental

State Schedule - Depression Scale (GMS-DS). There was evidence of an interaction between the power of the intervention and degree of dementia. These improvements were not accounted for by any change in psychotropic medication. The training was highly valued by care staff and home managers: they considered that the intervention represented an improvement in quality of care for all residents, irrespective of level of dementia. Staff also reported improvements in morale and increased confidence in the caring role as the result of their participation. On the basis of a growing body of evidence, it is argued that there is an urgent need for a suitably powered randomised controlled trial and economic evaluation to test the cost-effectiveness of personalised care planning interventions aimed at reducing depression in older people in residential care. (RH)  
ISSN: 13607863  
From : <http://www.tandf.co.uk/journals>

- 180/99      Assessing care home quality using routine regulatory information; by Angela Worden, David Challis.  
Quality in Ageing, vol 7, no 3, September 2006, pp 33-44.  
Quality is an essential criterion by which care homes for older people are judged. However, the measurement of quality is both challenging and potentially costly. This paper examines the potential of using routinely generated data from inspection processes as quality indicators. It indicates that generation of such information is possible, providing material that may be used in research and for more general guidance. This paper was presented as part of an Economic and Social Research Council (ESRC) funded Research Seminar Series organised between Surrey, Sheffield, City and Northumbria Universities during the 2005/06 academic year. (RH)  
ISSN: 14717794  
From : <http://www.pavpub.com>
- 180/100     The CARE (Combined Assessment of Residential Environments) profiles: a new approach to improving quality in care homes; by Mark Faulkner, Sue Davies.  
Quality in Ageing, vol 7, no 3, September 2006, pp 15-25.  
The rationale for and the development of the CARE (Combined Assessment of Residential Environments) profiles are briefly described. The CARE profiles represent a new approach to quality improvement in care homes for older people that seeks to gain the views of residents, relatives and staff, and to use these as a basis for celebrating what works well in a home and identifying areas that need attention. The paper begins by considering the limitation of existing quality initiatives, and argues for a model that is more inclusive. The theoretical underpinnings of the CARE profiles, positive events, the Senses Framework, and a relationship-centred approach to care are outlined. The process by which the CARE profiles were developed is then described and a case study highlighting how they might be used is presented. This paper was presented as part of an Economic and Social Research Council (ESRC) funded Research Seminar Series organised between Surrey, Sheffield, City and Northumbria Universities during the 2005/06 academic year. (RH)  
ISSN: 14717794  
From : <http://www.pavpub.com>
- 180/101     From commodity to community in nursing homes: an impossibility?; by Athena McLean.  
Ageing and Society, vol 26, part 6, November 2006, pp 925-937.  
This article provides a critical discussion of the use of 'community' to describe institutional settings, especially those for cognitively impaired older people confined to special care units. After briefly describing the setting and methodology for a US ethnographic study, this paper reports the problems that were observed in its usage. It then explores alternative formulations of 'community' that challenge the relevance of its application to institutionalised elders. The article concludes by questioning whether community can in fact be realised in commodified institutionalised settings, and suggests some conditions under which it might occur. (RH)  
ISSN: 0144686X  
From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

- 180/102 The joys and tribulations of partnership working in care homes for older people; by K A Froggatt, S Davies, L Atkinson (et al).  
Quality in Ageing, vol 7, no 3, September 2006, pp 26-32.  
Partnership working in care homes for older people does happen, but the nature of this approach to improving the care provided in care homes has not been well-articulated. Drawing on the experiences of participants (researchers, relatives and care home managers) from three projects, the benefits and challenges of partnership working in this setting are discussed. The benefits of working in partnership extend beyond the specific remit for each project, through the development of closer relationships between people in the care home. The challenges of partnership working derived largely from the process of learning to work together and the practicalities of finding time to invest in projects beyond the normal care demands. Requirements for successful partnership working were identified and included a need for time, a core group of committed participants, and preliminary groundwork. This paper was presented as part of an Economic and Social Research Council (ESRC) funded Research Seminar Series organised between Surrey, Sheffield, City and Northumbria Universities during the 2005/06 academic year. (RH)  
ISSN: 14717794  
From : <http://www.pavpub.com>
- 180/103 My home life: quality of life in care homes: edited by Tom Owen and NCHRDF; by Tom Owen, Help the Aged; National Care Homes Research and Development Forum - NCHRDF; National Care Forum. London: Help the Aged, 2006, 72 pp.  
This report is produced by the Help the Aged in partnership with the National Care Forum and the National Care Homes Research and Development Forum (NCHRDF). It provides direct testimony from a few residents, relatives and staff. It includes a summary of a review of evidence on practice that builds on previous research work undertaken by Sue Davies, Mike Nolan and colleagues at the University of Sheffield. The report urges a patient-centred rather than process-driven approach to care, focusing on meaningful activity and shared decision-making. The report accompanies an evidence report, "A review of evidence on quality of life in care homes", produced for the My Home Life programme, which provides supplementary evidence, and is to be published as a PDF on the Help the Aged website. (RH)  
ISBN: 1845980026  
Price: £10.00  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.  
E-mail: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk) Web site: <http://www.helptheaged.org.uk>
- 180/104 Ownership, regulation and the public interest: the case of residential care for older people; by Mark Drakeford.  
Critical Social Policy, vol 26, no 4, issue 89, November 2006, pp 932-944.  
This commentary deals with recent, rapid developments in the field of private residential care of older people. It traces changes in the pattern of ownership and regulation, and explores the extent to which these impact upon the protection of the public interest. It concludes that the nature of ownership continues to matter in social welfare, and that regulation has proved of limited effectiveness in securing the interests of older people in private care. (KJ/RH)  
ISSN: 02610183  
From : <http://csp.sagepub.com>
- 180/105 Transitions in care homes: towards relationship-centred care using the "Senses Framework"; by Mike Nolan, Sue Davies, Jayne Brown.  
Quality in Ageing, vol 7, no 3, September 2006, pp 5-14.  
Long-term care in general - and care homes in particular - have never enjoyed high status as a place to live or work. This remains the case. In large part, this marginalised position is due to the continued failure to value the contribution that care homes make in supporting frail and vulnerable older people. In order to promote a more positive vision of what can be achieved in care homes, this paper argues for the adoption of a relationship-centred approach to care, that involves residents, their families, practitioners and the wider community. The need for such a model is described, and how it might be applied using the "Senses Framework" is considered. The "Senses Framework" comprises six senses - security, continuity, belonging, purpose, fulfillment, and significance - capturing the subjective and perceptual aspects of care. It is argued that adopting

such a philosophy will provide a clearer sense of therapeutic direction for staff in care homes, as well as more explicitly recognising the contribution that residents and relatives can make in creating an "enriched environment" of care. This paper was presented as part of an Economic and Social Research Council (ESRC) funded Research Seminar Series organised between Surrey, Sheffield, City and Northumbria Universities during the 2005/06 academic year. (RH)

ISSN: 14717794

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## **RETIREMENT**

(See 180/51, 180/96)

## **RURAL ISSUES**

(See 180/82)

## **SEXUALITY**

180/106

Gay and lesbian issues: learning on the (research) job; by Carole Archibald.

Journal of Dementia Care, vol 14, no 4, July/August 2006, pp 21-23.

The needs of gay and lesbian people are gradually being recognised within dementia care, but the journey to understanding has been slow. The author's research interest in and conducting training on sexuality and dementia led her to notice the absence of information and training materials on lesbians and gays in care settings. This article uses the case study of a woman and the discrimination experienced, and how this has affected the author's own learning over time. Attention is also drawn to the Age Concern England (ACE resource pack, "The whole of me", the aim of which is to prevent lesbians and gays from becoming invisible in care settings. (RH)

ISSN: 13518372

## **SHELTERED HOUSING**

180/107

Sheltered housing: who is it meant for? The allocation process: a workshop, University of Sussex, 27 September 2006; by Centre for Social Policy and Social Work, University of Sussex; Sussex Gerontology Network, Sheltered Housing Group. Brighton: School of Social Sciences, University of Sussex, 2006, 14 pp.

This workshop develops themes from the previous workshop, "Preventative care and sheltered/retirement housing" held on 6 April 2006. Sheltered housing is not meant to provide support for all categories of older people, and there are some for whom sheltered housing is not appropriate. Commentaries on contributors' papers expand on the reasons, first that sheltered housing cannot provide the support needed (for example to those with high mental or physical care needs). More importantly, such allocations may actually threaten to negate the provision of preventative care to existing residents. (RH)

Price: £3.00

From : Professor Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex, Brighton BN1 9SN.

## **SOCIAL CARE**

(See Also 180/79)

180/108

A caring profession?: the ethics of care and social work with older people; by Liz Lloyd.

British Journal of Social Work, vol 36, no 7, October 2006, pp 1171-1186.

The feminist ethics of care present a challenge to social workers to re-assess not only the place of care within professional social work practice, but also the way in which concepts of justice, autonomy and rights are conceptualised and ageing is understood. In this article, the arguments for an ethics of care are considered in relation to social work practice with older people. It is argued that the feminist ethics of care offer useful insights that are relevant to the practice of social work, particularly within contemporary demographic, economic, political and

organizational contexts, all of which have made the task more complex and confusing. (KJ/RH)  
ISSN: 00453102  
From : <http://www.bjsw.oxfordjournals.org>

## STROKE

- 180/109      Utilisation of diagnostic computerised tomography imaging and immediate clinical outcomes in older people with stroke before and after introduction of the National Service Framework for Older People: a comparative study of hospital-based stroke registry data (1997-2003): Norfolk experience; by Phyo K Myint, Sarah L Vowler, Oliver Redmayne (et al).  
Age and Ageing, vol 35, no 4, July 2006, pp 399-402.  
How the National Service Framework for Older People (NSF) in England might be associated with changes in clinically relevant stroke outcome has not been investigated. The researchers looked at changes in computerised tomography (CT) scan rate, in-patient case-fatality rate (CFR), length of acute hospital stay and discharge destination for older people with stroke, compared to their younger counterparts before and after introduction of the NSF. Two periods, 4 years before and 2 years after publication of the NSF, were selected to compare outcomes between three age categories: under 65, 65-84, and 85+. Data for 5219 patients from the Norfolk and Norwich University Hospital Stroke Register were analysed retrospectively. Findings from this study suggest that the NSF appeared to be associated with an increase in CT imaging in acute stroke, particularly in older patients, and in turn, there were reductions in case fatality and an increase in those going home. Although there was no change in the mortality from stroke in any age group during the study, changing patterns of clinical practice and outcomes can be monitored by continuing to monitor local stroke register data. This may help to assess whether the results found are sustained in the longer term. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oxfordjournals.org>

## WOMEN

(See Also 180/52)

- 180/110      Older women, work and health: reviewing the evidence; by Lesley Doyal, Sarah Payne, University of Bristol; Help the Aged; TAEN (Third Age Employment Network). London: Help the Aged; TAEN, 2006, 24 pp.  
Women account for almost half of all employees in the UK. The female employment rate is about 70% and is increasing in older age groups: about 1.5 million female workers are aged 45-64, and 113000 aged 65+. However, little is known about the quality of their working lives. This research paper builds on earlier work commissioned by the Pennell Initiative for Women's Health in 2002. It identifies a lack of evidence about the occupational health of older women, including those from black and minority ethnic (BME) communities. It asks whether work is good for (older) women's health; examines the benefits of work and the risks facing older women; and considers issues of occupational stress and musculo-skeletal problems at work, focusing on nursing. The report make recommendations on tackling hazardous work environments, reshaping the organisation of work, and promoting health in the workplace. (RH)  
From : TAEN, 207-221 Pentonville Road, London N1 9UZ. [taen@helptheaged.org.uk](mailto:taen@helptheaged.org.uk)

- 180/111      Why are older women in the UK poor?; by Debora Price.  
Quality in Ageing, vol 7, no 2, June 2006, pp 23-32.  
Income in later life is an important factor in ensuring good health, quality of life, social engagement and subjective well-being, yet it is well known that women in later life are much poorer than men. The author uses data from the General Household Survey (GHS) for 2001 and 2002 to show that this is largely the result of women's individual, and hidden, poverty within marriage. Dependency on men for income during the working life combines with the structure of the UK system to leave married men and married women with very unequal incomes after retirement. The median income of married and cohabiting women was only £53 per week, compared with men's £172; only 27% of married women had any private pension provision at all, compared with 75% of married men. Even among this 27% of women, half receive less than £35

a week from their pensions. Apart from the implications of this for potential unequal access to money when cohabiting, the vast majority of women live alone for at least part of their retirement. When women become divorcees or widows, they cannot make up for lost income from their partners. Widows are relatively poor when compared with older women who have never married, but divorced women are on average the poorest of all. Social policies improving basic pension provision to all women in later life are urgently needed. (RH)

ISSN: 14717794

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# CALENDAR OF COURSES AND CONFERENCES

*All contributions to this section of New Literature on Old Age will be welcome.*

**There are now hundreds of courses, conferences, training events, workshops etc which are held throughout the year about older age issues.**

**A fuller listing is available on AgeInfo CD-ROM/Web.**

1 February 2007

## **Dementia : Raising the Standard of Care**

*Organised by:* Leeds Mental Health Teaching NHS Trust

*Venue:* Hilton Leeds City, Leeds

*Location :* Leeds, England

*Details :* Customer Support Officer, The Andrew Sims Centre, The Mount, 44 Hyde Terrace, Leeds, LS2 9LN

*Tel :* +44 (0)113 305 5638, *Fax :* +44 (0)113 305 5632

1 February 2007

## **Pain and Suffering - Developing Concepts in Allodynic Pain**

*Organised by:* Royal College of Physicians (RCP)

*Venue:* Royal College of Physicians, Regent's Park

*Location :* London, England

*Details :* The Conference Department, RCP, 11 St Andrews Place, Regent's Park, London, NW1 4LE

*Tel :* +44 (0)20 7935 1174 ext 300/252/436, *Fax :* +44 (0)20 7224 0719

1-2 February 2007

## **The 13th Annual Housing, Care and Support Conference**

*Organised by:* Pavilion and CSIP (Care Services Improvement Partnership)

*Venue:* UMIST, Manchester

*Location :* London, England

*Details :* Customer Service Team, Freeport RLUZ-ATEU-RYUZ, Pavilion, Richmond House, Richmond Road, Brighton, BN2 3RL

*Tel :* 0870 890 1080, *Fax :* 0870 890 1081

7 February 2007

## **A Practice Guide to Protecting Vulnerable Adults**

A one day conference providing guidance on protecting vulnerable adults. Opening address by

Ivan Lewis MP, Parliamentary Under Secretary of State for Care Services : Protecting Vulnerable Adults and Delivering Dignity for All.

*Speakers:* Chairman: Liz Mandeville (UK Associate Director, Better Government for Older People). Numerous speakers from a variety of healthcare settings.

*Organised by:* Healthcare Events

*Venue:* The Royal Society

*Location :* London, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)8547 2300

7 February 2007

## **Falls Prevention in Older People : Minimising risk and focusing on active healthy lifestyles**

A practical one day study based conference provides guidance on developing a positive approach to preventing falls in older people.

*Speakers:* Chairman: Professor Cameron Swift (Emeritus Professor of Health Care of the Elderly) Numerous speakers from a variety of healthcare settings.

*Organised by:* Healthcare Events

*Venue:* The Royal Society

*Location :* London, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)8547 2300

7 February 2007

## **Work, Families & Carers**

Keynote address: Rt Hon Margaret Hodge MBE MP, Minister of State, Department for Trade and Industry

*Organised by:* Symposium Events

*Venue:* CBI Conference Centre

*Location :* London, England

*Details :* Symposium Events Ltd, 212a Tower Bridge Road, London, SE1 2UP *Tel :* +44 (0)20 7403 3990, *Fax :* +44 (0)20 7403 3891

8-10 February 2007

**2nd CSSAM / ISSAM North American Congress on The Aging Male**

*Organised by:* Canadian Society for the Study of the Aging Male - CSSAM/ International Society for the Study of the Aging Male - ISSAM

*Venue:* Hilton Montreal Bonaventure

*Location :* Montreal, QC, Canada

*Details :* The Secretariat of the Aging Male 2007 Congress, c/o Kenes International, 17 rue du Cendrier , PO Box 1726, CH-1211 Geneva 1, Switzerland

*Tel :* +41 22 908 0488, *Fax :* +41 22 732 2850

8 February 2007

**2007 Annual Extra-care Housing Conference**

Keynote presentation: Ivan Lewis MP, Parliamentary Under Secretary of State for Care Services.

*Speakers:* Chair: Bob Bessell (Chairman, Retirement Security Ltd). *Speakers:* Barbara Laing, Derek Law, Anne-Marie Nicholson, Trevor Saunders.

*Organised by:* Laing & Buisson

*Venue:* Radisson SAS Portman Hotel

*Location :* London, England

*Details :* Laing & Buisson (Conferences) Ltd, 29 Angel Gate, City Road, London, EC1V 2PT

*Tel :* +44 (0)20 7923 5348, *Fax :* +44 (0)20 7841 0048

8 February 2007

**Capital Age Winter Festival 2007**

Afternoon festival 1 to 5 pm (Thursday) which will launch the new Capital Age website and highlight some of the key findings of extensive research into arts activity with older people in London. Further information on the LOPSG website or telephone: 020 7785 3870.

*Organised by:* London Older People's Strategies Group (LOPSG) together with the Mayor of London

*Venue:* South Bank, London

*Location :* central London, England

*Details :* Nabilla Nasser, The Chamber, Greater London Authority, City Hall, The Queen's Walk, London, SE1 2AA

*Tel :* +44 (0)20 7785 3873 (ticket reservations)

9 February 2007

**Palliative Care & Neurological Conditions : Defining the way ahead**

*Organised by:* National Council for Palliative Care

*Venue:* Park Crescent Conference Centre

*Location :* London, England

*Details :* Mridu Rana, The Fitzpatrick Building, 188-194 York Way, London, N7 9AS

*Tel :* +44 (0)20 7520 2911, *Fax :* +44 (0)20 7278 1021

21 February 2007

**NCVO Annual Conference 2007 - Inspiring leaders : connecting communities**

*Organised by:* NCVO

*Venue:* The Brewery, Chiswell Street

*Location :* central London, England

*Details :* NCVO, Regent's Wharf, 8 All Saints Street, London, N1 9RL

*Tel :* +44 (0)20 7713 6161, *Fax :* +44 (0)20 7713 5635

27 February 2007

**A Practical Guide to Improving Clinical Practice through Developing and Using Care Pathways**

A step-by-step guide to planning, developing and implementing care pathways in practice. Plus an interactive surgery with our expert panel. This is your opportunity to set the agenda, get answers to the questions and challenges you are currently facing in developing care pathways in practice

*Organised by:* Healthcare Events

*Venue:* Manchester Conference Centre

*Location :* Manchester, England

*Details :* Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF

*Tel :* +44 (0)20 8541 1399, *Fax :* +44 (0)8547 2300

28 February 2007

**Disability, Equality and Work**

Keynote address: Anne McGuire MP, Minister for Disability, Department for Work and Pensions

*Organised by:* Symposium Events

*Venue:* CBI Conference Centre

*Location :* London, England

*Details :* Symposium Events Ltd, 212a Tower Bridge Road, London, SE1 2UP

*Tel :* +44 (0)20 7403 3990, *Fax :* +44 (0)20 7403 3891

5 - 7 March 2007

**5th International Research Conference on Social Security : Social security and the labour market: A mismatch?**

*Organised by:* International Social Security Association - ISSA

*Venue:* Warsaw

*Location :* Warsaw, Poland

*Details :* ISSA, International Social Security



Association, International Research Conference on Social Security, 4 route des Morillons, Case postale 1, CH-1211  
*Tel* : Geneva 22, Switzerland, *Fax* : (+41-22) 799 85 09

19 March - 1 April 2007

#### **Authority, Role and Organisation**

*Organised by*: Tavistock Institute  
*Venue*: Sundridge Park Conference Centre  
*Location* : Bromley, Kent, England  
*Details* : Rachel Kelly, 30 Tabernacle Street, London, EC2A 4UE  
*Tel* : +44 (0)20 7417 0407, *Fax* : +44 (0)20 7417 0566

3-4 April 2007

#### **1st International Conference : Citizenship - Responding to the Challenge of Dementia.**

Citizenship for people with dementia suggests that the person should have rights to make choices, opportunities to express individuality and to participate in everyday life experiences. The challenge is how this achieved given the progressive nature of dementia. This conference aims to focus on real issues from the four perspectives: Clinical Matters, Service Responses, Working with the Person, and Practice Change and Learning.

*Organised by*: Dementia Service Development Centre (DSDC)  
*Venue*: Iris Murdoch Building, University of Stirling  
*Location* : Stirling, Scotland  
*Details* : Conference Secretary, Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland  
*Tel* : +44 (0)1786 467740, *Fax* : +44 (0)1786 466846

17-18 April 2007

#### **UK Older People's Forums Seminar**

This is a seminar for all UK Older People's Forums who are doing or want to do research. Supported by the Speaking Up for Our Age Programme of Help the Aged. Places limited to 50 people from the Forums.

*Organised by*: Eastleigh Southern parishes Older People's Forum  
*Venue*: Holiday Inn  
*Location* : nr. Eastleigh, Hampshire, England  
*Details* : Diane Andrewes, Hon. Secretary, Orchard Hill, Old Bursledon, SO31 8DH  
*Tel* : 02380 403311

8-10 May 2007

#### **Pensioners' Parliament 2007**

*Organised by*: National Pensioners Convention (NPC)  
*Venue*: Winter Gardens, Blackpool  
*Location* : Blackpool, England  
*Details* : Alison Purshouse, 19-23 Ironmonger Row, London, EC1V 3QN  
*Tel* : +44 (0)20 7553 6510, *Fax* : +44 (0)20 7553 6511

9-11 May 2007

#### **A Legacy of Learning : Shairing global experiences of learning in later life**

The conference has been organised as part of the University of Strathclyde's Learning in Later Life 20th anniversary celebrations.

*Organised by*: Senior Studies Institute, University of Strathclyde  
*Venue*: Centre for Lifelong Learning, University of Strathclyde  
*Location* : Strathclyde, Scotland  
*Details* : Conference Office, Senior Studies Institute, , University of Strathclyde, 40 George Street, Glasgow, G1 1QE  
*Tel* : +44 141 548 4706, *Fax* : +44 141 553 1270

9 May 2007

#### **Delivering Better Health Services : the sixth national SDO Conference**

The NHS Service Delivery and Organisation (SDO) Conference aims to promote discussion, highlight current thinking and raise awareness of ongoing research into the organisation and delivery of health care services. It is for those concerned with the delivery and management of effective, evidence-based healthcare. Keynote speakers: Professor Sally Davies, David Blumenthal MD.  
*Speakers*: Numerous speakers from a variety of healthcare settings.

*Organised by*: Healthcare Events  
*Venue*: Church House, Westminster  
*Location* : London, England  
*Details* : Healthcare Events, 2 Acre Road, Kingston, Surrey, KT2 6EF  
*Tel* : +44 (0)20 8541 1399, *Fax* : +44 (0)8547 2300

18-20 June 2007

#### **IAHSA 7th International Conference : The Global Ageing Network, Leading Change - Sharing Innovation - Enhancing Life**

*Organised by*: International Association of Homes and Services for the Ageing (IAHSA)  
*Venue*: St Julian's, Malta

*Location* : St Julians, Malta  
*Details* : IAHSA, 2519 Connecticut Avenue, NW,  
Washington, DC 20008 , USA  
*Tel* : +1-519-661-1603, *Fax* : +1-519-661-1612

4-6 July 2007

**PSIGE Annual Conference : Everybody's Ageing  
- Challenges and Opportunities**

Choice of workshops on one day and two days of  
four parallel academic streams.

*Speakers*: Keynote speakers: Professor Germaine  
Greer, Professor Mike Nolan.

*Organised by*: PSIGE - Psychologists' Special  
Interest Group Working with Older People

*Venue*: University of Nottingham, Jubilee Campus

*Location* : Nottingham, England

*Details* : BPS Conference office, BPS, St Andrews  
House, 48 Princess Road East, Leicester, LE1 7DR

*Tel* : +44 (0)116 252 9555, *Fax* : +44 (0)116 255  
7123

11-13 July 2007

**Social Policy through the Life Course : Building  
Community Capacity and Social Resilience**

Website available from early 2007 via SPRC  
website.

*Organised by*: Social Policy Research Centre  
(SPRC)

*Venue*: Kensington Campus, University of New  
South Wales

*Location* : Sydney, Australia

*Details* : Social Policy Research Centre, The  
University of New South Wales, Sydney, NSW  
2052, Australia

*Fax* : +61 2 9385 7802

**Dance like a Butterfly**

Lisa Hurd grew up in Leicester but is currently  
living in St. John's Newfoundland, Canada. She is a  
mature professional actress. For the past 9 years she  
has been touring Canada with "Dance Like A  
Butterfly", a touching play about ageing (synopsis  
below). Lisa Hurd for the present time can be  
contacted via Sue Garwood.

*Details* : Lisa Hurd via Sue Garwood, Extra Care  
Specialist

6-8 September 2007

**BSG Conference 2007 : Realities of Ageing :  
Research into Action**

*Speakers*: Prof. Germaine Greer; Prof. John  
McKnight (Northwestern University, Illinois); Prof.

Kevin Morgan (Loughborough Univ.); Prof. Neil  
Small (Bradford Univ.)

*Organised by*: British Society of Gerontology -  
BSG

*Venue*: Sheffield Hallam University

*Location* : Sheffield, England

*Details* : Conference Secretariat

*Tel* : +44 (0)114 225 5338/5319/5342



