

New Literature on Old Age

EDITOR

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VOLUME
31

NUMBER
181

2007

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ABUSE

- 181/1 Financial exploitation of older persons: challenges and opportunities to identify, prevent, and address it in the United States; by Donna J Rabiner, Janet O'Keeffe, David Brown. *Journal of Aging & Social Policy*, vol 18, no 2, 2006, pp 47-68.
Financial exploitation is a recognised social problem of unknown, though likely increasing, magnitude. It can occur through numerous methods, including the misuse of powers of attorney and guardianship, illegal transfers of property, and outright fraud and theft. Financial crimes against older people are difficult to deal with, because they often go unreported. This paper summarises findings from a study of financial exploitation of older people. The authors review what is known about the nature and scope of financial exploitation of older people, and describe barriers to tackling the problem. They also identify gaps in knowledge; discuss current methods for tackling financial exploitation, and provide recommendations and suggested policy approaches for prevention and remediation. (RH)
ISSN: 08959420
From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

ARTS AND MUSIC

- 181/2 Music and the well-being of people with dementia; by Andrew Sixsmith, Grant Gibson. *Ageing and Society*, vol 27, part 1, January 2007, pp 127-146.
While therapeutic interventions involving music have been shown to have benefits for people with dementia, little research has examined the role of music and music-related activities in their everyday lives. This paper presents the results of qualitative research that explored the role in terms of the meaning and importance of music in everyday life: the benefits derived from participation in music-related activities; and the problems of engaging with music. Data were collected during in-depth interviews with 16 people with dementia and their carers, who lived either in their own homes or in residential care in different parts of England (Merseyside, Northamptonshire and South Yorkshire). The paper illustrates the many different ways in which people with dementia experience music. As well as being enjoyed in its own right, music can enable older people to participate in activities that are enjoyable and personally meaningful. It is an important source of social cohesion and social contact; supports participation in various activities within and outside the household; and provides a degree of empowerment and control over their everyday situations. The practical implications for the provision of care and support for people with dementia are discussed. The scope and implications for technological development to promote access to music are also discussed. (RH)
ISSN: 0144686X
From : http://www.journals.cambridge.org/jid_ASO

ASSESSMENT

(See Also 181/66)

- 181/3 Comprehensive geriatric assessment and home-based rehabilitation for elderly people with a history of recurrent non-elective hospital admissions; by David J Stott, Amanda K Buttery, Adam Bowman (et al). *Age and Ageing*, vol 35, no 5, September 2006, pp 487-491.
Older patients with a recent history of recurrent non-elective hospital admission are at high risk of further unscheduled admission. In this Glasgow study, 84 patients aged 65+ with 2 or more non-elective hospital admissions in the previous 12 months were assessed for disability using the 100-point Barthel index and Nottingham extended activities of daily living (EADL) score. 56 of the patients receiving the new service were matched to 28 controls. Intervention subjects received a median of 19 hours rehabilitation over 19 domiciliary visits. At 3 months, there was improvement in median Barthel and Nottingham EADL scores in the intervention group; these improvements persisted in survivors at 12 months. This co-ordinated programme of geriatric assessment and multidisciplinary home-based rehabilitation therefore reduced disability in frail older people with a recent history of repeated non-elective hospital admission. There was a

non-significant trend for this intervention to reduce further non-elective hospital admission. (RH)
ISSN: 00020729
From : <http://www.ageing.oxfordjournals.org>

ASSISTIVE TECHNOLOGY

- 181/4 Implementing telecare: practical experiences; by S Brownsell, S Blackburn, H Aldred (et al).
Housing, Care and Support, vol 9, no 2, October 2006, pp 6-12.
The launch of the £60 million Preventative Technology Grant in 2006 has resulted in considerable interest in telecare. Yet where in this emerging area should efforts be concentrated, and what lessons can be learnt from previous trials to aid future deployments? This paper is based on practical experience and the work of the Housing & Telecare Learning & Improvement Networks of the Care Service Improvement Partnership (CSIP), Department of Health (DH). It presents some of the common issues experienced and identified when implementing telecare. It suggests how organisations working across housing, health and social care can make best use of telecare when planning, commissioning and delivering services. (RH)
ISSN: 14608790
From : Website: <http://www.pavpub.com>

BIOLOGY OF AGEING

- 181/5 Strong and weak lifespan extension: what is most feasible and likely?; by Jayne C Lucke, Wayne Hall.: Blackwell Publishing, June 2006, pp 58-62.
Australasian Journal on Ageing, vol 25 no 2, June 2006, pp 58-62.
Recent advances in biomedical science indicate that it may eventually be possible to intervene in the biological process of human ageing. This paper overviews the current state of the science of lifespan extension and promising future directions. It is uncertain whether 'strong' lifespan extension - the extension of human life beyond the maximum 122 years so far observed - will become a reality. It is more likely that cumulative effects of numerous scientific and biomedical advances in the treatment of common disease will produce 'weak' lifespan extension - the extension of average life expectancy. The practical application of molecular, genetic and nanomaterials research may also lead to advances in life expectancy. It is not too early to begin to consider the policy implications of either form of lifespan experience. (RH)
ISSN: 14406381
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

BLACK AND MINORITY ETHNIC GROUPS

- 181/6 Accessibility and equity of health and social care services: exploring the views and experiences of Bangladeshi carers in South Wales, UK; by Joy Merrell, Faye Kinsella, Fiona Murphy (et al).
Health & Social Care in the Community, vol 14, no 3, May 2006, pp 197-205.
The proportion of older people from minority ethnic communities will dramatically increase in the next 20 years, which will be accompanied by increasing health and social care needs and an increased demand for carers. A qualitative, exploratory study was conducted to identify the health and social care needs of informal carers who were caring for a dependent adult from a Bangladeshi community in South Wales. This paper focuses on Bangladeshi carers' access to formal support services provided by the statutory, private and voluntary sectors to assist them with their caring responsibilities. The findings are based on data from face-to-face, focused interviews with 20 Bangladeshi carers. Purposive and snowball sampling were used to recruit the sample. Data were analysed using thematic content analysis. The dimensions of accessibility and equity of quality of care were drawn upon to aid understanding of the findings. Bangladeshi carers faced a number of barriers in accessing health and social service provision, which impeded uptake of these services. There was evidence, too, of inequality in service provision. Recommendations for improving the accessibility of health and social care services are proposed, which may assist in promoting more equitable services for carers from the Bangladeshi community. (RH)
ISSN: 09660410
From : www.blackwellpublishing.com/hsc

181/7

Expectations of support among White British and Asian-Indian older people in Britain: the interdependence of formal and informal spheres; by Chih Hoong Sin.

Health & Social Care in the Community, vol 14, no 3, May 2006, pp 215-224.

Discourse surrounding community care characterises informal support being superior to and preferred over formal sources of support. This article argues that an individual's experiences and expectation of one type of support is often made in relation to his or her understanding, expectation and experience of other sources of support. It reports on findings from part of the ESRC Growing Older (GO) study exploring the relationship between quality of life and the social networks and support of older people from different ethnic groups. The data relate to a sample of 7 White British men, 10 White British women, 12 Asian-Indian men, and 9 Asian-Indian women aged 55+ derived from the Family Resources Survey (FRS). Findings reveal that the high level of expectation for family support among Asian-Indian respondents coexists with a high level of expectation for state support and acknowledgement that the ideal of family support may not always materialise. Among White British respondents, the high level of expectation for state support exists regardless of whether the respondent has satisfactory informal social support networks. This expectation is commonly expressed in terms of rights and entitlement by White British respondents, but not by Asian-Indians. Associated with this, Asian Indian respondents display a consistently lower level of awareness and usage of a range of health and social care services. Regardless of the extent of current and past service usage, however, respondents from both groups overwhelmingly indicate an expectation for the continued provision of such services as they would like to be able to use one or more of these at some stage. (RH)

ISSN: 09660410

From : www.blackwellpublishing.com/hsc

CARE MANAGEMENT

181/8

Are different forms of care-management for older people in England associated with variations in case-mix, service use and care-managers' use of time?; by David Challis, Jane Hughes, Sally Jacobs (et al).

Ageing and Society, vol 27, part 1, January 2007, pp 25-48.

This paper reports one component of an evaluation of the different forms, types and models of local authority social services' care-management for older people that have emerged in England since 1993. It was undertaken at a time of a growing debate about whether care-management differentiated those with simple from complex needs, and whether for the latter a multi-disciplinary approach was required. A sample representative of different approaches to care management was selected from a national survey of local authorities to explore the associations between types of care management and case-mix, the services received by the clients, and the use of staff time. The paper addresses the categorisation of the types of care-management and the differences associated with these. The care management teams were distinguished by whether they used a 'targeted approach', had 'specialist older people's teams', or used other arrangements. It was found that those with a targeted approach undertook more multi-disciplinary assessment, provided more assistance to older people with mental health problems, and that their staff spent significantly less time in direct contact with users and carers. Conversely, those with specialist older people's teams had more users in receipt of occupational therapy services. Further research is required to explore the influence of these different arrangements on the well-being of service users and their carers. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

181/9

Care managers' time use: differences between community mental health and older people's services in the United Kingdom; by Sana Loue, Janet L Lowder, Sandra J Buzney (et al).

Care Management Journals, vol 7, no 4, Winter 2006, pp 169-178.

Since the community care reforms of the early 1990s, care management in the UK has become the usual means of arranging services for even the most straightforward of social care needs. This paper presents data from a diary study of care managers' time use, compiled from the diary sheets of 61 care managers in older people's teams and 38 care managers in mental health teams, to compare their working practices. Evidence is provided to suggest that while those in mental health service settings follow a more clinical model of care management, those working with older

people take an almost exclusively administrative approach to their work. In addition, the multidisciplinary nature of mental health service teams appears to facilitate a more integrated health and social care approach to care management compared to that of older people's services. Further enquiry is needed as to the comparative effectiveness of these different modes of working in each service setting. This article comments on other aspects of the study, including methodological limitations. (RH)

ISSN: 15210987

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

CARERS AND CARING

181/10

Caregivers' adaptation to change: the impact of increasing impairment of persons suffering from dementia on their caregivers' subjective well-being; by S Perren, R Schmid, A Wettstein.

Aging & Mental Health, vol 10, no 5, September 2006, pp 539-548.

As progressive dementia involves changes in patients' behaviour and cognitive and functional abilities, dementia caregiving can be considered as a process that demands continuous adaptations to change. This Swiss intervention study investigated associations between the course of dementia patients' impairment and the caregivers' well-being over two years. 128 care recipient-caregiver dyads participated in a controlled randomised intervention study (psycho-educational group intervention), 99 dyads in which the care recipients still lived at home participated in the second assessment, and 75 dyads in the third assessment. Caregivers were interviewed about their subjective well-being (emotional well-being and life satisfaction) as well as care recipients' behavioural problems and functional disability. Care recipients completed various neuropsychological tests. The assessments were repeated one and two years later. The psycho-educational intervention had a positive impact on caregivers' well-being. Level and increase in behavioural problems and increases in cognitive and functional impairment negatively affected caregiver well-being over time. For participants from the control condition, the negative association between increase in impairment and decrease in caregiver well-being over time was stronger than for caregivers in the intervention group. Results suggest that it is not only the severity of current problems and stress, but also the rate of change that is important for caregivers' well-being. Psycho-educational group intervention may help caregivers to adapt to the increasing impairment of care recipients with dementia. (RH)

ISSN: 13607863

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

181/11

Coping with late-life challenges: development and validation of the Care-Receiver Efficacy Scale; by Enid O Cox, Kathy E Green, Honglan Seo (et al).

The Gerontologist, vol 46, no 5, October 2006, pp 640-649.

Measures are lacking that address the challenges that people think they face in their roles as older care receivers. However, the development of a sense of efficacy in this role by mentally competent care receivers is critical to successful partnerships between caregivers and care receivers. This article reports the development and psychometric analysis of the Care-Receiver Efficacy Scale (CRES). Content validity, internal consistency, reliability, factor structure and convergent validity were assessed in a pilot study, expert review and field administration with 177 participants. CRES comprises five sub-scales, three with evidence of strong reliability, but only marginal reliability for the other two. There was strong support for content validity from expert review, and moderate support from the relationship between empirical and expert judgment of item location. Support for validity was also found from correlation with the Geriatric Depression Scale - Short Form (GDS) and the Philadelphia Geriatric Center Morale Scale. The CRES may be useful as an outcome measure for psychosocial behavioural interventions aimed at increasing the capacity of care receivers to direct and improve their own care. Future revision and validation are important to optimising the utility of the CRES. (RH)

ISSN: 00169013

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

CONSUMER PERSPECTIVES

- 181/12 The culture of choice: consumerism in the welfare state; by Emma Daniel. Housing, Care and Support, vol 9, no 2, October 2006, pp 30-32. Increasing the consumer's voice and choice in the housing, care and support sector is not a simple task for a voluntary sector new to the market ethos, pressures and complexity recently introduced. How will the initiatives promoting choice - such as Direct Payments - work with the need to manage the market and constrain costs? There is much work still to do on service user involvement and outcomes, as well as on commissioning and procurement, in order to achieve the improvements we all seek. (RH)
ISSN: 14608790
From : Website: <http://www.pavpub.com>

DEATH AND DYING

(See 181/44)

DELAYED DISCHARGE

- 181/13 Effective partnership working: a case study of hospital discharge; by Melanie Henwood. Health & Social Care in the Community, vol 14, no 5, September 2006, pp 400-407. The process of discharging patients from hospital provides a critical indicator of the state of partnership working between health and social care agencies. In many ways, hospital discharge can be seen to epitomise the challenges besetting partnership working. For patients who have care needs after discharge from hospital, how well health and social care partners are able to coordinate their policies and practice is critical. Where arrangements work well, patients should experience a seamless transition; where things go wrong, patients are all too often caught in the middle of contested debate between health and social care authorities over who is responsible for what. In 2002, growing concerns over numbers of mainly older people who were experiencing delays in being discharged from hospital led to the announcement of a system of 'cross-charging' targeting delayed discharges, the responsibility of social services departments (SSDs). The government's proposals were widely criticised and were the focus of much antagonism. The intervention of the Change Agent Team marked a turning point in the presentation of the policy and in supporting local implementation efforts. This paper examines partnership working between health and social care, by exploring the specific issues which this case study of hospital discharge provides. The analysis highlights the importance of understanding the dynamics of partnership working on the ground. It also underlines the need for a new relationship between central government and local agencies when old style models of command and control are no longer fit for purpose. A new approach is required that addresses the complex and multiple relationships which characterise the new partnership agenda. (RH)
ISSN: 09660410
From : www.blackwellpublishing.com/hsc

DEMENTIA

(See Also 181/2, 181/10)

- 181/14 The assessment of fitness to drive in people with dementia; by Nadina B Lincoln, Kate A Radford, Elizabeth Lee (et al). International Journal of Geriatric Psychiatry, vol 21, no 11, November 2006, pp 1044-1051. 42 people with dementia and 33 healthy older people with no known memory problems who were driving were compared for driving ability on quiet and busy roads in Nottingham or Chesterfield. Of those with dementia, 37 were assessed on the road. A second sample of 17 people with dementia was also assessed on the road. A range of other assessments were carried out: Stroke Drivers Screening Assessment; Mini-Mental State Examination (MMSE); Salford Objective Recognition Test; Stroop Test; Test of Everyday Attention; Visual Object and Space Perception Battery; Behavioural Assessment of the Dysexecutive Syndrome; and Adult Memory and Information

Processing Battery. All healthy older volunteers were safe to drive, but 10 of patients with dementia were unsafe. Discriminant function analysis identified a combination of tests which correctly classified 92% of drivers with dementia as safe or unsafe. Thus, safety to drive in people with dementia could be predicted from a combination of six cognitive tests. These correctly identified 67% of safe drivers in a validation sample. The assessment could only be used to identify those who need evidence of their safety on the road. (RH)

ISSN: 08856230

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

181/15 Care at home for people with dementia: as in a total institution?; by Janet Askham, Kate Briggs, Ian Norman (et al).

Ageing and Society, vol 27, part 1, January 2007, pp 3-24.

This article examines three kinds of social relationship likely to be present when people with dementia are cared for at home by relatives or friends: custodial care, an intimate relationship and home-life. It uses Goffman's three defining aspects of custodial care - routinisation, surveillance and mortification of the self - to examine whether these characterised the care of people with dementia at home and, if so, whether they conflicted with the intimate relationship and with home-life. The study involved sustained observations and interviews with 20 people with dementia and their carers in and around London, and qualitative analysis of the data. It was found that all three aspects of custodial care were present although not fully realised; and they led to difficulties, many of which were associated with the concurrent pursuit of an intimate relationship and home-life. In all cases, daily life was routinised partly to help accomplish care tasks but was found monotonous, while surveillance was usual but restrictive and prevented both the carers and those with dementia from doing things that they wished to do. Those with dementia were distressed by the denial of their former identities, such as car-driver or home-maker and by being treated like children. Both the carers and the people with dementia had various ways of balancing custodial care, their intimate relationships and home-life, such as combining routines with other activities, evading surveillance or carrying it out by indirect means, and there were many attempts to maintain some semblance of former identities. (KJ/RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

181/16 Communication with people with dementia: how effective is training?; by Karen Bryan.

Journal of Dementia Care, vol 14, no 6, Nov/Dec 2006, pp 35-39 (Research Focus).

What can research tell us about the effectiveness of training to support and enhance communication with people who have dementia? The author appraises the evidence, focusing mainly on care workers in residential and day care settings. Family carers also rate communication difficulties as among the hardest to deal with, and support approaches that would serve their needs are examined briefly, too. (RH)

ISSN: 13518372

181/17 Delivering psychosocial interventions for people with dementia in primary care: jobs or skills?; by Steve Iliffe, Jane Wilcock, Deborah Haworth.

Dementia: the international journal of social research and practice, vol 5, no 3, August 2006, pp 327-338.

Psychosocial interventions are emerging as potentially important therapies for primary care, partly to fill a therapy "vacuum" and partly because the evidence base for their effectiveness is growing. They can be labour-intensive, and their effectiveness depends on the skills of those working with people with dementia. However, the existing workforce in health and social care in the UK is already too small to implement all of the changes required by the National Service Framework for Older People and the National Service Framework for Mental Health (NSFs). The implication of the labour-intensive nature of dementia care is that if job categories cannot expand as fast as is needed, then the tasks of dementia care will have to be redistributed, suggesting that skills will have to be shared and transferred between different disciplines. This article uses a qualitative study in general practice settings and with specialist informants. A triangulation approach to data collection was used involving nominal groups, individual interviews and participant observation. The authors identified five skills that appear key in primary care: pattern recognition; deductive synthesis to reduce uncertainty; dialogue and disclosure; disability perspectives; and case

management with shared care. It is suggested that the paucity of understanding of psychosocial interventions across disciplines offering dementia care in the community is a major problem for those attempting to deploy such interventions in primary care settings. The pervasive tendency to frame the tasks of dementia care in terms of a medical management model brings responses that can undermine the view that people with dementia may in fact have a tractable disability. The findings are used to suggest solutions to this problem. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

181/18 Dementia Care Mapping (DCM): initial validation of DCM 8 in UK field trials; by Dawn J Brooker, Claire Surr.

International Journal of Geriatric Psychiatry, vol 21, no 11, November 2006, pp 1018-1025.

Between 2001 and 2003, some international expert working groups were established to examine various aspects of Dementia Care Mapping (DCM) with the intention of revising and refining it. During 2004-2005, the revised tool (DCM 8) was piloted in seven service settings in the UK and validated against DCM 7th edition. At a group score level, Well/Ill Being (WIB) scores and spread of Behavioural Category Codes were very similar, suggesting that group scores are comparable between DCM 7 and 8. Interviews with mappers and focus groups with staff teams suggested that DCM 8 was preferable to DCM 7th edition because of the clarification and simplification of the codes, the addition of a new code relevant to person-centred care, and the replacement of Positive Events with a more structural recording of Personal Enhancers. DCM 8 appears comparable with DCM 7th edition in terms of data produced and is well received by mappers and dementia care staff. (RH)

ISSN: 08856230

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

181/19 Doll use in care homes for people with dementia; by Ian Andrew James, Lorna Mackenzie, Elizabeth Mukaetova-Ladinska.

International Journal of Geriatric Psychiatry, vol 21, no 11, November 2006, pp 1093-1098.

Dolls and teddy bears were introduced into an Elderly Mentally Ill (EMI) home in Newcastle as part of a non-pharmacological intervention. 13 out of 33 residents chose to use a doll, and one chose a teddy bear. The impact of the toys was assessed in 5 domains over a 12-week period. The findings were generally positive, which was consistent within previous observations (Mackenzie et al, in press). The investigation also attempted to determine whether staff were able to predict which residents would choose a toy. In terms of the dolls, out of the 16 residents predicted to use a doll, nine did so (56% accuracy). Despite the benefits outlined in this largely descriptive study, a number of problems were observed and some of these difficulties are outlined. (RH)

ISSN: 08856230

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

181/20 Ethical issues in dementia care: making difficult decisions; by Julian C Hughes, Clive Baldwin. London: Jessica Kingsley, 2006, 144 pp (Bradford Dementia Group good practice guides).

Drawing on research with family carers, this book aims to help non-family, formal carers of people with dementia gain expertise in ethical matters. Ethical decisions are considered in the context of relationships, treatment, safety and quality of life. The authors discuss the way that decision makers are themselves changed by the decisions they make, and the impact this has on the decision-making process. (RH)

Price: £14.99

From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.
<http://www.jkp.com>

181/21 Facing the future: a qualitative study of older people referred to a memory clinic prior to assessment and diagnosis; by Esme Moniz-Cook, Jill Manthorpe, Irene Carr (et al).

Dementia: the international journal of social research and practice, vol 5, no 3, August 2006, pp 375-396.

The understandings of dementia held by older people and family members prior to assessment in a UK memory clinic are described; 48 older people and 48 family members were interviewed separately. Most of the older people awaiting assessment described their lives as having purpose,

meaning and pleasure for themselves and others. However, these individuals (who later received a diagnosis of dementia) and their family members, perceived dementia as a loss of mind, and associated it with loss of bodily functions (continence and mobility): they considered that it would negatively affect personal relationships and pleasure. For many, the consequences of dementia were predicted to be family upset, inactivity and an inevitable relocation to a care home. Most of the individuals and their family members showed a mutual concern for each other's future well-being. The findings are reported with reference to an Illness Representation model, which captures a participant's appraisal or perception of a "health threat", in other words, the possibility of a dementia diagnosis. Service developments are proposed that acknowledge the personal strengths and concerns of memory clinic attendees and their families during this liminal time of waiting for assessment and possible confirmation of dementia. Advice on the maintenance of pleasure and relationships, as well as information that addresses the fears identified, are important avenues for timely psychosocial support, since these have the potential to shape positive attitudes and lifestyle following a dementia diagnosis. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 181/22 Family carers' accounts of general practice contacts for their relatives with early signs of dementia; by Murna Downs, Steven M B Ariss, Eryk Grant (et al).
Dementia: the international journal of social research and practice, vol 5, no 3, August 2006, pp 353-376.

The role of families in supporting people with dementia is widely acknowledged in literature and in UK government policy. The role of general practice in ensuring early and effective support for people living with mental health problems including dementia is also enshrined in UK policy. As part of a larger study, 122 carers were asked to rate potential aspects of the primary care response. For some responses, they were also asked to provide a reason for their rating. The purpose of this study was to examine carers' accounts of contacts with general practitioners (GPs) and general practice teams when they were first approached with concerns about their relative. Findings suggest that, on average, carers rate the service as being at least "good". However, their accounts describe a wide variety of experiences and demonstrate that expressed satisfaction does not necessarily reflect a satisfactory service. Both practitioner-related and carer-related issues were cited as reasons for their ratings. Implications for practice and research are discussed. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 181/23 A model for disclosure of the diagnosis of dementia; by Els Derksen, Myrra Vernooij-Dassen, Philip Scheltens (et al).
Dementia: the international journal of social research and practice, vol 5, no 3, August 2006, pp 462-468.

Diagnostic disclosure is considered a basic intervention in dementia care for both patient and carer. Although it is standard practice in the Netherlands for clinicians to disclose a diagnosis of dementia, no guidelines are available. The authors describe how Alzheimer Centres in the Netherlands have developed a model for disclosure of the diagnosis of dementia. They recommend procedures for physicians and nurse practitioners to follow (and what should not be included) at disclosure meetings with people with dementia and their carers. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 181/24 Physical activity and behaviour in dementia: a review of the literature and implications for psychosocial intervention in primary care; by Laura H P Eggermont, Erik J A Scherder.
Dementia: the international journal of social research and practice, vol 5, no 3, August 2006, pp 411-428.

Physical activity can have a positive impact on cognition and well-being in older people. This article reviews and evaluates the effects of planned physical activity programmes on mood, sleep and functional ability in people with dementia. A total of 27 studies between 1974 and 2005 were found. Of these, four included participants living at home, two involved participants who were living either at home or in care homes, and 21 included participants living solely in care homes. Since psychosocial interventions can reduce family caregiver burdens, the break down of

home-care and associated rates of institutionalisation, the indirect effects of these physical activity programmes on the family caregiver are also explored. The scope for developing physical activity programmes for people with dementia in primary care using families and volunteers is discussed. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 181/25 Self-management for people with early dementia: an exploration of concepts and supporting evidence; by Gail A Mountain.
Dementia: the international journal of social research and practice, vol 5, no 3, August 2006, pp 429-446.

The concept of self-management and how it can be promoted is described, followed by a consideration of why dementia has largely been set aside. Illustrations of how people with early dementia might be enabled to participate are given, and the requirements that will help them make this a reality are postulated. These include: early disclosure of the diagnosis; support with the consequences of disclosure; a focus on the needs of the person with dementia; identification of specific interventions that might facilitate self-management; meeting needs for professional education and support; and a whole systems approach towards treatment and care. The results are given of a scoping review of the evidence: an extra factor of meeting needs for lay and patient education was identified in addition to those elements originally postulated. The implications of policy neglect combined with a patchy evidence base and unrecognised service innovations are discussed. (RH)

ISSN: 14713012

From : <http://www.dem.sagepub.com>

- 181/26 Social work and dementia care: reasons to be cheerful?; by Mary Marshall, Margaret Anne Tibbs.
Journal of Dementia Care, vol 14, no 6, Nov/Dec 2006, pp 24-26.

What is the state of social work with people with dementia? The authors argue that, despite bureaucratic pressures and the unfortunate experiences of two people cited in the article, there are positive signs about the contribution of social work to care for people with dementia. They outline examples and reasons for their optimism, starting with 'Changing lives' a report from the Scottish Executive (2006) that identifies situations where social work should be the lead profession. 'Social work and people with dementia: partnerships, practice and persistence', which the authors were asked to write and just published, serves to illustrate the topic further. Protection of vulnerable adults policy (POVA) is core to social work in all four UK countries. 'Everybody's business' (Care Services Improvement Partnership - CSIP, 2006), concerned with mental health problems, demonstrates the need for social workers in multidisciplinary teams. Developments in social work education would also appear to reinforce the role of social workers with regard to work with people with dementia. The authors therefore have some confidence that, with persistence, the social work contribution to dementia will improve. (RH)

ISSN: 13518372

- 181/27 Watering the seeds of joy: promoting positive emotions; by Marc Balint, Neil Ralph.
Journal of Dementia Care, vol 14, no 5, Sept/Oct 2006, pp 34-35 (Research focus).

The authors describe the effects of group therapy directed at facilitating positive emotions, on the well-being of people with dementia in a continuing care home. The study described formed part of a series of research projects carried out at the Older Adult Psychology Department at Northwick Park Hospital, which examine the efficacy of group interventions for service users. (RH)

ISSN: 13518372

DEPRESSION

- 181/28 Concepts and causation of depression: a cross-cultural study of the beliefs of older adults; by Vanessa Lawrence, Joanna Murray, Sube Banerjee (et al).
The Gerontologist, vol 46, no 1, February 2006, pp 23-32.

In-depth interviews were conducted with 45 White British, 33 South Asian, and 22 Black Caribbean individuals in this UK multicultural study, which sought to explore and compare beliefs

about the nature and causes of depression, and to suggest ways in which beliefs act to facilitate or deter older people from accessing treatment. Depression was often viewed as an illness arising from adverse personal and social circumstances that accrue in old age. Whereas depression was defined by White British and Black Caribbean participants in terms of low mood and hopelessness, South Asian and Black Caribbean participants frequently defined depression in terms of worry. Those receiving antidepressants were more likely to acknowledge psychological symptoms of depression. Differences in attribution were found between the ethnic groups. A social model of depression is closer to the beliefs of older people than the traditional medical model. Culturally appropriate inquiries about recent life events could be used to facilitate discussion about depression. Data for this study suggests that many older people would respond to probing by general practitioners (GPs) about their mood. Health and social care professionals need to be sensitive to the language of depression used by different ethnic groups. (RH)

ISSN: 00169013

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

- 181/29 Management strategies in geriatric depression by primary care physicians and factors associated with the use of psychiatric services: a naturalistic study; by S P Dearman, W Waheed, V Nathoo (et al).

Aging & Mental Health, vol 10, no 5, September 2006, pp 521-524.

Approximately 10% of older patients in primary care have depression, yet it is often under-diagnosed and under-treated. This study aimed to establish in a naturalistic setting how older depressed patients are managed in primary care, to determine which patients are referred to psychiatric services, and the differences between patients referred and those not, in terms of primary care consultation rate and degree of co-morbid illness. Computerised records and referral letters were read for 1089 older patients in a large practice in central Manchester. Of the 9% identified as depressed, 90% were managed in primary care alone, a third without any antidepressants. More than half of those prescribed antidepressants received tricyclic antidepressants. Suicidal ideation and treatment failure were the principal reasons for referral. Patients referred had a greater psychiatric co-morbidity and had consulted their GP more frequently in the past year. Management of depression in older people may be conservative, and older antidepressants may be over-prescribed. Increased primary care consultation rate and a greater psychiatric co-morbidity may be associated with referral to psychiatric services. (RH)

ISSN: 13607863

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

- 181/30 Older men and depression; by Stephen Curran, John Wattis.
Geriatric Medicine, vol 36, no 11, November 2006, pp 37-42.
Depression in older men has a number of striking differences from depression in older women. It is more common in particular sub-populations, and in some of these it may be more common in men than women. The presentation of depression in older men is sometimes very difficult to recognise, being masked by over concern with physical symptoms and denial of depressed mood; also it more often results in death by suicide. The authors review the evidence for depression in men and how its effects are managed. (RH)

ISSN: 0268201X

ECONOMIC ISSUES

- 181/31 Struggling to pay council tax: new perspectives on the local taxation debate; by Michael Orton, Joseph Rowntree Foundation - JRF; Institute for Employment Research, University of Warwick. York: Joseph Rowntree Foundation - JRF, June 2006, 4 pp.
Findings, 1947, June 2006, 4 pp.
Council tax is the subject of an on-going review. Michael Orton and colleagues at the Institute for Employment Research (IER), University of Warwick have used statistical analyses and interviews with people who had received a summons for non-payment of council tax, in order to explore how many households are struggling to pay council tax, and why. The study looked whether households in all council tax valuation bands are struggling to pay, and how many low-income households there are in each council tax valuation band. It also examined how people who are struggling to pay experience council tax benefit, and what they see as key issues. The principal

findings of the main report are summarised, amongst which are that low-income households in low-value properties lose out in relative terms because of the regressive nature of council tax. Michael Orton's report (same title) is published by Joseph Rowntree Foundation - JRF (RH)
ISSN: 09583084

Price: (Full report £13.95)

From : York Publishing Services, 64 Hallfield Road, Layerthorpe, York YO31 7ZQ. (ISBN-13: 9781859354513) PDF download available - <http://www.jrf.org.uk> Alternative formats such as large print, Braille, audio tape or disk available from Communications Department, Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

EMPLOYMENT

(See Also 181/51)

- 181/32 Employment and social integration in midlife: preferred and actual time use across welfare regime types; by Jay Ginn, Janet Fast.
Research on Aging, vol 28, no 6, November 2006, pp 669-690.
Policy makers aim to raise the retirement age for economic reasons. For individuals, longer employment maintains income and social contacts. However, retirement allows more time for socially integrating activities with family and friends. There is therefore reason for midlife individuals between the perceived advantages of employment and retirement. Welfare states vary in policies toward older workers, in terms of incentives for working longer or 'early exit' which may influence individuals' preferences concerning retirement timing. Data from 20 European countries were used to examine middle-aged women's and men's attitudes toward employment and other time uses. The analysis incorporated age, gender, socioeconomic circumstances and types of welfare regime. Work-life conflict was evident, expressed as preferring more time for family, friends and leisure, especially where employment rates were highest and more for women than men. Many full-timers preferred shorter hours. Differences between desired and actual employment status were greatest among working class, female and older individuals. Unmet demands for jobs was most common in transitional and Mediterranean welfare states. The likelihood of employment was related to the type of welfare regime. (RH)
ISSN: 01640275
- 181/33 Entering the retirement zone: how much choice do individuals have?; by Sarah Vickerstaff.
Social Policy & Society, vol 5, pt 4, October 2006, pp 507-518.
Traditionally, the factors affecting retirement are correlated with individual difference variables such as level of income, health issues and caring responsibilities. Studies have shown how these factors interact to predict the individual retirement process. However, the demand-side factors which structure opportunities for older workers have been somewhat less studied. This paper explores the employer role in retirement, by investigating the experience of employees and retirees from three organisations. This article demonstrates that the employing organisation's policies and practices are key to understanding retirement transitions. The impact of the new Employment Equality (Age) Regulations is considered. (RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org>
- 181/34 Getting people back into work: the experience of Jobcentre Plus; by Nigel Pendleton.
Social Policy & Society, vol 5, pt 4, October 2006, pp 533-540.
This contribution from a Jobcentre Plus practitioner focuses on government policies and draws on first-hand experience, to explore the role of governments in facilitating employment for older workers who are currently unemployed. The policies themselves are outlined and some problematic issues are considered. Two case studies point up the importance of local initiatives within the national framework. Other key aspects include: assessing and meeting individuals' needs, whether among the younger or older out-of-work; encouraging older people to change expectations about themselves; and a measure of age diversity in training provision. (RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org>

- 181/35 How different is the older labour market?: attitudes to work and retirement among older people in Britain; by Stephen McNair.
 Social Policy & Society, vol 5, pt 4, October 2006, pp 485-494.
 Governments are seeking strategies to extend working life, but with limited evidence on the attitude to work and motivation of workers over 50. This paper reports the findings of two national surveys conducted in 2003 and 2004 by the Centre for Research into the Older Workforce (CROW), which aimed to increase understanding of the attitudes to work of older people in the UK. These surveys found that older people generally view work very positively, but that the forces which divide the labour market as a whole have an increasingly polarising effect as people grow older. The paper suggests that successful implementation of "extending working life" policies will depend on a better understanding of the quality of work, of older workers' diversity, and of the role of training. (RH)
 ISSN: 14747464
From : <http://www.journals.cambridge.org>
- 181/36 The information, advice and guidance needs of older workers; by Lavinia Mitton, Cathy Hull.
 Social Policy & Society, vol 5, pt 4, October 2006, pp 541-550.
 Research on information, advice and guidance (IAG) services for older workers in England is reviewed, setting out the arguments in targeting IAG services at older people in the context of extended working lives. The article reviews the evidence on how to provide services which meet the specific needs of older workers, whilst recognising the diversity of the 50+ age group. It also provides a case study of an age-sensitive IAG service. It concludes that demand for IAG from older workers needs to be stimulated, and that the role of IAG in helping older people to work and learn deserves greater recognition. (RH)
 ISSN: 14747464
From : <http://www.journals.cambridge.org>
- 181/37 Older workers: learning from three international experiences; by Kathleen Riach.
 Social Policy & Society, vol 5, pt 4, October 2006, pp 551-564.
 The contributions in this issue of Social Policy & Society serve as a timely reminder of the importance of choice and autonomy in later working life. As the UK embarks on legislation prohibiting age discrimination, this paper discusses international issues which can be drawn from older worker experience and related policy in Japan, Australia and the US. By exploring the integral role of social and cultural norms in the development of pension retirement and anti-discrimination reform, it emphasises the importance of taking a holistic approach to older worker opportunity which ensures that practice reflects the intentions behind policy. (RH)
 ISSN: 14747464
From : <http://www.journals.cambridge.org>
- 181/38 What do older workers want?: introduction [to] themed section; by Wendy Loretto, Sarah Vickerstaff, Phil White.
 Social Policy & Society, vol 5, pt 4, October 2006, pp 479-484.
 Research in the UK on the employment of older workers and retirement transitions has been led by the Joseph Rowntree Foundation (JRF) Transitions after 50 programme, also reports commissioned by the Department for Work and Pensions. A previous similarly themed section of Social Policy & Society (vol 3, no 2, 2004) looked at developments in public policy towards older workers. This section builds on that theme by examining questions around the aspirations, expectations and needs of older workers, given that the heterogeneity of the 50+ population is increasingly recognised. Seven further articles draw on a variety of methodologies and contexts, and highlight the various constraints on choice over work and retirement decisions. The authors of this article feel that what is required is a more supportive, encouraging environment that considers older workers' needs in extending their working lives. (RH)
 ISSN: 14747464
From : <http://www.journals.cambridge.org>
- 181/39 Work, more work and retirement: older workers' perspectives; by Wendy Loretto, Phil White.
 Social Policy & Society, vol 5, pt 4, October 2006, pp 495-506.
 A qualitative study in Scotland explored, in some depth, older employees' preferences and

expectations regarding work and retirement; this article reports the findings. Many expected to continue working; but various barriers frustrated those expectations, especially over-rigidity in employers' approaches. The research highlighted the diversity of factors that played a part, including gender, size of employing organisation, and health. The potentially minimal impact of the Employment Equality (Age) Regulations coming into force in October 2006 is explored, and a holistic approach to the employment of workers - whether younger or older - is urged. (RH)
ISSN: 14747464

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

END-OF-LIFE CARE

181/40

A survey of end-of-life care in care homes: issues of definition and practice; by Katherine Froggatt, Sheila Payne.

Health & Social Care in the Community, vol 14, no 4, July 2006, pp 341-348.

Care homes throughout the UK provide long-term care for frail older people. Whilst care homes are a home for life, many of the older people living in this setting also die there. There is increased interest in improving the care that older people receive in care homes towards the end of life. One way to achieve this has been through links with specialist palliative care services. The knowledge held in care homes by staff, residents and their family carers has yet to be fully integrated into this work. Consequently, a postal survey of care home managers in one English county has undertaken to examine the characteristics of end-of-life care for older people in these care homes. The authors sought to establish the managers' understanding of end-of-life care; the extent to which dying and death is present in this setting; the attributes of the resident population living in these care homes; and the availability of resources to support the provision of end-of-life care in this setting. The survey identified that managers held diverse understandings regarding the meaning of end-of-life care. The features of the residents' conditions and their dying experience requires a different way to conceptualise end-of-life care. A longer-term perspective is offered here that encompasses the whole period of a person's residence in a care home. (RH)

ISSN: 09660410

From : www.blackwellpublishing.com/hsc

EXTRA-CARE HOUSING

181/41

Extra care housing: is it really an option for older people?; by Laura Dawson, Jacquetta Williams, Ann Netten.

Housing, Care and Support, vol 9, no 2, October 2006, pp 23-29.

Extra care housing enables older people to remain in their "own home", while providing appropriate housing and access to health and social care services that are responsive to their needs. This type of provision is very much in line with the government policy of fostering people's sense of control and independence, and is a priority area for expansion. The authors explore current levels of development and expansion of extra care housing in terms of the numbers of schemes and places and factors that contributed to and were problematic in its development. (RH)

ISSN: 14608790

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

FALLS

181/42

Older people's views of falls-prevention interventions in six European countries; by Lucy Yardley, Felicity L Bishop, Nina Beyer (et al).

The Gerontologist, vol 46, no 5, October 2006, pp 650-660.

The factors common to a variety of populations and settings that may promote or inhibit uptake and adherence to falls-related interventions were identified in semi-structured interviews with 69 people aged 68-98 in Denmark, the Netherlands, Germany, Greece, Switzerland and the UK. The sample was selected to include those whose participation experiences were very different. All were asked about interventions that included strength and balance training. Attitudes were similar in all countries and all contexts. People were motivated to participate in strength and balance training by a wide range of perceived benefits (interest and enjoyment, improved health, mood, and independence) and not just reduction of falling risk. Participation also was encouraged by a

personal invitation from a health practitioner and social approval from family and friends. Barriers to participation included denial of falling risk, the belief that no additional falls prevention measures were necessary, practical barriers to attendance at groups (e.g. transport, effort and cost), and dislike of group activities. Because many older people reject the idea that they are at risk of falling, the uptake of strength and balance training programmes may be promoted more effectively by maximising and emphasising their multiple positive health benefits for health and well-being. A personal invitation from a health professional to participate is important, and it may also be helpful to provide home-based courses for those who dislike or find it difficult to attend groups. (RH)

ISSN: 00169013

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

GOVERNMENT AND POLICY

181/43

Making the difference in social Europe: deservingness perceptions among citizens of European welfare states; by Wim van Oorschot.

Journal of European Social Policy, vol 16, no 1, February 2006, pp 23-42.

Welfare states treat different groups of needy people differently. Such differential rationing may reflect various considerations of policymakers, who act in economic, political and cultural contexts. This article aims to contribute to a theoretical and empirical understanding of the popular cultural context of welfare rationing. It examines European public perceptions of the relative deservingness of four needy groups: older people, sick and disabled people, unemployed people, and immigrants. Hypotheses, deduced from a literature review, are tested against data from the 1999/2000 European Values Study survey. It is found that Europeans share a common and fundamental deservingness culture across countries and social categories. There is a consistent pattern that older people are seen as most deserving, closely followed by sick and disabled people. Unemployed people are seen as less deserving still, and immigrants as least deserving of all. Conditionality is greater in poorer countries, in countries with lower unemployment, and in countries where people have less trust in fellow citizens and in state institutions. At the national level, there is no relation with welfare regime type or welfare spending. Individual differences in conditionality are determined by several socio-demographic and attitudinal characteristics, as well as by certain features of the country people live in. (RH)

ISSN: 09589287

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

HEALTH SERVICES

(See 181/6, 181/52)

HOME CARE

(See 181/15)

HOSPICE CARE

181/44

Changing gear - guidelines for managing the last days of life in adults: reviewed and updated November 2006; by John Ellershaw (chairman), Working Party on Clinical Guidelines in Palliative Care, National Council for Palliative Care. London: National Council for Palliative Care, 2006, 33 pp.

The title "Changing gear" refers to the care needed during the last days of life, being distinct from the palliative care provided earlier for a patient, in that it resembles a 'gear change'. These guidelines were originally developed in 1997 by the Working Party on Clinical Guidelines in Palliative Care, chaired by Derek Doyle, which was convened by the National Council for Hospice and Specialist Palliative Care Services. In 2006, the National Council for Palliative Care convened a further multidisciplinary working party to update the guidelines in line with recent evidence, and to include a section on the use of drugs in the last days of life. The guidelines have been designed for the use of health care professionals who are caring for dying patients in primary care, acute and community hospitals, care homes as well as in hospices. The principles are as

applicable to the care of people dying of non-malignant conditions as of cancer. (RH)

ISBN: 1898915105

Price: £20.00

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

HOSPITAL SERVICES

(See 181/13)

INFORMATION

- 181/45 "Getting from A-Z": [accompanies: Bridging the gaps: the outcomes of information and advice services for older people and assessment of unmet need]; by Ivan Riches, Age Concern London. London: Age Concern London, 2006, DVD.
Age Concern Information and Advice (I&A) Services offer help to many older Londoners that can transform their lives. Age Concern London commissioned this short film, which portrays the experiences of users of information and advice (I&A) services in different parts of London. Age Concern London has launched a campaign to generate support for this service from London statutory and funding bodies. The DVD, together with the report, "Bridging the gaps", and the DVD were presented at the conference, "Bridging the Gaps" held by Age Concern London on 13 October 2006. (RH)
From : Hannah Conning, Age Concern London, 1st floor, 21 St George's Road, London SE1 6ES. Email: hconning@aclondon.org.uk Website: www.aclondon.org.uk

- 181/46 Bridging the gaps: the outcomes of information and advice services for older people and assessment of unmet need; by Paul Robson, Shamshia Ali, Age Concern London. London: Age Concern London, 2006, 48 pp.
Age Concern London commissioned independent researchers Paul Robson and Shamshia Ali to carry out this research, which found that older people benefit from a wide range of outcomes from information and advice (I&A) services. Such outcomes concern, for example, financial gains and access to transport and the resulting improvements in quality of life. Case studies are based on interviews with 14 older people in three inner and three outer London boroughs. 12 managers of Age Concern I&A Services were also interviewed. This report outlines the methodology, presents findings, and makes recommendations for funding partners, Age Concern I&A services, and umbrella organisations or delivery partners. An accompanying DVD, "Getting from A-Z", portrays the experiences of users of I&A services in different parts of London. The report and the DVD were presented at the conference, "Bridging the Gaps" held by Age Concern London on 13 October 2006. (RH)
From : Age Concern London, 1st floor, 21 St George's Road, London SE1 6ES. www.aclondon.org.uk

INTEGRATED CARE

- 181/47 Mainstreaming interprofessional partnerships in a metropolitan borough; by Dave Doyle, Michelle Cornes.
Journal of Integrated Care, vol 14, issue 5, October 2006, pp 27-36.
This article reflects 'practice wisdom' on the development of inter-professional partnerships for older people in Knowsley, a metropolitan borough in north west England. It is suggested that most inter-professional partnership working continues to sit outside mainstream services, and that integration and seamless service remain a significant challenge. The focus is on local plans for service reconfiguration ('Go Integral') and their likely implications for non-traditional services such as intermediate care and falls prevention. Finally, the social care and social work values are shown to glue the system together so that it becomes easily accessible and meaningful to older people. While there a role for the single assessment process (SAP) in this scenario, it is noted that difficulties with implementation persist, not least an IT solution. (KJ/RH)
ISSN: 14769018
From : http://www.pavpub.com

- 181/48 Managing effective partnerships in older people's services; by Henk Nies.
Health & Social Care in the Community, vol 14, no 5, September 2006, pp 391-399.
The integration of older people's services is a challenge to all countries with an ageing population. Although it is widely acknowledged that acute care, long-term care, social care, housing, leisure, education and other services should all operate in a more 'joined-up' manner, achieving this in practice remains extremely difficult. Against this background, the European Union (EU) Care and Management of Services for Older People in Europe Network (CARMEN) project set out to explore the management of integrated care in 11 EU countries. Summarising key themes from the project, this paper explores the management of integrated care, the skills required, the mechanisms which aid successful integrated approaches, and future research priorities. Although very challenging, the concept of integrated care is still a promising way forward when seeking to meet the challenges of an ageing society. (RH)
ISSN: 09660410
From : www.blackwellpublishing.com/hsc

INTERGENERATIONAL ISSUES

- 181/49 A fluid way to share energy across the generations; by Esther Jones.
Journal of Dementia Care, vol 14, no 6, Nov/Dec 2006, pp 22-23.
The author describes a project which focused on the pleasure of older and younger people sharing together. As an example of intergenerational learning, the project at Chiswick Resource Centre for Older People has included a history project that used reminiscence and obsolete items such as a Box Brownie camera. (RH)
ISSN: 13518372

INTERNATIONAL AND COMPARATIVE

(See Also 181/42, 181/43, 181/77, 181/82)

- 181/50 Australian baby boomers' expectations and plans for their old age; by Susan Quine, Stacy Carter.:
Blackwell Publishing, March 2006, pp 3-8.
Australasian Journal on Ageing, vol 25 no 1, March 2006, pp 3-8.
The ageing of Australia's 1.5 million baby-boomers (born 1946-1965) will significantly change Australian society; yet it is unclear what is known about the expectations and plans of this cohort for their retirement and old age. This paper reviews the Australian literature focusing on the areas of health, housing, work and income, and responsibility. Information from the peer-reviewed literature and the internet published during 1996-2005 was reviewed. 195 Australian references were retrieved, of which only 94 were relevant. The review identified that, despite agreement about the significance of baby boomers' ageing, empirical work directly addressing the research topics was rare. In particular, there was little coverage of baby boomers' ascription of responsibility for their welfare in older age. If policies are to be effective, empirical research obtaining information directly from baby boomers is required to fill the gaps identified through this review. (RH)
ISSN: 14406381
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

- 181/51 Choice or chance: late retirement in Finland; by Raija Gould.
Social Policy & Society, vol 5, pt 4, October 2006, pp 519-532.
The Finnish pension reform of 2005 introduced the concept of a flexible retirement age. This article draws on a longitudinal study of older Finnish employees, to examine the extent to which individual propensity to delay retirement is influenced by choice or by chance; and examines the effects of the interplay between chances and choices in affecting longevity of employment. The results suggest that the flexibility of the organisation at the end of working life is biased towards the better off. They also show that the interplay of choice and chance in the retirement process is firmly tied to the existing age arrangements and economic trends. The implications of these findings for divergent routes towards late retirement are examined. (RH)
ISSN: 14747464 From : <http://www.journals.cambridge.org>

- 181/52 The complementarity norm: service provision by the welfare state and voluntary organisations in Sweden; by Lena Dahlberg.
 Health & Social Care in the Community, vol 14, no 4, July 2006, pp 302-310.
 Previous research has shown that different providers of social welfare tend to provide complementary services at a local level, but that there is no complete task specialisation. This means that elements of complementarity theory are challenged, especially the so-called 'principle of matching' (i.e. only undertaking tasks matching an individual's characteristics). The present study explores complementarity between Swedish local authorities and voluntary organisations in their support for relatives of older people. Interviews were carried out with 55 politicians, civil servants and representatives of voluntary organisations in four Swedish municipalities, selected to ensure representation of different combinations of high and low levels of voluntary and statutory services. Qualitative analysis of interview transcripts showed that, while local authorities are seen as responsible for the support for relatives, voluntary organisations are expected to be complementary, offering the 'icing on the cake', i.e. social support and activities which are regarded as less demanding. Overall, substantial support for a norm of complementarity was found. It is argued that, if those who are active in social policy and voluntary work at a local level agree with the ideal of complementarity, this will influence their wish to arrange activities and services. Thus, the complementarity norm - rather than the principle of matching - influences the outcome in terms of service provision. (RH)
 ISSN: 09660410
 From : www.blackwellpublishing.com/hsc
- 181/53 Familial roles and social transformations: older men and women in sub-Saharan Africa; by Christine Oppong.
 Research on Aging, vol 28, no 6, November 2006, pp 654-668.
 Focusing on older people in sub-Saharan Africa, the author illustrates the need for comparative analysis of how culture, sociopolitical systems, and sweeping social change shapes lives, interconnections, opportunities and constraints among older people. In such work, gender contrasts are critical. Because of their position in reproduction and marital patterns, women in sub-Saharan Africa have tended to use lineal strategies, focused on children and grandchildren, in contrast to the more lateral, partner-oriented strategies followed by men. Migration into urban areas and the AIDS pandemic have left many older women in charge of grandchildren in rural areas with inadequate resources and infrastructure. Shaped by traditional values, norms and roles in their early lives, they currently find many expectations unmet. Indeed, some of the traditional norms that ensured respect, support, reciprocity and embeddedness may leave many older people - especially women - isolated, weakened, and victims of illness and violence. (RH)
 ISSN: 01640275
- 181/54 Marriage, social integration and loneliness in the second half of life: a comparison of Dutch and German men and women; by Nan Stevens, Gerben J Westerhof.
 Research on Aging, vol 28, no 6, November 2006, pp 713-729.
 Although marriage is usually considered to be socially integrative, some studies indicate that it can be overly private, enclosing couples in isolated dyads. This study compared the availability of support, companionship and negative relational experiences in various types of relationships for married men and women aged 40-85 in the Netherlands and Germany. The Dutch demonstrated a more varied pattern of relationships beyond the nuclear family than the Germans but also reported worrying about a greater variety of people. In both countries, men relied more strongly on their partners, whereas women had more varied networks and experienced more worries. A continuum of social involvement can be drawn with German men, for whom marriage is privacy inducing at one end, and Dutch women, for whom marriage is highly socially integrating at the other. Loneliness was related to the provision of social relations, but no national and gender differences in predictors of loneliness were found. (RH)
 ISSN: 01640275

LONELINESS

- 181/55 A 6-item scale for overall emotional and social loneliness: confirmatory tests on survey data; by Jenny De Jong Gierveld, Theo Van Tilburg.
Research on Aging, vol 28, no 5, September 2006, pp 582-598.
Loneliness is an indicator of social well-being. It pertains to the feeling of missing an intimate relationship (emotional loneliness) or missing a whole social network (social loneliness). The 11-item De Jong Gierveld Loneliness Scale has proved to be a valid and reliable measurement instrument for overall, emotional and social loneliness, although its length has sometimes rendered it difficult to use in large surveys. In this study, the authors empirically tested a shortened version of the scale on data from two surveys of Dutch older people (n=9441). Confirmatory factor analyses confirmed the specification of two latent factors. Congruent validity and the relationship with determinants (partner status, health) proved to be optimal. The 6-item De Jong Gierveld Loneliness Scale is a reliable and valid instrument for overall, emotional, and social loneliness that is suitable for large surveys. (RH)
ISSN: 01640275
From : <http://www.sagepublications.com>

- 181/56 Breaking the cycle of loneliness?: psychological effects of a friendship enrichment program for older women; by C M S Martina, N L Stevens.
Aging & Mental Health, vol 10, no 5, September 2006, pp 467-475.
The friendship enrichment programme is an intervention designed to stimulate improvement in friendship, self-esteem and subjective well-being, as well as reducing loneliness in older women. In this Dutch study, an intervention group who were interested in the programme or in improving their friendships was compared to a control group. All respondents had been studied at three points in time: at baseline prior to the programme, 3 months later, and 9-10 months after baseline. The results indicate that the programme was successful in attracting lonely older women who were willing to work on their friendships. Many participants reported improvement in the quality and quantity of their friendships. The programme was moderately successful in subjective well-being and awareness of the need for an active stance toward achieving goals in social relations, especially in friendship. Loneliness among the participants was reduced, but it also declined in the control group, although both groups continued to experience loneliness. One conclusion is that an effective intervention to help older women reduce their loneliness should be multidimensional, focusing not only on friendship but also on other personal and situational factors contributing to loneliness. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>

MENTAL HEALTH

(See Also 181/56)

- 181/57 Activity as a predictor of mental well-being among older adults; by P Lampinen, R-L Heikkinen, M Kauppinen (et al).
Aging & Mental Health, vol 10, no 5, September 2006, pp 454-466.
This 8-year follow-up study examines the roles of physical and leisure activity as predictors of the mental well-being of older people born 1904-1923. As part of the Evergreen Project in Finland, 1224 people aged 65-85 were interviewed at baseline (1988) and 663 at follow-up in 1996. Mental well-being factors including depressive symptoms, anxiety, loneliness, self-rated mental vigour and meaning in life were constructed using factor analysis. Predictors of mental well-being included physical and leisure activity, mobility status and number of chronic illnesses. A path analysis method was used to examine the predictors of mental well-being. Baseline mental well-being, better mobility status and younger age predicted mental well-being at the follow-up. Explanatory power of the path analysis model for the mental well-being factor at baseline was 19%, and 35% at follow-up. These findings suggest that mental well-being in later life is associated with activity, better health and mobility status, which should become targets for preventive measures. (RH)
ISSN: 13607863 From : <http://www.tandf.co.uk/journals>

181/58 Happiness and congruence in older adulthood: a structural model of life satisfaction; by A J Bishop, P Martin, L Poon.
Aging & Mental Health, vol 10, no 5, September 2006, pp 445-453.
A structural model of life satisfaction was constructed using data for a sample of 320 older people from the Georgia Centenarian Study. LISREL Linear Structural RELationships) analysis was performed to test a two-factor model that included Happiness and Congruence, and to determine the relationship of health impairment, socioeconomic status (SES), and social support to Happiness and Congruence, two measures of the Life Satisfaction Index - A (LSI-A). Data were found to provide a satisfactory fit of the model. Social support and SES were found to have direct effects on health impairment. Health impairment was a key predictor and mediating variable of Happiness and Congruence. Findings also support a relationship between social resources and subjective well-being in later life. In particular, the association between social resources and life satisfaction was mediated through health impairment. These findings offer understanding relative to how health and social resources influence past and present assessments of older people's subjective well-being. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>

181/59 Social network typologies and mental health among older adults; by Katherine L Fiori, Toni C Antonucci, Kai S Cortina.
Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 61B, no 1, January 2006, pp P25-P32.
The authors test the robustness of previous social network research, and extend this work to determine whether support quality is one mechanism by which network types predict mental health. Participants included 1669 adults aged 60+ from the Americans Changing Lives study. Using cluster analysis, they found diverse, family and friend network types, which is consistent with Howard Litwin's 'Social network type and morale in old age' (2001). However, they found two types of restricted networks, rather than just one: a non-family network and a non-friends network. Depressive symptomatology was highest for individuals in the non-friends network, lowest for individuals in the diverse network. Positive support quality partially mediated the association between network type and depressive symptomatology. Results suggest that the absence of family in the context of friends is less detrimental than the absences of friends in the context of family, and that support quality is one mechanism through which network types affect mental health. (RH)
ISSN: 10795014
From : <http://www.geron.org>

MENTAL ILLNESS

181/60 Mental disorders in older adults: fundamentals of assessment and treatment; by Steven H Zarit, Judy M Zarit. 2nd ed New York: The Guilford Press, 2007, 468 pp.
First published in 1998, this book integrates clinical practice and research, and is written for clinicians and clinical students interested in working with older people and their families. The book gives an overview of the normal psychological processes of ageing. It looks at the problems and disorders of later life and their treatment: dementia and delirium; mood and anxiety disorders, especially depression; and personality and psychotic disorders. The methods for assessing older people - the clinical interview and psychological testing - emphasise approaches for differentiating dementia from other disorders. Later chapters broaden the focus to include caregivers, nursing homes, and ethical issues. (RH)
Price: £33.00
From : Taylor & Francis, PO Box 8329, Basingstoke, Hampshire RG24 8DR.

OLDER OFFENDERS

181/61 Working for older people in prison: good practice guidance; by Claire Evans, Age Concern England - ACE. London: Age Concern England, 2006, 48 pp.
Reports from the Prison Reform Trust (PRT) in 2003 and HM Inspectorate of Prisons in 2004

both conclude that health, social and rehabilitation needs of older prisoners (aged 50+) are not being met or taken seriously. This good practice guide has been produced for local Age Concerns (ACs) to encourage them to develop services and activities for older prisoners and ex-prisoners. It provides background information on why Age Concern England (ACE) believes such work is important, and includes practical information regarding the Prison Service, and how a voluntary organisation can work within that setting. It includes examples of good practice from local Age Concerns already working within the Prison Service: the Over 60s Group at HMP Wakefield, an advocacy and support project at HMP Gartree, and the Age Concern Older Offenders Project in the South West. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Website: www.ageconcern.org.uk

PALLIATIVE CARE

181/62

The effect of age on referral to and use of specialist palliative care services in adult cancer patients: a systematic review; by Jenn Burt, Rosalind Raine.

Age and Ageing, vol 35, no 5, September 2006, pp 469-476.

There is some evidence that older people are less likely to be referred to, or to use, specialist palliative care (SPC). In a systematic review, Medline, Embase, Web of Science, HMIC, SIGLE and AgeInfo were searched for studies published between 1966 and March 2005, and references in the articles identified were also examined. Inclusion criteria were all studies which provided data on age in relation to use of or referral to SPC. 14 studies were identified. All reported a statistically significant lower use of SPC among older cancer patients (age 65+) at a univariate level. However, there were important methodological weaknesses in all of the studies identified; most crucially, studies failed to consider variations in use in relation to need for SPC. (RH)

ISSN: 00020729

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

PENSIONS AND BENEFITS

181/63

Adapting private pensions to public purposes: historical perspectives on the politics of reform; by Noel Whiteside.

Journal of European Social Policy, vol 16, no 1, February 2006, pp 43-54.

This paper compares how extensions of pension rights were developed and implemented in major European countries in the decades following the Second World War. Governments in Sweden, France, Germany, the Netherlands and Britain adapted earnings-related systems as a common policy agenda to meet rising public demand for more generous pension provision. However, this generated divergent policy pathways as a common approach became translated through different institutional mechanisms and different conventions of governance - the points at which states could legitimately intervene to secure policy goals. In consequence, divisions between public and private pension provision (and the boundaries of welfare states) were blurred by the emergence of institutional hybrids. Neither state nor market, these developed in continental Europe as negotiated compromises that fostered social representation in the management of collective provision under various forms. By contrast, in the UK, such governing conventions were absent, and hence, the division between public and private has proved more deep-rooted. Historical precedent suggests that current pressures towards private pension solutions cannot but produce another compromise in the form of a public-private hybrid to reconcile financial imperatives with popular demands for pension security. (RH)

ISSN: 09589287

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

REHABILITATION

(See 181/3)

RELIGION AND SPIRITUALITY

- 181/64 Medicine of the person: faith, science and values in health care provision; by John Cox, Alastair V Campbell, Bill K W M Fulford (eds). London: Jessica Kingsley, 2007, 239 pp.
Simply defined, 'medicine of the person' is an overall attitude to health care provision. This book has its origins in a conference held at Keele University in 1998 on "Whole Person Medicine - the contribution of Paul Tournier". Contributors from different faiths argue for medical practice that takes account of personal relationships, spirituality, ethics and theology, in keeping with the ideas on patient care and national health services of Paul Tournier, a Swiss general practitioner (GP), and explored in Part 1. Christian, Jewish, Islamic, and Hindu and Ayurvedic approaches are covered in Part 2, Faith traditions and medicine of the person. Part 3, Medicine of the person in contemporary practice, covers aspects such as mental health, public health, home health care and neuroscience. The foreword is by Julia Neuberger; for her, an indirect message of the book is that health services put the 'personal' back into health care. (RH)
Price: £17.99
From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.
<http://www.jkp.com>
- 181/65 Religion, spirituality and the well-being of informal caregivers: a review, critique, and research prospectus; by R S Hebert, E Weinstein, L M Martire (et al).
Aging & Mental Health, vol 10, no 5, September 2006, pp 497-520.
Research on religion and/or spirituality and caregiver well-being is a burgeoning area of investigation. In a systematic search of bibliographic databases, article references, and contacts with experts in the field, the articles retrieved were reviewed for measurement, theoretical and design limitations, yielding 83 studies (57% published in the last 5 years). Evidence for the effects of religion/spirituality were unclear: 71 of the studies found no or a mixed association between religion/spirituality and well-being. These ambiguous results are a reflection of the multidimensionality of religion/spirituality and the diversity of well-being outcomes examined. They also partly reflect the frequent use of unrefined measures of religion/spirituality and of theoretical approaches to studying this topic. Investigators have a fairly large number of studies on religion/spirituality and caregiver well-being on which to build. Future studies should be theory driven and use psychometrically sound measures of religion/spirituality. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>

RESIDENTIAL AND NURSING HOME CARE

(See Also 181/19)

- 181/66 The assessment of older people's needs in care homes; by A Worden, D J Challis, I Pedersen.
Aging & Mental Health, vol 10, no 5, September 2006, pp 549-557.
In many countries, there is a concern to improve assessment procedures for older people to avoid misplacement in nursing homes and ensure that rehabilitation takes place where possible. This study examined assessment documentation in 126 care homes in north west England. On a set of core domains for assessing need, the level of coverage varied considerably. The use of standardised scales was infrequent, apart from those that measured risk of developing pressure sores. Some important key domains were infrequently mentioned on the assessment forms, including mental health, pain, oral health and foot care. The most frequently covered items were the activities of daily living (ADLs). There were clear differences in the assessment approaches employed in different types of home. The lack of inclusion of certain key health areas on some assessment forms suggests that the well-being and quality of life of some residents may be poorly addressed, and that further work is required for the standard of assessment in care homes to match that in community-based care. (RH)
ISSN: 13607863
From : <http://www.tandf.co.uk/journals>
- 181/67 Better safe than sorry: improving the system that safeguards adults living in care homes; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection

- CSCI, November 2006, 38 pp (CSCI 178).

InFocus, no 5, November 2006, 38 pp (CSCI 178).

This is the fifth in a series of bulletins that focus on particular quality issues in regulated social care services. This bulletin focuses on the performance of regulated care homes against the national minimum standard for the protection of adults and the performance of local authorities in terms of safeguarding training and procedures. The bulletin includes examples of practice drawn from inspections and other information held by the Commission for Social Care Inspection (CSCI). The main purpose is to ensure that staff and organisations know how to recognise signs of abuse and neglect, and to provide staff training on the procedures to follow in such circumstances. (RH)

Price: FOC

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF.

Orderline: 0870 240 7535

csci@accessplus.co.uk <http://www.csci.org.uk/publications>

181/68

Care-home providers as professionals: understanding the motivations of care-home providers in England; by Tihana Matosevic, Martin Knapp, Jeremy Kendall (et al).

Ageing and Society, vol 27, part 1, January 2007, pp 103-126.

The financial and social climate in which the residential care sector operates in the UK has changed substantially over recent years. This paper examines the underlying motivations for providing residential care services for older people. The authors focus on the motivations of a sample of managers and owners of care homes drawn from 8 English local authorities; they explore the intrinsic aspects of their motivation, particularly professional achievement, recognition and job satisfaction. The majority of the respondents' primary motivations were to meet the needs of older people, and to accomplish professional achievements. Their caring motivations had four principal components, which were labelled professional, financial, client-specific and client-generic; and as for their professional motivations, the interview reported high levels of job satisfaction. The respondents were satisfied with their career choice and felt that, through their work, they were contributing to society. The study identified several personal and external factors that influenced the providers' intrinsic motivations and professional aspirations. The presented evidence suggests that if future policies are to improve the quality of care home services, it is essential that they also incorporate the professional needs of care home providers. (RH)

ISSN: 0144686X

From : http://www.journals.cambridge.org/jid_ASO

181/69

Nursing home staffing standards: their relationship to nurse staffing levels; by Christine Mueller, Greg Arling, Robert Kane (et al).

The Gerontologist, vol 46, no 1, February 2006, pp 74-80.

Rules and regulations for all 50 US states' nursing home staffing standards, along with nurse staffing data, were obtained. The minimum hours per resident day (HPRD) staffing standards for each state were categorised. A series of hierarchical linear models examined the relationships between state staffing standards and actual facility staffing (local, licensed, and certified nurse aide HPRD), using a number of covariates. The variance in facility staffing was much greater within than between states. Facilities in states with high staffing standards had somewhat higher staffing than states with no standards or low standards, whereas facility staffing in states with low standards was not significantly different from that in states with no standards. Other factors, such as resident acuity and average state Medicaid rate were also related to staffing. State staffing standards may not be effective policy tools, because they are only one of many factors that affect facility staffing levels. Setting a low minimum HPRD standard may fail to raise staffing, or it may even have a dampening effect on staffing rates in facilities. (RH)

ISSN: 00169013

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

181/70

The Support 67 Action Group: easing the path into care; by Barry Aveyard, Sue Davies.

Journal of Dementia Care, vol 14, no 6, Nov/Dec 2006, pp 19-21.

How can new residents and relatives be supported in the difficult transition into care? The authors describe the combined efforts of staff, relatives and researchers to create a 'welcome' booklet for newcomers to 67 Birch Avenue, a dementia care home in Sheffield. The Support 67 Action Group

has worked together since 2002 on initiatives such as the 'Relative support booklet', and is suggested as a model of partnership working. (RH)
ISSN: 13518372

RETIREMENT

(See 181/33, 181/39, 181/51)

RETIREMENT COMMUNITIES

- 181/71 Linking resident satisfaction to staff perceptions of the work environment in assisted living: a multilevel analysis; by Elzbieta Sikorska-Simmons.
The Gerontologist, vol 46, no 5, October 2006, pp 590-598.
Research indicates that the quality of the work environment for care home staff influences resident satisfaction indirectly, through its impact on staff attitudes and relationships with residents. 235 residents and 298 staff members in 43 assisted living facilities were included in this analysis. Data were collected by self-administered questionnaires. Staff perceptions were assessed at the facility level, using aggregate measures of job satisfaction, organisational commitment, and views of organisational culture. Greater resident satisfaction in the facility was associated with higher staff job satisfaction and more positive staff views of organisational culture (e.g. greater teamwork and participation in decision-making). From residents characteristics, only education was significantly related to satisfaction, with the more educated being less satisfied with assisted living. While these findings suggest that a good quality of work environment for the staff contributes to a better quality of care for residents, more research is needed to examine the causal nature of this relationship. (RH)
ISSN: 00169013
From : <http://www.geron.org>

- 181/72 Measuring resident and family member determinants of satisfaction with assisted living; by Perry Edelman, Marylou Guihan, Fred B Bryant (et al).
The Gerontologist, vol 46, no 5, October 2006, pp 599-608.
Measures of satisfaction with assisted living from residents' and family members' perspectives were developed in this study. Data were collected from 204 residents and 232 family members associated with 11 assisted living facilities. Confirmatory factor analysis was used to evaluate the goodness of fit of a priori measurement models. Iterative analysis to improve measurement models resulted in a multifaceted unidimensional model of resident satisfaction and a 5-factor model of family member satisfaction. These measures should help administrators attempting to meet the needs of their residents, and be useful to potential clients in judging the appropriateness of specific assisted living facilities. (RH)
ISSN: 00169013
From : <http://www.geron.org>

SEXUALITY

(See Also 181/81)

- 181/73 Policy implications of ageing sexualities; by Brian Heaphy, Andrew K T Yip.
Social Policy & Society, vol 5, pt 4, October 2006, pp 443-452.
The authors explore the perceptions and experiences of older lesbians and gay men, to open up debate on the policy implications of ageing sexualities. They begin by discussing the heteronormative perspective that frames current discourse on older people's needs and citizenship. The article presents data from an empirical study to highlight the concerns that older lesbians and gay men have about housing, health and social service provision, work and job security, and relationship recognition. The article illustrates how the heterosexual assumption that informs policy making can limit the development of effective strategies for supporting older lesbians and gay men, and raises broader questions about policy making, social inclusion and citizenship. (RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org>

SHELTERED HOUSING

(See 181/71, 181/72)

SOCIAL CARE

(See 181/6, 181/52)

SOCIAL EXCLUSION

(See Also 181/54)

- 181/74 New Horizons research programme. Social exclusion of older people : future trends and policies: Think piece; by Alan Walker, Matt Barnes, Kate Cox (et al), Department for Communities and Local Government - DCLG; Social Exclusion Unit, Office of the Deputy Prime Minister - ODPM; National Centre for Social Research - NCSR; University of Sheffield.: Office of the Deputy Prime Minister - ODPM; Department for Communities and Local Government - DCLG, June 2006, 37 pp.
This is a summary of the full report "The social exclusion of older people : evidence from the first wave of the English Lonitudinal Study of Ageing (ELSA)(Barnes et al, 2006), which is also available on the DCLG website. The study of exclusion experienced by older people is relatively new, as hitherto, most research has focused on exclusion by people of working age or families with children. It is intended to summarise the key findings of the main report, to examine how the landscape of social exclusion it reveals, is likely to change over the next 5 to 15 years and the policy implications of these changes, and, to highlight the most promising policy options in seeking to combat present and future social exclusion among older people. The research, which was carried out at the National Centre for Social Research (NCSR) and the University of Sheffield, was jointly funded by the Office of the Deputy Prime Minister (ODPM) and the Department for Work and Pensions (DWP) under the New Horizons Programme. (RH/KJ)
Price: FOC
From : http://www.communities.gov.uk/pub/129/TheSocialExclusionofOlderPeopleFutureTrendsandPoliciesThinkPiece_id1501129.pdf
- 181/75 Perspectives on the integration of older men and women; by Jenny de Jong Gierveld, Gunhild O Hagestad.
Research on Aging, vol 28, no 6, November 2006, pp 627-637.
This article introduces this special issue of Research on Aging on the theme "Social integration in later life". It outlines the background ideas and concepts of the articles encompassing research into the extent and quality of older people's integration in organisations, family and personal networks. A rough conceptual framework is provided, distinguishing between types of integration and different units of analysis. This macro level of society and its social institutions as well as smaller groups, and the social locations of individuals, are considered. On a macro level, integration and segregation are juxtaposed, building on classic discussions of integration, as well as recent ideas about social resources, welfare states and rekindled considerations of age segregation. At the individual level, the concepts of integration and isolation and the subjective assessments of embeddedness and loneliness are contrasted. (RH)
ISSN: 01640275
- 181/76 Should we be concerned about age segregation?: some theoretical and empirical explorations; by Gunhild O Hagestad, Peter Uhlenberg.
Research on Aging, vol 28, no 6, November 2006, pp 638-653.
With its complex links to the division of labour and culture, age is also related to social integration. It can form a basis for social integration and form contrasts, chasms and conflicts in society. After providing a brief history of how social scientists have viewed age as an integrative and segregative force in society, the authors consider dimensions of age segregation in contemporary Western societies, which are marked by widespread institutional, spatial and cultural age segregation, with only the family surviving as an age-integrated institution. For older

people, ties to children and grandchildren represent possibilities for learning and the development of generativity: investment in the lives of others and in the future of human communities. The link between cross-generational ties and generativity appears to be particularly clear for men. Can we rely on families to consider the potentially negative consequences of societal age segregation, or should we be concerned about family change, such as rising rates of childlessness? (RH)
ISSN: 01640275

SOCIAL NETWORKS

- 181/77 Functional interdependence; by Mark Del Aguila, Lisa Cox, Louisa Lee.: Blackwell Publishing, September 2006, pp 134-139.
Australasian Journal on Ageing, vol 25 no 3, September 2006, pp 134-139.
'Functional interdependence' is defined here as individuals' affective, behavioural and cognitive appraisals of self, their network, their residence and their residential location, which will indicate the attainment of outcomes indicative of an independent person. Thus the present research investigates service utilisation and non-utilisation as a function of the interrelationship between characteristics of the individual network and physical environment of the residence and residential location (neighbourhood). Data were collected from two groups of applicants and non-applicants for home-care services in Australia. Results suggest that independence from service use is attained when performance limitations are accommodated within support networks. Thus, service agencies should develop and utilise community capacity to accommodate self-care for community members with functional limitations. (RH)
ISSN: 14406381
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

- 181/78 Off the beaten track: childlessness and social integration in late life; by Pearl A Dykstra.
Research on Aging, vol 28, no 6, November 2006, pp 749-767.
Aiming to uncover the socially integrating functions of parenthood, this study focused on differences in network size between older adults with and without children, using survey data from Amsterdam for 661 subjects from the NESTOR-LSN (Living Arrangements and Social Networks of Older Adults) survey and 516 from the Berlin Aging Study (BASE). Explicit attention was paid to diversity among the childless and to their biographical pasts. The pattern of results was similar for both countries. Those who never had children had smaller networks in old age than parents, a finding partially attributable to a more limited supply of kin. There was no evidence for a competing hypothesis, namely, that childlessness is a means to greater sociability. Contrary to expectations, those who had outlived their children were not more socially isolated than those who had never had children. Neither was there support for the expectation that parenthood history differences would be greater among women than men. Last, the findings showed that parenthood contributes to social integration independently of marriage and employment. (RH)
ISSN: 01640275

SUICIDE

- 181/79 Elderly suicide attempters: characteristics and outcome; by Stéphane Lèbret, Estelle Perret-Vaille, Aurélien Mulliez (et al).
International Journal of Geriatric Psychiatry, vol 21, no 11, November 2006, pp 1052-1059.
59 French suicide attempters aged 60+ admitted to hospital between 1993 and 2000 were included in this descriptive study. Their outcome was assessed by questioning their attending physicians over the telephone. 51 of the 59 patients were traced, and 8 were lost at follow-up. Statistical analyses were computed to determine which factors altered the overall survival and the survival without further attempt. Older suicide attempters showed an increased mortality from suicide and natural causes and the risk of a repeat attempt increased in female patients with memory disorders. The factors altering survival were advanced age, pre-existing physical disability, several co-existing physical illnesses, severe physical consequences of the suicide attempt, history of psychiatric illness other than depression, memory disorders, and one previous suicide attempt. The older suicide attempter was more likely to be a widowed woman suffering from social isolation, loneliness and depression. (RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com>

TRANSPORT

(See Also 181/14)

- 181/80 Older people and transport: coping without a car; by Judith Davey. *Ageing and Society*, vol 27, part 1, January 2007, pp 49-66. Much of the literature on ageing and transport has been concerned with older drivers, which underlines the importance of private transport in their everyday lives, but little has been written about how a lack of transport impacts on quality of life. A survey was commissioned by the Office for Senior Citizens of the New Zealand Government, and face-to-face semi-structured interviews were conducted in 2004 with 28 couples and 43 single people (14 men and 29 women). The sample was identified through Volunteer Community Co-ordinators (VCCs), and drawn from metropolitan, urban, small-town and rural areas. The average age of the men was 84.5 years and of the women 81.4 years; all had been without private transport for at least 6 months. The interviews sought the experiences and opinions of older people who were 'coping without a car', and asked how this affected their lifestyle and quality of life, and how they met their transport needs. The findings reveal variations by gender, health status and personal outlook, including views on independence and reciprocity. While 'serious' transport requirements may be provided for by alternative means, the 'discretionary' trips that contribute significantly to the quality of life may be lost when private transport is unavailable. The findings have implications for local and national policy and planning, extend well beyond the sphere of transport, and illuminate processes of social exclusion among older people. (KJ/RH)
ISSN: 0144686X
From : http://www.journals.cambridge.org/jid_ASO

WOMEN

- 181/81 Older women and sexuality: experiences in marital relationship across the life course; by Laura Hurd Clarke. *Canadian Journal on Aging*, vol 25, no 2, Summer 2006, pp 129-140. Rates of sexual activity have been found to decline over the life course, as individuals experience transitions and the loss of partners, health problems and decreased sexual interest. This article compares and contrasts earlier- and later-life sexual experiences, and examines the changing meanings that older women ascribe to sexuality over the life course. Qualitative data from a study involving 24 women aged 53 to 90 who were remarried after age 50 illuminates a shift, as individuals age, from an emphasis on the importance of sexual intercourse and passion to a greater valuing of companionship, cuddling, affection and intimacy. Situating the discussion in the context of changing cultural norms and sexual scripts, this article investigates the impact of health conditions on the woman's sexual relationships as well as the women's tendency to have later-life sexual experiences more positive than were their earlier sexual experiences. (RH)
ISSN: 07149808
From : <http://www.utpjournals.com>
- 181/82 Older women in Australia: ageing in urban, rural and remote environments; by Julie Byles, Jennifer Powers, Catherine Choienta (et al): Blackwell Publishing, September 2006, pp 151-157. *Australasian Journal on Ageing*, vol 25 no 3, September 2006, pp 151-157. 8387 women aged 70-75 enrolled in the Australian Longitudinal Study on Women's Health (ALSWH) completed postal surveys in 1996, 1999 and 2002. The objective of the present study was to explore differences in quality of life and health service use in urban, rural and remote areas of Australia. The women reported few differences in health and had similar changes in health-related quality of life (SF-36) over time. Most SF-36 sub-scale scores declined over time, with steeper drops between the ages of 73-78 and 76-81 years. The use of health services, need for informal care and provision of care to others increased over time. Urban participants used more general practitioners (GPs), specialist and allied health services, whereas non-urban women used more community services and alternative health practitioners. Despite similar health problems, health service use differs significantly across urban, rural and remote areas of Australia. (RH)
ISSN: 14406381
From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

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.

3-4 April 2007

Citizenship : Responding to the Challenge of Dementia

First International conference at Stirling. 55 parallel sessions; breakfast seminars.

Speakers: Keynote speakers from around the world.

Organised by: Hawker Conferences with DSDC, Stirling in association with Alzheimer Scotland

Venue: Stirling University

Location : Stirling, Scotland

Details : Shital Patel, Hawker Publications, 2nd Floor, Culvert House, Culvert Road, London, SW11 5DH

Tel : +44 (0)20 7720 2108, *Fax :* +44 (0)20 7493 3023

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

16-20 April 2007

Ageing, Health and Well-being in Older Populations

A short course at the School, suitable for professionals working with and for older people to broaden or update their knowledge and skills.

Topics covered include: Demography, health, services, mental health, nutrition, environmental influences. The course will be led by academic staff from the Centre for Ageing & Public Health in collaboration with the Centre for Population Studies based within the LSHTM.

Speakers: Course organiser: Prof. Emily Grundy

Organised by: London School of Hygiene & Tropical Medical (LHSTM)

Venue: at the School, Central London

Location : central London, England

Details : Huyette Shillingford, Course Administrator, Registry, London School of Hygiene & Tropical Medical, 50 Bedford Square, London , WC1B 3DP

Tel : +44 (0)20 7299 4648, *Fax :* +44 (0)20 7323 0638

17-18 April 2007

Demographic Change as Opportunity: the Economic Potential of the Elderly

Federal Ministry website:

Organised by: Federal Ministry for Family Affairs, Senior Citizens, Women and Youth; EU Commission

Location : Berlin, Germany

Details : Ms Martina Leisten, Media Consulta

Tel : +49 (0)30 65000 181, <http://www.bmfsfj.de/eu>

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

17th April 2007

Working together to combat Social Exclusion

This conference addresses the key issues in breaking down the boundaries and provides guidance on enhancing multi-agency working to combat social exclusion. Keynote opening: Pat McFadden, Parliamentary Secretary for Social Exclusion.

Speakers: Chair: Dave Simmonds OBE. Numerous speakers from a variety of settings.

Organised by: Healthcare Events

Venue: The Royal Society

Location : London, England

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

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

18-20 April 2007

International Forum on Quality and Safety in Health Care

Inaugural International Forum on Quality and Safety in Health Care (previously known as the European Forum on Quality Improvement in Health Care).

Speakers: Numerous.

Organised by: BMJ Group; Institute for Healthcare Improvement

Venue: Barcelona

Location : Barcelona, Spain

Details : BMJ Quality, PO Box 295, London, WC1H 9TE

Tel : +44 (0)20 7383 6409, *Fax :* +44 (0)20 7383 6869

18 April 2007

Just Equal Treatment : Mass Lobby for Equal Treatment of Older People

Come and join the mass lobby for age equality on Wednesday 11.30 am to 5 pm.

Organised by: Help the Aged

Venue: Central Hall Westminster, Storey's Gate

Location : London, England

Details : Andrew Crooks, Help the Aged, 207-221 Pentonville Road, London, N1 9UZ

Tel : +44 (0)20 7239 1955

19 April 2007

Safeguarding Vulnerable Older People

Keynote speaker: Ruth Eley (National Programme Lead, Older and Disabled People), CSIP, Department of Health.

Speakers: Chair - Dwayne Johnson (Lead on Adult Protection ADSS). Mike Wardle; Imelda Redmond; Paul Gantley; Jude Watson.

Organised by: Capita Conferences in association with Help the Aged and Action on Elder Abuse supported by Carers UK

Venue: central London (tba)

Location : central London, England

Details : 17 Rochester Row, London, SW1P 1LA

Tel : +44 (0)20 7808 5252, *Fax :* +44 (0)870 165 8989

25-27 April 2007

British Geriatrics Society Spring Meeting

Speakers: Numerous speakers.

Organised by: British Geriatrics Society (BGS)

Venue: Brighton Centre

Location : Brighton , England

Details : Secretariat, BGS Spring Meeting, Hampton Medical Conferences Ltd, 113-119 High Street, Teddington, Middlesex, TW12 1NJ

Tel : +44 (0)20 8979 8300, *Fax :* +44 (0)20 8979 6700

3-6 May 2007

IPA European Regional Meeting : Multidisciplinary Approach to Promote Mental Health in Old Age

Organised by: International Psychogeriatric Association (IPA) in cooperation with the Psychogeriatric Society of Turkey

Location : Istanbul, Turkey

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 : Sharing 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

24 May 2007

Cash in Hand : Choice and control in service delivery

A one day conference to look at direct payments and individual budgets.

Organised by: Carers UK

Venue: The Law Society

Location : central London, England

Details : Carers UK, Carers UK, 20-25 Glasshouse Yard, London , EC1A 4JT

Tel : +44 (0)20 7480 8818, *Fax :* +44 (0)20 7490 8824

24-26 May 2007

The Gathering 2007 : Scotland's Voluntary Sector Fair

Organised by: SCVO supported by The Royal Bank of Scotland and The Herald

Venue: Scottish Exhibition and Conference Centre,

Glasgow

Location : Glasgow, Scotland

11-15 June 2007

2007 McMaster Summer Institute on Gerontology

This summer institute on gerontology provides an intensive theoretical and practical learning opportunity in the field of ageing. The programme consists of lectures, workshops, panel presentations, small group discussions and case presentations.

Organised by: McMaster Centre for Gerontological Studies

Venue: McMaster University

Location : Hamilton, Ontario, Canada

Details : 1280 Main Street West, KTH-226, Hamilton, Ontario, L8S 4M4

Tel : (905) 525-9140 ext.24449, *Fax :* (905) 525 4198

14-16 June 2007

1st European Congress on the Aging Male

This Congress will inaugurate the European Society of The Aging Male (ESSAM).

Speakers: Numerous speakers.

Organised by: Kenes International

Venue: central hotels in Warsaw

Location : Warsaw, Poland

Details : Registration and Accommodation Dept., 17 Rue du Cendrier, CH-1211 Geneva 1, Switzerland

Tel : +41 22 908 0488

18-20 June 2007

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

IAHSA is an NGO in special consultative status with the Economic and Social Council of the United Nations.

Organised by: International Association of Homes and Services for the Ageing (IAHSA)

Venue: Intercontinental Hotel, 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

22 June 2007

Mental Capacity Act : A challenging landscape? The route to successful implementation

The Mental Capacity Act 2005 will come into force in October 2007. It is one of the most significant pieces of legislation relating to health care.

Providing a legal framework for those individuals who are unable to make decisions for themselves. This one day conference provides guidance on several topics.

Organised by: Healthcare Events

Venue: The Royal Society

Location : London, England

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

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

26 June 2007

Improving Care for Older People

With keynote presentations from: Professor Graham Mulley (President Elect, BGS), Gordon Lishman (Director, Age Concern), Ivan Lewis MP (Parliamentary Under Secretary of State for Care Services).

Organised by: Healthcare Events

Venue: Savoy Place

Location : London, England

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

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

The conference has been designed to provide practical guidance on implementing A New Ambition for Old Age, which sets out the second phase of the government's ten year NSF for Older People under the three themes of dignity in care, joined up care and healthy ageing.

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

13-14 July 2007

The Retirement Show

Organised by: PRO Publications International Ltd

Venue: The Olympia Exhibition Centre

Location : London, England

Details : David Thomson/Susan Clarke, PRO Publications, First Floor, Adelphi Court, 1 East Street, Epsom, Surrey

Tel : +44 (0)1372 743837, *Fax :* +44 (0)1372 743838

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

14-18 October 2007

IPA Osaka Silver Congress : Active Aging: Wisdom for Body, Mind and Spirit

Keynote address: Looking back on Psychogeriatrics - looking into the future. This Congress is a celebration of IPA's 25th anniversary.

Organised by: International Psychogeriatric Association (IPA)

Location : Osaka , Japan

