

# New Literature on Old Age

EDITOR

**Gillian Crosby**VOLUME  
**31**NUMBER  
**183****2007**

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Centre for Policy on Ageing  
25-31 Ironmonger Row  
London EC1V 3QP

Telephone: +44 (020) 7553 6500  
Facsimile: +44 (020) 7553 6501  
Email: [cpa@cpa.org.uk](mailto:cpa@cpa.org.uk)  
Web: [www.cpa.org.uk](http://www.cpa.org.uk)

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# Contents for vol 31 no 183, 2007

<b>Subject Headings</b>	<b>Page</b>
Age discrimination	1
Assessment	2
Attitudes to ageing	3
Black and minority ethnic groups	3
Care management	4
Carers and caring	4
Death and dying	5
Delayed discharge	5
Dementia	5
Demography and the demographics of ageing	7
Depression	7
Direct payments	7
Economic issues	8
Education	9
Employment	10
End-of-life care	10
Ethical issues	11
Falls	12
Government and policy	12
Health care	13
Health services	13
Home care	15
Hospital services	16
Individual budgets	17
Information and communication technology	17
Integrated care	17
Intergenerational issues	17
Intermediate care	18
International and comparative	18
Learning difficulties	19
Legal issues	20
Life-long learning	20
Long term care	21
Medical issues	21
Mental health	21
Mental health services	22
Mental illness	23
Nursing	23
Older men	24
Older offenders	24

<b>Subject Headings</b>	<b>Page</b>
Older women	24
Palliative care	25
Pensions and benefits	25
Poverty	26
Public services	26
Religion and spirituality	26
Reminiscence	26
Research	26
Residential and nursing home care	27
Retirement	27
Retirement communities	28
Sleep	28
Social care	28
Social exclusion	29
Social networks	29
Social policy and theory	29
Statistics	30
Volunteering	30
<b>Calendar of courses and conferences</b>	<b>31</b>

## AGE DISCRIMINATION

- 183/1 Ageism still the real enemy of better care; by Yvonne Roberts. Community Care, no 1663, 8 March 2007, p 16. This commentary focuses on the recent publication, Dementia UK, a study published by the Alzheimer's Society, which for the first time estimates the true cost of dementia in the coming years. The author opines that, despite much progress being made in recent years to provide a responsive service to older people to meet their needs for support to retain independence, councils will still "savagely cut" services such as meals on wheels, often as a first step to balance local budgets. These cuts, it is felt, do reflect the value that society places on older people. (KJ/RH) ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 183/2 Making a case against age discrimination: a practical guide for advisers; by Age Concern England - ACE. London: Age Concern England, January 2007, 71 pp. The Employment Equality (Age) Regulations 2006 came into force on 1 October 2006, since when it has been unlawful to discriminate in a work or training context on grounds of age. This guide is aimed at advisers who may need to identify or advise on a case where someone could have been discriminated against because of age in England, Scotland or Wales. It identifies what is and is not covered: there continue to be exemptions on grounds of "lawful discrimination". Discrimination issues around recruitment, retirement, redundancy and other dismissals are outlined; and case studies provide examples these different scenarios. The link [www.ageconcern.org.uk/agediscriminationlaw](http://www.ageconcern.org.uk/agediscriminationlaw) provides further case studies. (RH)  
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.  
<http://www.ageconcern.org.uk>
- 183/3 Too old: older people's accounts of discrimination, exclusion and rejection: a report from the Research on Age Discrimination Project (RoAD); to Help the Aged; by Bill Bytheway, Richard Ward, Caroline Holland (et al), Research on Age Discrimination Project (RoAD); Faculty of Health and Social Care, Open University; Help the Aged. London: Help the Aged, 2007, 94 pp. Research on Age Discrimination (RoAD) is a 2-year participatory research study funded by the Big Lottery Fund, and undertaken by the Open University (OU) and Help the Aged. More than 300 older people from across the UK were involved in the project, which is based on a definition of age discrimination as exclusion, either threatened or actual. This report notes participants' use of diaries to provide systematic evidence of how age discrimination features in everyday life. Four chapters relate to issues experienced by all older people: the use of public places; being consumers; managing one's appearance (focusing on hairdressing and fashion); and health. Five further chapters relate to experiences of some older people but not all: culture and ethnicity; sexuality and sexual orientation; family life and families' attitudes towards age and care issues; vulnerability (particularly in residential care); and fear and isolation. The conclusion remarks on the distinctiveness of the RoAD approach and the defining of age discrimination in terms of how it is experienced. (RH)  
ISBN: 1845980204  
Price: £15.00  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.  
E-mail: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk) Website: [www.helptheaged.org.uk](http://www.helptheaged.org.uk)
- 183/4 Women's experiences and perceptions of age discrimination in employment: implications for research and policy; by Helen Walker, Diane Grant, Mark Meadows (et al). Social Policy & Society, vol 6, pt 1, January 2007, pp 37-48. The experiences and perceptions of 12 women aged 50-65 in relation to the concept of ageism in paid employment were examined in a pilot study for a European Social Fund (ESF) funded project. The women were interviewed over the period March May 2004. The results show that whilst most of the women had faced (to differing degrees) or observed gender and age based discrimination, the experiences and interpretations revealed were not static, nor isolated from the wider historical, cultural and social contexts in which these women had grown up and grown older. It is therefore argued that policy attempts to combat age discrimination will need to take account of the gender dimension of ageism as well as the different ways in which it impacts on

older women. For this to occur, more research and debate are needed on the issues raised in this paper. (RH)  
ISSN: 14747464  
From : <http://www.journals.cambridge.org>

## ASSESSMENT

- 183/5 Holistic common assessment of supportive and palliative care needs for adults with cancer: report to the National Cancer Action Team; by Alison Richardson, Peter Tebbit, Vivienne Brown (et al), Cancer Action Team, Department of Palliative Care, St Thomas' Hospital; King's College London. London: King's College London, January 2007, 38 pp.  
The National Institute for Clinical Excellence (NICE) publication "Guidance on cancer services: improving supportive and palliative care for adults with Cancer: the manual" identified barriers in service provision for patients and carers. This report describes the methods used to develop and test a national specification for the assessment process in supportive and palliative care, and presents the underlying philosophy and principles on which it is based. It also sets out the framework employed to develop the detailed guidance for healthcare teams. Annex 1 notes the interface with current and future policy initiatives: the Integrated Cancer Care Programme; Skills for Health; Connecting for Health (including the Do Once and Share programme, DOAS); the Common Assessment Framework (CAF, building on the Single Assessment Process, SAP); and the End of Life Care Initiative. Annex 4 outlines the methods used to develop item content for domains of need, and lists tools identified in the original scoping exercise. (RH)  
From : Cancer Action Team, Department of Palliative Care, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH. Also available at: [www.dh.gov.uk/cancer](http://www.dh.gov.uk/cancer)
- 183/6 Holistic common assessment of supportive and palliative care needs for adults with cancer: assessment guidance; by Alison Richardson, Peter Tebbit, Vivienne Brown (et al), Cancer Action Team, Department of Palliative Care, St Thomas' Hospital; King's College London. London: Cancer Action Team, January 2007, 21 pp.  
This guidance has been prepared in response to Key Recommendation 2 in "Guidance on cancer services: improving supportive and palliative care for adults with Cancer: the manual" (National Institute for Clinical Excellence, NICE, 2004). The guidance is for practitioners and managers providing or co-ordinating care of adults with cancer, to enable a unified approach to the assessment and recording of patients' needs. It is designed for healthcare teams to employ as a benchmark against which current local processes of assessment can be appraised. This document sets out the main features of the holistic assessment and provides the core content of the assessment. (RH)  
From : Cancer Action Team, Department of Palliative Care, St Thomas' Hospital, Lambeth Palace Road, London SE1 7EH. Also available at: [www.dh.gov.uk/cancer](http://www.dh.gov.uk/cancer)
- 183/7 Relationship between self-report and performance measures of function: a systematic review; by Liliana Coman, Julie Richardson.  
Canadian Journal on Aging, vol 25, no 3, Fall 2006, pp 253-270.  
The authors conducted a systematic review of studies examining correlations between assessments of function obtained using self-report and those obtained using performance-based measures for older people living in the Community. Articles were identified using MEDLINE, CINHAI and AGELINE, and hand-searching techniques. 17 studies met the inclusion criteria for review. Correlations between self-report and performance ranged from -0.72 to 0.60. 60% of the studies compared self-report instruments measuring disability with performance measures addressing functional limitations. In studies that assessed the same functional tasks and functional limitations using the two methods, the correlation varied between 0.60 and 0.86. When the construct measured by the two methods was the same, the correlations were moderate to large, and therefore, measurement of functional limitations by self-report or performance probably reflected a similar assessment of function. (RH)  
ISSN: 07149808  
From : <http://www.utpjournals.com>

## ATTITUDES TO AGEING

- 183/8 Constructions of ageing and narrative resistance in a commercial slimming group; by Debra Gimlin.  
Ageing and Society, vol 27, part 3, May 2007, pp 407-424.  
The role of organisational setting and age in shaping individual narratives of embodied selfhood form the focus for this study. It compares younger and older women's use of 'narrative resistance' to negative identity in the light of their ageing and the negative social and personal meanings of being fat. G Cordell and C R Ronai (1999) observed three types of narrative resistance among overweight people: loopholes, exemplars and continuums. This paper identifies two others: 'justification' for behaviour associated with weight gain, and 'repentance' for behaviour that reaffirmed a commitment to losing weight. Drawing from six months of participant observation and in-depth interviews with 20 older and younger female clients of a commercial weight loss organisation, this article shows that both the meanings women attributed to their experience of slimming, and their opportunities for benefiting from organisational resources, varied by their stage in the life course. The weight loss group generated narrative strategies and opportunities for its members that were informed for both cultural constructions of ageing and the organisation's interests. While these strategies stopped short of empowering the clients to abandon restrictive dieting altogether, they did enable the older respondents to excuse temporary setbacks in weight loss and their deviation from what they described as the more exacting appearance standards of youth. At the same time, the strategic narratives reaffirmed constructions of ageing that present the older female body as uncontrollable and older women as unconcerned with physical attractiveness. (RH)  
ISSN: 0144686X  
From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

- 183/9 Constructions of frailty in the English language, care practice and the lived experience; by Amanda Grenier.  
Ageing and Society, vol 27, part 3, May 2007, pp 425-445.  
The way frailty is conceptualised and interpreted has profound implications for social responses, care practice and the personal experience of care. This paper begins with an exegesis of the concept of frailty. It examines the dominant notions of frailty, including how 'frailty' operates as a 'dividing practice' through the classification of those eligible for care. The definitions and uses of 'frailty' in three discursive locations are explored in: the Oxford English Dictionary; the international research literature; and older women's accounts of their lived experience. Three distinctive discourses are found; and applying a Foucauldian analysis, it is shown that the differences reflect overlaps and tensions between biomedical concepts and lived experiences, as well as negative underlying assumptions and 'subjugated knowledge'. The concept of frailty represents and orders the context, organisational practices, social representations and lived experiences of care for older people. The evidence (from Quebec) suggests that if, as the older women's accounts recommend, socially- and emotionally-located expressions of frailty were recognised in addition to the existing conceptions of risk of the body, frailty might no longer be thought of primarily as a negative experience of rupture and decline. To encourage the change, it is suggested that practice focuses on the prevention of frailty and associated feelings of loss, rather than reinforcing the feelings and experiences which render a person 'frail'. (RH)  
ISSN: 0144686X  
From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

## BLACK AND MINORITY ETHNIC GROUPS

- 183/10 Ageing and ethnicity in England: a demographic profile of BME older people in England; by Savita Katbamna, Ruth Matthews, Leicester Nuffield Research Unit, University of Leicester; BME Elders Forum, Age Concern England - ACE. London: Age Concern England, February 2007, 39 pp (Good practice guidance).  
This briefing report was commissioned by Age Concern England (ACE) on behalf of the BME Elders Forum. The aim is to provide an overview of the black and minority ethnic (BME) population in England and Wales focusing on specific characteristics - age, gender, geographical distribution, religion and informal carers. For the age 65+ BME population, the report also

considers health status (including the incidence of diabetes). Projected future trends in the BME population are assessed for BME people aged 50-65. The report gives a breakdown of ethnic differences for the age 65+ population. The report has been compiled primarily using data from the Standard Tables from the 2001 Census. (RH)

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.  
<http://www.ageconcern.org.uk/bmeelders>

183/11

Health status of older immigrants to Canada; by K Bruce Newbold, John K Filice.  
Canadian Journal on Aging, vol 25, no 3, Fall 2006, pp 305-320.

Using the 2000/2001 Canadian Community Health Survey (CCHS), this paper examines the health status of the older immigrant population (aged 55+) relative to that of non-immigrants, to identify areas where their health statuses diverge. First, the authors compare the health status of immigrants (foreign-born) aged 55+ in Canada to the Canadian-born in terms of age and gender using multiple measures of health status including self-assessed health. Second, they identify the factors associated with health status using the determinants of health framework. In both cases, the key questions are whether differences in health status exist, and whether they are explained primarily by socio-economic, socio-demographic or lifestyle factors that may point to problems with the Canadian healthcare system. Findings indicate that there is a relative comparability in the health status of older immigrants, even after controlling for age. (RH)

ISSN: 07149808

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

#### **CARE MANAGEMENT**

183/12

Impact of case management (Evercare) on frail elderly patients: controlled before and after analysis of quantitative outcome data; by Hugh Gravelle, Mark Dusheiko, Rod Sheaff (et al), National Primary Care Research and Development Centre (NPCRDC).

British Medical Journal, vol 334 no 7583, 6 January 2007, pp 31-34.

Case management aims to improve outcomes in patients, and particularly to reduce unplanned hospital admission. In 2002/3, nine Primary Care Trusts (PCTs) piloted case management of older people selected as being at high risk of emergency admission. Rates of emergency admission, emergency bed days, and mortality from April 2001 to March 2005 in 62 Evercare practices were compared with those of 6960 to 7695 control practices in England (depending on the analysis being carried out). The intervention had no significant effect on rates of emergency admission, emergency bed days for a high risk population aged 65+ with a history of two or more emergency admissions in the preceding 13 months. For the general population aged 65+, effects on the rates of emergency admission, emergency bed days and mortality were also non-significant. Case management of frail older people introduced an additional range of services in primary care without an associated reduction in hospital admissions. This may have been because of identification of additional cases. Employment of community matrons is now a key feature of case management policy in the NHS in England. Without more radical system redesign, this policy is unlikely to reduce hospital admissions. (RH)

ISSN: 09598138

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

#### **CARERS AND CARING**

(See Also 183/63, 183/94)

183/13

Carers forced to fill gaps but receive little in return from councils; by Amy Taylor, Mary Garboden, Simeon Brody.

Community Care, no 1656, 18 January 2007, pp 16-17.

The intention of the Carers (Equal Opportunities) Act 2004 was that carers would be treated differently, as people in their own right and with their own needs. However, the Commission for Social Care Inspection (CSCI) report, "The state of social care in England 2005-6" observes that this is yet to happen: there is an increased burden on friends and family members who support people with care needs. This article looks at the reasons for the crisis and whether the situation is retrievable. The CSCI report cites one example of good practice: Sunderland Council with the



Sunderland Carers Centre have formed A Voice for Carers, a city-wide umbrella group of carer groups, which aims to ensure that the voice of carers is heard at all levels. Further information is available at [www.sunderland.nhs.uk/voluntary/carers](http://www.sunderland.nhs.uk/voluntary/carers) (RH)

ISSN: 03075508

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

183/14 Relatively speaking: suggestions to help the long distance carer; by Gillian Kemp. Hatfield, Herts: Millwood Books, 2007, 53 pp.

Much of the literature on being a carer assumes that carers lives with, or near to, the person for whom they are caring. However, family responsibilities and work commitments mean that living nearer an older relative needing care is not necessarily possible. While the issues covered in this booklet may be relevant to all carers, hhe author writes from personal experience and practical knowledge gained as a long distance carer. Topics covered include: enduring power of attorney (or from April 2007, lasting power of attorney); banks and building societies; social services and other council services; pensions, tax and insurance; medical help; health and safety; and data protection. (RH)

Price: £7.99 (cheque payable to Gillian Kemp)

From : Millwood Books, Otodynamics Ltd., 30-38 Beaconsfield Road, Hatfield, Herts AL10 8BB.

E-mail: [freshwater.bay@ntlworld.com](mailto:freshwater.bay@ntlworld.com)

Related website: [www.longdistancecaring.co.uk](http://www.longdistancecaring.co.uk)

## **DEATH AND DYING**

(See 183/36, 183/85)

## **DELAYED DISCHARGE**

183/15 Dishonourable discharges: [homelessness and bed-blocking charges]; by Anabel Unity Sale. Community Care, no 1663, 8 March 2007, pp 26-27.

Dealing with discharge from hospital requires effective communication between health and social care services, especially so where the needs of homeless or vulnerably housed older people are concerned. This article reports on the work of the Broadway day centre with older homeless people in Hammersmith & Fulham and Kensington & Chelsea, as an example of good practice. (RH)

ISSN: 03075508

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

183/16 Part of the problem or part of the solution?: the role of care homes in tackling delayed hospital discharges; by Jon Glasby, Melanie Henwood.

British Journal of Social Work, vol 37, no 2, February 2007, pp 299-312.

As part of current UK policies to reduce the number of delayed hospital discharges, many commentators have identified an alleged crisis in the care home market as one of the key contributing factors. With local authorities under pressure to cut costs, it is argued that the number of care homes is reducing, and delays in hospital can often result. Behind this diagnosis is a series of assumptions about the role and nature of care home provision, the appropriateness of this form of service for many older people, and the need for more care homes to reduce the number of hospital delays. In order to explore and critique these assumptions, this paper reviews the role of care homes in tackling delayed discharges, and argues the need for fewer and different care home placements rather than more of this type of provision. (RH)

ISSN: 00453102

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

## **DEMENTIA**

183/17 Call for a new strategy to deal with UK's dementia timebomb; by Mithran Samuel.

Community Care, no 1662, 1 March 2007, pp 16-17.

The UK is ageing rapidly, which is heralding a large increase in the number of people with dementia. The study, "Dementia UK" commissioned by the Alzheimer's Society, argues that we

are ill-equipped to face the resulting care challenge. The current health and social care system is generally failing to support people with dementia and their families. In addition, the National Service Framework for Older People (NSF) has not given dementia sufficient weight in the mental health standard. There is pessimism regarding the outcome of the forthcoming comprehensive spending review (CSR) in provision of adequate health and social care for older people. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

- 183/18 Dementia Screening Questionnaire for Individuals with Intellectual Disabilities [DSQIID]; by Shoumitro Deb, Monika Hare, Lindsay Prior (et al).  
British Journal of Psychiatry, vol 190, May 2007, pp 440-444.  
Most adults with Down's syndrome develop Alzheimer's dementia relatively early in their lives, but accurate clinical diagnosis remains difficult. The authors used qualitative methods to gather information from carers of people with Down's syndrome about the symptoms of dementia. They provided the items for the Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID) which was then tested for its psychometric properties. The DSQIID was administered to carers of 193 adults with Down's syndrome, 117 of whom were re-examined by clinicians who confirmed a diagnosis of dementia for 49 according to modified ICD-10 criteria. The authors established that a total score of 20 provides maximum sensitivity (0.92) and optimum specificity (0.97) for screening. The DSQIID has sound internal consistency for all its 53 items, and good test-retest and inter-rater reliability. The authors established a good construct validity by dividing the items into four factors. The DSQIID is therefore a valid and user-friendly observer-rated questionnaire for dementia in adults with Down's syndrome. (RH)  
ISSN: 00071250  
From : <http://bjp.rcpsych.org>
- 183/19 The future of dementia care; by Nerys Hairon.  
Nursing Times, vol 103, no 10, 6 March 2007, pp 23-24.  
The Alzheimer's Society has published a report that discusses the prevalence of dementia and gives authoritative estimates of the number of people who will have the condition up to 2051. The rising numbers are likely to have major implications for health and social care, and the report makes seven key recommendations for future dementia care. The report, Dementia UK, is a priced publication (£25) but is also available as a download from the website of Alzheimer's Society, who commissioned researchers from the London School of Economics and the Institute of Psychiatry (2007). The author concludes that the government will need to consider the implications for the nursing workforce and make plans to develop a "highly-skilled workforce to care for this client group in the future." (KJ)  
ISSN: 09547762  
From : <http://www.nursingtimes.net>
- 183/20 Thanks for the memory: [scheme to help people with dementia recall their past]; by Graham Hopkins.  
Community Care, no 1667, 5 April 2007, pp 34-35.  
Our past, and memories of it, defines us. The author reports on a scheme run by Kirklees Council in West Yorkshire which is helping people with dementia to recall their past and retain their identity. The project has been helping more than 60 people from two care homes and two day centres with therapeutic activities. These include making memory boxes comprising, for example, cards, photographs, war-time memorabilia, books, toys and mementos. As well as improving people's quality of life and helping with memory loss, the project has been beneficial in helping staff and service users to get to know each other better. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 183/21 Two bodies, one voice: [the new guidelines on dementia]; by Jill Manthorpe, Steve Iliffe.  
Community Care, no 1657, 25 January 2007, pp 30-31.  
The National Collaborating Centre for Mental Health has developed new guidelines, "Dementia: supporting people with dementia and their carers in health and social care", for the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence

(SCIE). This article identifies why social workers working with older people and their carers should be aware of the guidelines, which combine the best insights of health and social care. The guidelines are not only an invaluable source of evidence and advice, but they will also be used by inspectors, service auditors, stakeholders, voluntary groups and individuals to assess the quality of care given by social workers. (RH)

ISSN: 03075508

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

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

(See Also 183/17)

183/22

Who will care for the oldest people?; by Jean-Marie Robine, Jean-Pierre Michel, François R Herrmann.

British Medical Journal, vol 334 no 7593, 17 March 2007, pp 570-571.

Current demographic change projects a decrease in the number of informal care givers. The authors describe an indicator to monitor potential informal care resources, using as examples American and Swiss data from the Human Mortality Database ([www.mortality.org](http://www.mortality.org)) and demographic forecasts from the International Data Base. They suggest a four age-group population model which will better anticipate future long-term care needs. While this in itself will not solve any shortages of formal or informal care, the statistics suggest that older people may be surviving better and have fewer disabilities. Greater family involvement in long term care is advocated, particularly among husbands and sons. (RH)

ISSN: 09598138

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

## **DEPRESSION**

183/23

Depression and socio-economic risk factors: 7-year longitudinal population study; by Vincent Lorant, Christophe Croux, Scott Weich (et al).

British Journal of Psychiatry, vol 190, April 2007, pp 293-298.

Low socio-economic status is associated with a higher prevalence of depression, but it is not yet known whether change in socio-economic status leads to a change in rates of depression. In a prospective study of the annual Belgian Household Panel Survey (1992-1999), depression was assessed using the Global Depression Scale. Socio-economic factors were assessed with regard to material standard of living, education, employment status and social relationships. A lowering of material standard of living between annual waves of the Survey was associated with increases in depressive symptoms and caseness of major depression. Ceasing to cohabit with a partner increased depressive symptoms and caseness, and improvement in circumstances reduced them. The negative effects were stronger than the positive ones. The study showed a clear relationship between worsening socio-economic circumstance and depression.

(RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org>

## **DIRECT PAYMENTS**

(See Also 183/55)

183/24

Credit where it's due: [implications of direct payments for disabled people to open and use a bank account]; by Mark Hunter.

Community Care, no 1660, 15 February 2007, pp 24-25.

The system of direct payments has highlighted how difficult it is for disabled people to open and use a bank account. Pressure from users has led to some banks offering new facilities for visually impaired people, wheelchair users, those with hearing impairments and other disabilities. This article looks at these developments in banking services, also a recent report from Leonard Cheshire highlighting the problems with using chip and PIN for card payments. (RH)

ISSN: 03075508

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

183/25 Direct payments in England: factors linked to variations in local provision; by José-Luis Fernández, Jeremy Kendall, Vanessa Davey (et al).  
Journal of Social Policy, vol 36, part 1, January 2007, pp 97-122.  
"I see direct payments, personal cash budgets, and other ways of extending choice and control as key to developing social care in the twenty-first century." This quote by the Parliamentary Under Secretary of State for Community Care at the Department of Health in 2004 indicates direct payments' move to the heart of the government's drive for increased user choice. At the same time, implementation has remained disappointing. This article explores the demand, supply and related factors associated with patterns of local variability in uptake and intensity of care package provision. Statistical analyses are conducted for key client groups - people with physical disabilities, older people, people with learning disabilities, and people who use mental health services - using data for England from 2000/01 to 2002/03. The results suggest that direct payments variability reflects a complex array of factors, both within and beyond the control of local public sectors. In particular, while local policy preferences appear to shape the extent of direct payments growth, the results also demonstrate that understanding levels of activity requires attention to local circumstances. (RH)  
ISSN: 00472794  
From : <http://www.journals.cambridge.org>

### **ECONOMIC ISSUES**

183/26 Age Concern's response to the Banking Code review: summary; by Age Concern England - ACE. London: Age Concern England - ACE, February 2007, 3 pp (Policy response - summary ref: 0407).  
The Banking Code is a voluntary code setting standards for good banking practice for banks and building societies in the UK. A review of the Code began in November 2006. The following matters are covered in this Age Concern England (ACE) response: access to banking services; banks' commitment to providing basic accounts that are accessible through post offices; reasonable interest rates on superseded accounts; terms and conditions in legible print; responsible lending; security; and identity theft problems. A full version of the response to this consultation is on ACE's website ([www.ageconcern.org.uk](http://www.ageconcern.org.uk)). (RH)  
Price: FOC  
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Download document at <http://www.ageconcern.org.uk>

183/27 Insurance and age: exploring behaviour, attitudes and discrimination: a summary report from Age Concern and Help the Aged; research undertaken by CM Insight and Andrew Smith Research; by Age Concern England - ACE; Help the Aged. London: Age Concern Reports, in conjunction with Help the Aged, 2007, 34 pp.  
Older people complain that insurance discriminates on the basis of age in two main ways: cost and access. In April 2006, Help the Aged and Age Concern England (ACE) commissioned consumer research to measure the extent and nature of age discrimination experienced by older people. Quantitative and qualitative research aimed to identify barriers to older people's access to insurance products. Andrew Smith Research conducted a quantitative phase, which recruited 229 people aged 65+ and 115 people aged 30-49. Participants took part in an initial interview to collect detailed data on attitudes, experiences and behaviour, and an insurance quotation exercise. Follow-up interviews analysed respondents' experiences in obtaining two quotations for one of three products (motor insurance, travel insurance, care hire), using two of three channels (face-to-face, telephone, internet). CM Insight conducted a qualitative phase with six focus groups (six or seven men/women aged 65-80 in each), and eight in-depth interviews (4 with respondents aged 80+, four with respondents aged 65-79 from social group DE). Participants were asked to complete a short insurance purchasing task before the group sessions. This report presents the findings, which suggest some challenges for government and insurance providers in their dealing with older people as consumers. (RH)  
Price: £10.00  
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.  
<http://www.ageconcern.org.uk>

183/28

A problem of riches: towards a new social policy research agenda on the distribution of economic resources; by Michael Orton, Karen Rowlingson.

Journal of Social Policy, vol 36, part 1, January 2007, pp 59-78.

The distribution of economic resources in society is a central concern for social policy, but research in this area has primarily concentrated on the bottom of the economic distribution, namely "the poor". In this article, the authors argue that it is time for social policy to move away from a narrow focus on poverty to consider the broader issues of inequality between different groups in the economic distribution, and, by implication, the position of better-off citizens. This raises a number of conceptual challenges, due to the current lack of consideration of wealth and inequality at a political, theoretical or empirical level. This article discusses the challenges, and concludes by outlining a possible research agenda. However, the underpinning argument is that social policy needs to develop a broader understanding of the economic distribution. (RH)

ISSN: 00472794

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

### EDUCATION

183/29

Fostering social work gerontology competence: a collection of papers from the first National Gerontological Social Work Conference: Part I; by Catherine J Tompkins, Anita L Rosen (eds), National Gerontological Social Work Conference, 2003; Council on Social Work Education (United States). Binghamton, NY: The Haworth Press, 2007, 501 pp.

The first National Gerontological Social Work Conference (NGSWC) was held in Atlanta, Georgia in 2003, in conjunction with the annual meeting of the Council on Social Work Education (CSWE). This collection comprises 29 papers resulting from presentations at the Conference, in which education is the overarching theme. Most of the papers relate to developing the social work curriculum, while others focus on special populations and issues on ageing such as intergenerational concerns, advocacy, end-of-life care and elder abuse. Other themes covered are religiousness and spirituality, grief counselling, mental health services, "ageing enrichment", grandparents in kinship care, and minority ethnic groups. The final paper considers enhancing social workers' culturally competent ageing-related knowledge. This collection has been co-published simultaneously as Journal of Gerontological Social Work, vol 48, nos 1/2, 2006, and 3/4, 2007. (RH)

Price: \$52.00

From : The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.

<http://www.HaworthPress.com>

183/30

Good practice guidelines for UK clinical psychology training providers for the training and consolidation of clinical practice in relation to older people: prepared by Daniel Collerton on behalf of the PSIGE Training Subcommittee; by Daniel Collerton, Psychology Specialists Working with Older People - PSIGE (formerly Psychologists' Special Interest Group Working with Older People), Division of Clinical Psychology, British Psychological Society. Leicester: The British Psychological Society, 2006, 20 pp.

This document's key purpose is to guide members of the profession and training providers in ensuring that trainee clinical psychologists, upon qualifying, are able to meet the needs of older people, in whatever setting or context they come into contact with them. The guidelines have been compiled with regard to expected areas of capability of newly qualified clinical psychologists, and in the context of the eight standards of the National Service Framework for Older People (NSF). The document includes a model curriculum, and its aims, objectives and suggested syllabus content are outlined. (RH)

From : The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

<http://www.bps.org.uk> ;

<http://www.psige.org>

## EMPLOYMENT

(See Also 183/4)

- 183/31 Employment support agencies in the UK: current operation and future development needs; by Richard Wistow, Justine Schneider.  
Health and Social Care in the Community, vol 15, no 2, March 2007, pp 128-135.  
Disabled people are amongst the most excluded in society, while people with learning disabilities have the lowest rates of employment. Supported employment is a new approach to tackling this problem; however, its development has been incremental. In this article, the authors explore some of the features of agencies providing employment support to disabled people. They also describe the views of managers of 31 employment support agencies, based on semi-structured telephone interviews. The survey sought to understand the types of service provided, the staff and caseload numbers, the training offered, and the targets used. The authors also asked managers what would help them in delivering employment opportunities to disabled people. Managers' responses highlight gaps between current policy and practice. Particular attention is given to the sue of targets, fragmented funding and what managers consider is required to improve employment opportunities for disabled people. Managers endorsed the vision expressed in current policy, and identified numerous obstacles to implementation in employment support. Taken together, their views can be used to guide the development of supported employment. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>
- 183/32 Late shift: the death of retirement; by Richard Tomlinson. London: Politico's, 2007, 191 pp.  
More people in the UK want to extend their careers into their sixties and beyond, in order to enjoy a financially secure old age. However, despite the new age discrimination laws, middle aged and older people are confronted with an employment culture that shunts them into retirement as soon as it is legally possible. The research for this book is based on interviews conducted between May 2005 and May 2006 with some 130 people in their 50s, 60s and 70s in the Reading area. They describe their employment experiences, and the attitudes of employers who insist that younger employees are more reliable. Participants range from senior executives fighting for the right to continue working, or the highly qualified job-seeker who is "disadvantaged" by date of birth, to those in unskilled occupations. Most of the participants were contacted again in September 2006, and the book concludes with updates on their situations. (RH)  
Price: £18.99  
From : Methuen Publishing Ltd., 11-12 Buckingham Gate, London SW1E 6EB. Website: [www.methuen.co.uk](http://www.methuen.co.uk) E-,mail: [enquiries@methuen.co.uk](mailto:enquiries@methuen.co.uk)
- 183/33 The right to apply for flexible working: a short guide for employers, working parents and carers; by Acas. London: Acas, March 2007, 13 pp.  
Acas aims to improve organisations and working through better employment relations. From April 2007, carers of adults have the right to apply to work flexibly. An application to work flexibly can cover hours of work, times of work, and place of work (as between home and place of business only), and must be taken seriously by the employer, The legal information in this booklet is provided for guidance only, The reader is alerted to a range of sources, including the Acas Helpline (08457 47 47 47), and Equality Direct (08456 00 34 44) for questions on managing equality in the workplace. (RH)  
From : Acas, Brandon House, 180 Borough High Street, London SE1 1LW. [www.acas.org.uk](http://www.acas.org.uk)  
Acas publications: 08702 42 90 90.

## END-OF-LIFE CARE

(See Also 183/85)

- 183/34 Defining limits in care of terminally ill patients; by Ursula Braun, Rebecca J Beyth, Marvella E Ford (et al).  
British Medical Journal, vol 334 no 7587, 3 February 2007, pp 239-241.  
Despite what they might say, people at the end of life rarely want everything or nothing. Medical

academics from the US explain how to understand and meet the needs of people who are dying, by ensuring that inappropriate, invasive medical interventions are not used. They also note that discharge planning should be the opportunity for patients to discuss future needs, should they be re-admitted to hospital, namely whether they will require a "do not resuscitate" order or an advance directive. (RH)

ISSN: 09598138

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

- 183/35 Focus on commissioning: end of life care: a commissioning perspective; by National Council for Palliative Care. London: National Council for Palliative Care, February 2007, 12 pp. Few primary care trusts (PCTs) have developed comprehensive strategies related to end of life care, which assesses the needs of their local populations and sets out the actions they will take to improve service delivery. This paper was first presented to the annual conference of the Liverpool Care Pathway held at the Royal Society of Medicine on 15 November 2006. The paper sets out a possible approach to commissioning. It defines end of life care and the patient/client group, and outlines how best an individual's end of life care needs can be identified. It suggests a standard service model for supportive and palliative care including end of life care, taking into consideration likely costs. (RH)

Price: £8.00

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

- 183/36 Key challenges and ways forward in researching the "good death": qualitative in-depth interview and focus group study; by Marilyn Kendall, Fiona Harris, Kirsty Boyd (et al). British Medical Journal, vol 334 no 7592, 10 March 2007, pp 521-524.

An international sample of 32 researchers, 7 patients with experience of cancer, and 4 carers in south east Scotland participated in this focus group study. Researchers highlighted the difficulty of defining the end of life, overprotective gate-keeping by ethics committees and clinical staff, the need to factor in high attrition rates associated with deterioration or death, and managing the emotions of participants and research staff. People affected by cancer and researchers suggested that many people nearing the end of life do want to be offered the chance to participate in research, provided it is conducted sensitively. Although such research can be demanding, most researchers believed it to be no more problematic than many other areas of research, and that the challenges identified can be overcome. The continuing taboos around death and dying act as barriers to the commissioning and conduct of end of life research. Some people facing death, however, may want to participate in research and should be allowed to do so. Ethics committees and clinical staff must balance understandable concern about non-maleficence with the right of people with advanced illness to participate in research. Despite the inherent difficulties, end of life research can be conducted with ethical and methodological rigour. Adequate psychological support must be provided for participants, researchers and transcribers. (RH)

ISSN: 09598138

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

## **ETHICAL ISSUES**

- 183/37 What does the community think about lifespan extension technologies?: the need for an empirical base for ethical and policy debates; by Jayne Lucke, Bree Ryan, Wayne Hall.: Blackwell Publishing, December 2006, pp 180-184.

Australasian Journal on Ageing, vol 25 no 4, December 2006, pp 180-184.

Public understandings of the possibilities for increasing life expectancy, interest in take-up of lifespan extending interventions, and motivations influencing these intentions are examined. Structured interviews were conducted with 31 adults in Queensland aged 50+. Participants believed that technological advances would increase life expectancy, but questioned the value of quantity over quality of life. Life in itself was not considered valuable without the ability to put it to good use. Participants would not use technologies to extend their own lifespans unless the result would also enhance their health. While these findings may not be generalisable to the general public, they provide the first empirical evidence on the plausibility of common assumptions about public interest in "anti-ageing" interventions. Surveys of the views of

representative samples of the population are needed to inform the development of a research agenda on the ethical, legal and social implications of lifespan extension. (RH)

ISSN: 14406381

From : <http://www.cota.org.au> / <http://www.blackwellpublishingasia.com>

## FALLS

183/38

Strategies to prevent falls and fractures in hospitals and care homes and effect of cognitive impairment: systematic review and meta-analyses; by David Oliver, James B Connelly, Christina R Victor (et al).

British Medical Journal, vol 334 no 7584, 13 January 2007, pp 82-85.

Evidence for strategies to prevent falls and fractures in care home residents and hospital inpatients was evaluated, and the effect of dementia and cognitive impairment investigated.

1027 references, including 115 systematic reviews, expert views or guidelines were identified on searches of Medline, CINAHL, Embase, Psychinfo, Cochrane Database, and Clinical Trails Register, also hand searching of references from reviews and guidelines until January 2005. Of 92 full papers inspected, 43 were included. Meta analysis for multifaceted interventions in hospital (13 studies) showed a rate ratio of 0.82 for falls, but no significant effect on the number of fallers or fractures. For hip protectors in care homes (11 studies), the rate ratio for hip fractures was 0.67 (0.46 to 0.98), but there was no significant effect on falls and not enough studies on fallers. For all other interventions (multifaceted interventions in care homes, removal of physical restraint, fall alarm devices, exercise, changes in the physical environment, use of calcium or vitamin D, and medication review in hospital), meta analysis was either unsuitable because of insufficient studies, or showed no significant effect on falls, fallers, or fractures, despite strongly positive results in some individual studies. Meta regression showed no significant association between effect size and prevalence of dementia or cognitive impairment. There is some evidence that multifaceted interventions in hospital reduce the number of falls and that use of hip protectors in care homes prevents hip fractures. There is insufficient evidence, though, for the effectiveness of other single interventions in hospitals or care homes or multifaceted interventions in care homes. (RH)

ISSN: 09598138

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

## GOVERNMENT AND POLICY

(See Also 183/28)

183/39

The age agenda 2007: public policy and older people; by Donald Hirsch (ed), Policy Unit, Age Concern England - ACE. London: Age Concern England - ACE, 2007, 127 pp.

The Age Agenda is Age Concern England's annual report on public policy on ageing and older people. It outlines public policy and trends over the last year and looks ahead to likely developments in the next, notably the Comprehensive Spending Review (CSR). The focus is on UK government policy on: income and financial resources; equality and human rights; health and health care; social care; housing; work and learning; local communities and local services; and transport. Many of these themes are covered in a set of 27 key indicators demonstrating the impact of public policy on older people. Population projections and trends in ageing are presented, based on figures from the Office for National Statistics (ONS) and the Government Actuary's Department. (RH)

ISBN: 1903629468

Price: £10.00

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

183/40

Client organizations in a corporatist country: pensioners' organizations and pension policy in Sweden; by David Feltenius.

Journal of European Social Policy, vol 17, no 2, May 2007, pp 139-152.

The relevance of Paul Pierson's (1994 and 1996 welfare retrenchment) arguments about the important role played by organisations for welfare clients is scrutinised. This is done through a



case study of pensioners' organisations in Sweden and their influence on pension policy between 1980 and 2002. In terms of Pierson's argument, Sweden is considered to be a least likely candidate, because its strong labour movement is expected to crowd out other organised interests from the policy process. The investigation reveals, however, that pensioners' organisations have been able to exert influence on pension policy on different occasions. Their influence is explained by their high rating as an organisation, which enables them to represent an important group of voters. These findings contradict previous research suggesting that client organisations are weak, particularly in corporatist countries with a strong labour movement, and demonstrate that Pierson's argument also has relevance in such countries. (RH)  
ISSN: 09589287  
From : <http://esp.sagepub.com>

183/41 The pressure's on: [implications of the comprehensive spending review for older people's services]; by Julien Forder.  
Community Care, no 1659, 8 February 2007, pp 30-31.  
With a rapidly ageing population and a growing number of people with disabilities, services are coming under more pressure. The Wanless report "Securing good care for older people" has shown why the comprehensive spending review (CSR) must allow more money for older people's services. The author examines evidence in the Wanless report and in the Joseph Rowntree Foundation (JRF) report, "Paying for long-term care", of the need for more money from the CSR for older people's services. He concludes that the alternative is a likelihood of unmet need and low quality provision. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

183/42 Who wants a piece?: [implications of the comprehensive spending review for social care services]; by Mark Ivory.  
Community Care, no 1659, 8 February 2007, pp 28-29.  
The deadline for submissions to the comprehensive spending review (CSR) approaches. This first of three articles outlines the CSR's key issues for the social care sector. The author makes a case for a larger share of funding for older people's services, disabilities and mental health, children, also other new costs such as safeguarding vulnerable children and information sharing. However, extra funding is unlikely, and the emphasis is likely to be on efficiency savings. The Association of Directors of Social Services (ADSS) and Counsel and Care - as representatives of major stakeholders - have lobbied HM Treasury. The article draws on the Local Government Association (LGA) reports, "Without a care?" and "Meeting the challenges ahead". (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

## **HEALTH CARE**

(See Also 183/5, 183/6)

183/43 Obesity : a viewpoint: [obesity amongst 50-59 year olds]; by David Haslam.  
Geriatric Medicine, vol 37, no 4, supplement GM 2, April 2007, pp 34-37.  
The prevalence of obesity reaches a maximum between the ages of 50 and 59 for both men and women. Obesity has become the norm in our society, and an element of weight gain in this age group is seen as acceptable. The author of this article outlines the reasons why healthcare professionals need to actively manage obesity in older patients. (RH)  
ISSN: 0268201X

## **HEALTH SERVICES**

183/44 Age Concern's response to the Joint Committee on Human Rights' inquiry into the human rights of older persons in healthcare: summary; by Age Concern England - ACE. London: Age Concern England - ACE, January 2007, 4 pp (Policy response - summary ref: 0607).  
Age Concern England (ACE) considers that the definition of "human rights" should be drawn widely, reaffirming the dignity and worth of every individual. This response to the Joint

Committee on Human Rights identifies structural weaknesses that contribute to human rights problems for older people in hospital and residential care settings: the narrowing of the meaning of "public authority" under the Human Rights Act (HRA) following the Leonard Cheshire case; and public authorities' limited understanding and government's lack of leadership in promoting human rights. Although there has been progress, some age discrimination remains in the NHS in access to health care; and older people and their families face barriers in voicing their concerns about such discrimination. ACE points to ways in which older people's rights could be helped by good practice in the health service and residential care. A full version of the response to this consultation is on ACE's website ([www.ageconcern.org.uk](http://www.ageconcern.org.uk)). (RH)

Price: FOC

From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Download document at <http://www.ageconcern.org.uk>

183/45 The NHS; by Bristol Older People's Forum (BOPF). Bristol: Bristol Older People's Forum, April 2007, 6 pp (Information, no 4).

Older people are the most frequent users of the National Health Service (NHS). This briefing paper is part of a series intended to stimulate discussion and to extend understanding of difficult public issues, especially where objectivity may be elusive. Perceptions concerning the main problems with the NHS are identified, and arguments put forward. These may not necessarily represent the considered views of Bristol Older People's Forum (BOPF). (RH)

From : Bristol Older People's Forum, c/o Age Concern Bristol, Canningford House, 38 Victoria Street, Bristol BS1 6BY. E-mail: [bopf@ageconcernbristol.org.uk](mailto:bopf@ageconcernbristol.org.uk)

183/46 Oldest old are not just passive recipients of care; by Desmond O'Neill, Hannah McGee. British Medical Journal, vol 334 no 7595, 31 March 2007, p 651.

A letter in response to the article: "Caring for the oldest old" featured in a previous week's BMJ (24 March 2007 pp 570-1) by Robine, Michel, and Herrmann. It refers to a longitudinal study of ageing in Ireland, and advocates that "even in advanced old age, a sense of partnership between services and all older people needs to be developed." However, design and planning of housing and transport will need to be enhanced to facilitate such a partnership and remove unnecessary barriers. (KJ/RH)

ISSN: 09598138

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

183/47 Working together for well-being: from vision to reality: an implementation guide; by Gerald Wistow, Eileen Waddington, Local Government Association - LGA; Inter-Agency Group on Adult Social Care (IAG). London: Local Government Association, 2007, 28 pp (Code F/CA241). The Inter-Agency Group on Adult Social Care (IAG) was set up in January 2005. It brings together agencies from the statutory, independent and voluntary sectors: Scope; Better Government for Older People (BGOP) and the Older People's Advisory Group (OPAG); Carers UK; LMCA Alliance for Health; Hanover; Community Services Volunteers (CSV); the NHS Confederation; the Association of Directors of Social Services (ADSS); Voluntary Organisations Disability Group (VODG); the National Association of Adult Placement Schemes (NAAPS); the Sainsbury Centre for Mental Health; Age Concern; Mencap; the English Community Care Association (ECCA); the Mental Health Foundation; and the Improvement and Development Agency (I&DEA). IAG's aim is to influence the government agenda on health and adult social care. The IAG commissioned this paper as part of a longer-term programme of work on adult social care and community well-being. The paper is designed to build on principles in the White Paper, "Our health, our care, our say" (Cm 6737; TSO, 2006), and to analyse the potential contribution of the local government White Paper, "Strong and prosperous communities" (Cm 6939; TSO, 2006). The paper looks at how health and social care can be better integrated at national and local level. It identifies some practical next steps, these being illustrated by examples from a range of settings in which relevant developments are already taking place. (RH)

From : Local Government Association, Local Government House, Smith Square, London SW1P 3HZ. E-mail: [info@lga.gov.uk](mailto:info@lga.gov.uk) Web link to full version and executive summary: <http://www.lga.gov.uk/Publication.asp?lsection=0&ccat=28&id=SXE207-A78409B9>

## HOME CARE

- 183/48 Can a publicly funded home care system successfully allocate service based on perceived need rather than socioeconomic status?: a Canadian experience; by Audrey Laporte, Ruth Croxford, Peter C Coyte.  
Health and Social Care in the Community, vol 15, no 2, March 2007, pp 108-119.  
The degree to which socio-economic status (SES) as opposed to perceived need determines utilisation of publicly funded home care in Ontario, Canada is evaluated in this quantitative study. The Registered Persons Data Base of the Ontario Health Insurance Plan was used to identify the age, sex and place of residence for all Ontarians who had coverage for the complete calendar year 1998. Utilisation was characterised by two dimensions: propensity - the probability that an individual received service, which was estimated using a multinomial logit equation; and intensity - the amount of service received, conditional on receipt. Short- and long-term service intensity were modelled separately using ordinary least squares regression. Age, sex and co-morbidity were the best predictors of whether or not an individual received publicly funded home care as well as how much care was received, with sicker individuals having increased utilisation. The propensity and intensity of service receipt increased with lower SES, and decreased with the proportion of recent immigrants in the region, after controlling for age, sex and co-morbidity. Although the allocation of publicly-funded home care service was primarily based on perceived need rather than ability to pay, barriers to utilisation for those from areas with a high proportion of recent immigrants were identified. Future research is needed to assess whether the current mix and level of publicly funded resources are indeed sufficient to offset the added costs associated with the provision of high-quality home care. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>
- 183/49 The great home care divide: [disparities in domiciliary care provision]; by Louise Tickle.  
Community Care, no 1669, 19 April 2007, pp 28-29.  
Why can domiciliary care in some areas be free of charge and easily accessible, while in others, it is costly and restricted? The author investigates changes to charging regimes. While charges have been raised in Lambeth and Cumbria, and there is consultation on raising charges in Cardiff, the Isle of Wight is not charging those aged 80+ for their home care needs. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 183/50 Home-based palliative care in Sydney, Australia: the carer's perspective on the provision of informal care; by Saggi Zapart, Patricia Kenny, Jane Hall (et al).  
Health and Social Care in the Community, vol 15, no 2, March 2007, pp 97-107.  
The provision of home-based palliative care requires a substantial unpaid contribution from family and friends (i.e. informal care). This cross-sectional descriptive study, conducted between September 2003 and April 2004, describes the contribution and impact it has on those providing informal care. Participants were 82 informal carers of patients registered with two community palliative care services in Sydney, Australia (40% of eligible carers). Carers were interviewed to assess the care recipient's care needs, the care provided by the informal carer, and the health status of the carer (using the 36-item Short Form Health Survey, SF-36). A number of open-ended questions asked about the impact of providing care and the type of support that carers would find helpful. Most carers reported that care recipients required help with household tasks; and many needed assistance with personal activities of daily living (ADLs), taking medications, and organisational tasks. In the majority of cases, the principal carer provided all or most of this help. Although on average the physical health of carers was similar to that of the Australian population, their mental health scores were lower. Many carers reported effects on social and family relationships, restrictions on their participation at work and leisure activities, and a range of emotional reactions to their caring situation. The support carers said they would like included information and advice, in-home respite, help with household tasks, and financial support. This study supports the view that effective support for carers must recognise the pre-existing relationship between carer and recipient, and the differing needs of individual carers. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>

- 183/51 Home-care programmes for older adults with disabilities in Canada: how can we assess the adequacy of services provided compared with the needs of users?; by M Tousignant, N Dubuc, R Hébert (et al).  
Health and Social Care in the Community, vol 15, no 1, January 2007, pp 1-7.  
The need for care homes will probably continue to increase over the next decade as one response to innovative health practices designed to help people receive services at home instead of in institutions. However, there are no data for determining whether home-care programmes can meet user needs. This cross-sectional study describes the functional autonomy profile of the users of public home-care programmes in Quebec, Canada; and compares the level of adequacy between required and provided services in public home-care programmes for older people with disabilities. The population studied consists of all users of public home-care services in one administrative region of Quebec over the period September-December 2002. Each user was assessed with the Functional Autonomy Measurement System (SMAF) and then classified into one of the 14 Iso-SMAF profiles. The total number of hours of care required was determined using the median number of hours of nursing care, personal care and support services associated with each profile. For the sake of comparison with the services required, the services provided were calculated from an administrative databank that included statistics of the time sent by health professionals on caring for home-care users. The ratio of hours of services provided to the number of hours of service required by home-care users highlights a discrepancy between the services provided and user needs. The results of this study show the feasibility of describing users of public home-care programmes and the adequacy of services provided in relation to user needs. Based on these results, public home-care programmes in the province of Quebec appear to be under-funded. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>

- 183/52 The UKHCA Code of Practice; by United Kingdom Home Care Association - UKHCA.  
Homecarer, March 2007, 8 page insert.  
UKHCA is the national representative association for member organisations providing care, including nursing care, to people in their own home. This Code of Practice provides guidelines to enable an organisation providing homecare to operate in such a way that: i) the highest standards of care are provided; ii) the rights and welfare of service users are paramount; iii) the rights and welfare of careworkers are protected. The Code then proceeds to outline how this can be achieved in six parts. Part 1: Introduction and definitions (of terms used); Part 2: Service users' rights; Part 3: Operation of the service; Part 4: Responsibilities in relation to careworkers; Part 5: Legal and financial responsibilities; Part 6: General responsibilities. Statutory and workforce regulators are given as appendices. (KJ)  
From : <http://www.ukhca.co.uk/codeofpractice.aspx>

## **HOSPITAL SERVICES**

- 183/53 Improving care for older people in general hospitals; by John Young, Deborah Sturdy.  
Geriatric Medicine, vol 37, no 4, April 2007, pp 39-41.  
Older people with complex needs have increasingly become the largest group to use hospital wards, but routine systems of care have been slow to reflect this. Standard 4 of the National Service Framework for Older People (NSF) was designed to improve hospital care for them, and 40 national pilot studies were established. The authors review the practical strategies and what still needs to be done to enact change. (RH)  
ISSN: 0268201X
- 183/54 Management of acutely disturbed behaviour in the general hospital; by John Naylor, Samantha Boothroyd, John Wattis.  
Geriatric Medicine, vol 37, no 3, March 2007, pp 53-58.  
It is not uncommon for older people in hospital to have mental health problems. Acute behavioural disturbances may be a presentation of delirium, but it might also be misunderstood by clinical staff; and individuals with specific problems, such as dysphasia or agnosia could be mislabelled as confused. The authors outlines a management approach, and present the role of the liaison nurse in the psychogeriatric team. (RH)  
ISSN: 0268201X

## INDIVIDUAL BUDGETS

- 183/55 How to loosen the strings?: [Independent Living Fund]; by Melanie Henwood, Bob Hudson. Community Care, no 1664, 15 March 2007, pp 32-33.  
In 2006, the Department for Work and Pensions (DWP) commissioned the authors of this article to review the Independent Living Fund (ILF), a forerunner of "cash-for-care" programmes in the UK. However, the programme now has to co-exist with a wider range of similar programmes and initiatives. The authors summarise the case for radical change that is proposed in their report. They note that they evaluated the operational framework of ILF against six criteria: equity, transparency, accessibility, self-determination, flexibility, and values and outcomes. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

## INFORMATION AND COMMUNICATION TECHNOLOGY

- 183/56 Needs and preferences among moderate to low earners for retirement information online: small-scale qualitative research: a report of research carried out by BMRB Social Research Limited on behalf of the Department for Work and Pensions; by Andrew Thomas, Richard Brown, BMRB Social Research; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2007, 105 pp (Department for Work and Pensions Research report, no 413).  
The White Paper, "Security in retirement: towards a new pension system" (Cm 6841; TSO, 2006), set out proposals for creating a new system of personal accounts and reforms of the State Pension. This quantitative research - undertaken by BRMB on behalf of the Department for Work and Pensions (DWP) - examined individuals' use of the internet, experience of financial planning, and knowledge of pensions issues. Participants were internet users aged 21-55, earning moderate to low incomes. The research was designed to further understand what would help people plan for retirement; and the findings focus on participants' purchase of financial products. Most of the report considers the concept of an internet-based retirement planning tool and participants' views on such a product. (RH)  
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Website: [www.cds.co.uk](http://www.cds.co.uk)

## INTEGRATED CARE

- 183/57 Partnership working and outcomes: a case of the hare and the tortoise?; by Amanda Edwards. Journal of Integrated Care, vol 15, issue 1, February 2007, pp 24-26.  
"Slow and steady wins the race" is the conclusion of Aesop's fable. In ensuring that we do not fall asleep on the way (like the hare), is there a danger that in the race to demonstrate improved outcomes, we will miss the opportunity to build knowledge about how partnerships can deliver better results for people who use services? This article puts the case for partnerships, but that there must be a more patient, focused approach to evaluation that helps us to learn and develop new questions. (RH)  
ISSN: 14769018  
From : <http://www.pavpub.com>

## INTERGENERATIONAL ISSUES

- 183/58 The great generational robbery; by Faisal Islam. New Statesman, 5 March 2007, pp 34-36.  
Expensive pensions, no hope of getting on the housing ladder, and tens of thousand pounds of debt just to go to university. Have the under 35s been mugged by the baby-boom generation that went before them? The economics correspondent of Channel 4 News comments that while high house prices are transferring wealth to the old and rich from the young and poor, there is a demographic problem. There may be a perception that the increasing proportion of over 65s in the UK population may be living in reasonable comfort, 17% of pensioners are classified as living in poverty. (RH)  
ISSN: 13647431

- 183/59 Updating the debate on intergenerational fairness in pension reform; by Kenneth Howse. *Social Policy & Administration*, vol 41, no 1, February 2007, pp 50-64.  
This article examines the arguments involved about the fairness or unfairness of government policies that would require current working generations to bear the full impact of their lower fertility on the costs of retirement pensions. The analysis is set in the context of a wider debate on the idea of generational fairness in assessing options for reform under conditions of population ageing. The article considers three questions: whether generational fairness poses a serious problem for the pay-as-you-go pension scheme; whether it is reasonable to assess the generational fairness of pension policy in isolation from other kinds of generational transfer; and whether there is a good case for redistribution from future generations in favour of the baby boom generation. (RH)  
ISSN: 01445596

### **INTERMEDIATE CARE**

(See Also 183/97)

- 183/60 The organisation, form and function of intermediate care services and systems in England: results from a national survey; by Graham P Martin, Graham J Hewitt, Teresa A Faulkner (et al). *Health and Social Care in the Community*, vol 15, no 2, March 2007, pp 146-154.  
The results are reported of a postal survey of intermediate care coordinators (ICCs) on the organisation and delivery of intermediate care services for older people in England conducted between November 2003 and May 2004. Questionnaires covered a range of issues with a variety of quantitative, tick-box and open-ended questions, and were returned by 106 respondents, representing just over 35% of primary care trusts (PCTs). The authors discuss the role of ICCs, the integration of local systems of intermediate care provision, and the form, function and model of delivery of services described by respondents. Using descriptive and statistical analysis of the responses, they highlight the relationship between provision of admission avoidance and supported discharge, the availability of 24-hour care, and the locations in which care is provided. They relate their findings to the emerging evidence base for intermediate care, guidance on implementation from central government, and debate in the literature. Whilst the expansion and integration of intermediate care appear to be continuing apace, much provision seems concentrated in supported discharge services rather than acute admission avoidance, and particularly in residential forms of post-acute intermediate care. Supported discharge services tend to be found in residential settings, while admission avoidance provision tends to be non-residential in nature. 24-hour care in non-residential settings is not available in several responding PCTs. These findings raise questions about the relationship between the implementation of intermediate care, and the evidence for and aims of the policy as part of National Health Service (NHS) modernisation, and the extent to which intermediate care represents a genuinely novel approach to the care and rehabilitation of older people. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>

### **INTERNATIONAL AND COMPARATIVE**

(See Also 183/11, 183/46, 183/48, 183/50, 183/51, 183/67, 183/81, 183/89)

- 183/61 Lessons on aging from three nations: Vol 1: The art of aging well; by Sara Carmel, Carol A Morse, Fernando M Torres-Gil (eds). Amityville, NY: Baywood, 2007, 220 pp (Society and aging series).  
This first of two volumes explores and describes lessons from case studies on how to promote successful ageing on personal and social levels in the US, Israel and Australia. It is arranged in three sections, the first of which considers the art of coping with growing older. Five chapters variously refer to personal creativity and creative ageing; health and well-being through occupation in later life; age-related cognitive ability and dysfunction; and widowed older women, and living to 100 in Australia. The three chapters in Section 2 - on adapting to health challenges with age - look at family and community health care, the implications of ageing for public policy,

and ageing immigrants' help seeking for health-related problems. Section 3, the art of making a place for older people in society, considers intergenerational solidarity, social networks (of older Mexican immigrants in the US), migration, the interpersonal environment, and ageing in place. (RH)

Price: \$49.00

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183/62

The socioeconomic determinants of older people's health in Brazil: the importance of marital status and income; by Antônio M Bós, Angelo J Bós.

*Ageing and Society*, vol 27, part 3, May 2007, pp 385-405.

Studies in various countries have reported that older people who are married have better health than older widows. This paper reports a replication of these analyses with Brazilian data. The authors used ordered logistic regression (with self-assessed health as the main dependent variable) to explore the relationships between marital status, individual and household income, and the health of men and women. The explanatory variables of interest were gender, marital status, and individual and family income. Data are from a survey of 7920 non-institutionalised older people resident in the southern state of Rio Grande do Sul in 1995. The survey used a structured, multi-disciplinary questionnaire, which collected information on demographic attributes, household composition, social relations, occupation, income and health status. The results show that widows were 20% more likely to report better health than married women. Those women without their own income had worse health than those who did, even after controlling for family income. For men, there were no significant differences in health by marital status. The main recommendation is that the health status and economic circumstances of married older people should be given more attention in both research and policy, certainly in Brazil and probably other Latin American countries. Programmes of income support in the poorest households should include specific transfers to these older women. Brazil's Family Health and Older People's Health public programme should place more emphasis on older home-makers' health. (RH)

ISSN: 0144686X

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## **LEARNING DIFFICULTIES**

183/63

Older carers of adults with a learning disability confront the future: issues and preferences in planning; by Laura Bowey, Alex McGlaughlin.

*British Journal of Social Work*, vol 37, no 1, January 2007, pp 39-54.

The "Valuing people" White Paper (Cm 5086; TSO, 2001) requires services to secure a plan for all service users and learning disabilities living with older carers, and promises them and their families more choice and control over how and where they live. This paper examines the views of older carers aged 70+ of 62 adults with a learning disability about planning for the future. 56 took part in interviews in their own homes and 6 completed a questionnaire. All carers were white and recruited from one local authority. Findings indicate that a significant proportion (34 or 55%) is either not ready or is unwilling to make future plans. Barriers to planning include: a perceived lack of need due to the existence of two carers; a lack of awareness of time scales involved in securing housing; difficulties in letting go; a lack of confidence in available housing options; and the existence of mutually supportive relationships. The findings show a need for a proactive approach to information and support provision to enable these families to work through a process of making plans for the future. This is essential to prevent the need for emergency placements in response to crisis and in turn to ensure that adults with learning disabilities have genuine choice and involvement in how and where they live. (RH)

ISSN: 00453102

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

## LEGAL ISSUES

(See Also 183/82)

- 183/64 Care standards legislation handbook; by David Pearl, Care Standards Tribunal. 5th ed Bristol: Jordans, 2007, 743 pp.  
This 5th edition brings together the texts (without annotation) of the Care Standards Act 2000 (as amended by subsequent legislation), and related statutes and statutory instruments (SIs) with regard to the regulatory system (and appeal processes) for England and Wales set up under the Act. Any sections or sub-sections which have been repealed have been omitted, while included are prospective amendments or repeals. Among new legislation is the Safeguarding Vulnerable Groups Act 2006. Also included are the General Social Care Council (Conduct) Rules 2003 and the General Social Care Council (Registration) Rules 2005. The introduction notes that material specific to Wales is excluded, but that further information about Welsh materials is available from the Secretariat of the Care Standards Tribunal. All decisions of the Tribunal are placed on its website ([www.carestandardtribunal.gov.uk](http://www.carestandardtribunal.gov.uk)), where there is also a digest of cases. Decisions are also reported on the British and Irish Legal Information website ([www.bailii.org/ew/cases/EWCST](http://www.bailii.org/ew/cases/EWCST)). This edition sets out the statutory material as at January 2007. (RH)  
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## LIFE-LONG LEARNING

- 183/65 The clients and functions of Spanish university programmes for older people: a sociological analysis; by Alfredo Alfageme.  
Ageing and Society, vol 27, part 3, May 2007, pp 343-361.  
University programmes for older people (UPOP) have recently expanded rapidly in Europe and are now well-established. This study examines the functions and achievements of the programmes and the characteristics of UPOP students in Spain. The evaluation is from a general sociological perspective, and uses data from a survey of a representative sample of the students (1448 questionnaires returned). The main socio-economic findings are that the students are relatively young older people, have a relatively high socio-economic level, are predominantly women, and retired. It is shown that beyond the education imparted, the programmes also fulfil important social roles. A critical analysis of the programmes as social policy highlights their socially selective reach and impacts, and compares their actual and potential functions. Some alternatives are discussed. If UPOP are to maintain their identity as programmes for older people, a different approach is required to reach all older people, including the 'really old'. On the other hand, if the objectives emphasise the promotion of social integration and personal development (in matters other than employment skills), there is no reason why they should be addressed exclusively to people aged 50+ (or any arbitrary age). Rather, they should be open to adults of all ages. If this change were made, UPOP would give less reinforcement to a particular social construction of old age. (RH)  
ISSN: 0144686X  
From : [http://www.journals.cambridge.org/jid\\_ASO](http://www.journals.cambridge.org/jid_ASO)

- 183/66 Higher education study in later life: what is the point?; by Anne Jamieson.  
Ageing and Society, vol 27, part 3, May 2007, pp 363-384.  
Whilst research on older learners is growing - particularly the benefits of the learning process itself - little is known about those who engage in higher education study. This article reports a study of older people in higher education, their socio-economic characteristics and the motivations and reported benefits of their studies. The findings are based on a survey of graduates from two UK higher education institutions specialising in part-time study provision, Birkbeck, University of London, and the Open University (OU). The study population is distinctive in two respects: their participation in the accreditation process, and that they complete with a formal qualification. It is shown that, whilst a sizeable proportion of the middle-aged and older students are well-off and well-educated, there is also considerable heterogeneity and that many are making up for



opportunities lost earlier in life. A substantial proportion of the 'middle-aged' graduates still saw qualifications as a pathway to enhanced employment opportunities, whereas the older graduates placed more weight on wider benefits. The qualification was seen as an important aspect of their chosen study. Using the responses to qualitative interviews, the article explores the role of the qualification in the lives of the older graduates, and illustrates how this particular kind of study is an element of their strategies to manage the transition from work to retirement, and to make life in retirement more meaningful. (RH)

ISSN: 0144686X

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

## **LONG TERM CARE**

183/67

Modelling an entitlement to long-term care services for older people in Europe: projections for long-term care expenditure to 2050; by Linda Pickard, Adelina Comas-Herrera, Joan Costa-Font (et al).

Journal of European Social Policy, vol 17, no 1, February 2007, pp 33-48.

As the numbers of older people in Europe increase, the importance of long-term care services in terms of numbers of users and expenditures can be expected to grow. This article examines the implications for expenditure in four countries of a national entitlement to long-term care services for all older people, based on assessed dependency. It is based on a European Commission-funded cross-national study, which makes projections to 2030 of long-term care expenditure in Germany, Italy, Spain and the UK. The policy option investigated is based on the German long-term care insurance scheme, which embodies the principle of an entitlement on uniform national criteria to long-term care benefits. The research models this key principle of the German system on the other three participating countries with respect to home care services. The study finds that, if all moderately or severely dependent older people receive an entitlement to formal (in-kind) home care, the impact on expenditure could be considerable, but would vary greatly between countries. The impact on long-term care expenditure is found to be the least in Germany, where there is already an entitlement to benefits, and the greatest in Spain, where reliance on informal care is widespread. The policy implications of these results are discussed. (RH)

ISSN: 09589287

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

## **MEDICAL ISSUES**

183/68

Motor neuron disease and the elderly; by Sheba Azam, P N Leigh.

Geriatric Medicine, vol 37, no 3, March 2007, pp 61-64.

Motor neuron disease is a devastating condition characterised by degeneration of motor nerves. Many of the presenting symptoms - such as fatigue, muscle weakness and difficulty in swallowing - have a broad differential diagnosis in the older population. The authors explain how ensuring quality of life for patients requires preventing unnecessary delay in diagnosis, and early referral to an appropriate multidisciplinary team. (RH)

ISSN: 0268201X

## **MENTAL HEALTH**

(See Also 183/54)

183/69

Delirium in older people; by John Young, Sharon K Inouye.

British Medical Journal, vol 334 no 7598, 21 April 2007, pp 842-846.

Delirium is a common presentation of acute illness in older people, and is characterised by recent onset of fluctuating inattention and drowsiness linked to triggering factors. The authors searched Medline and the Cochrane Library from 1996 to 2006, also their personal libraries of delirium references, particularly focusing on systematic reviews. Their article outlines diagnosis, causes and management of delirium, also distinguishing between delirium and dementia, and whether the condition can be prevented. Routine cognitive assessment in unwell older people would improve detection rates. Good research evidence exists that, with better systems of routine care, would prevent delirium in at least a third of patients. (RH)

ISSN: 09598138  
From : <http://www.bmj.com>

- 183/70 Target groups for the prevention of late-life anxiety; by Filip Smit, Hannie Comijs, Robert Schoevers (et al).  
British Journal of Psychiatry, vol 190, May 2007, pp 428-434.  
Anxiety disorders in older people are highly prevalent, yet there is little evidence to guide targeted prevention strategies. The aim of this study was to identify sub-groups at increased risk of developing anxiety in later life. Anxiety was measured using the anxiety sub-scale of the Hospital Anxiety and Depression Scale (HADS) with 1931 people aged 55-85 followed over 3 years. Risk factors were identified that had a high combined attributable fraction, indicative of substantial health gains when the adverse effect of the risk factors can be contained. Factors significantly associated with increased risk of developing anxiety included sub-threshold anxiety, depression, two or more chronic illnesses, poor sense of mastery, poor self-rated health and low educational level. The identified risk groups are small, thus providing prevention with a narrow focus; and health gains are likely to be more substantial than in groups not exposed to these risk factors. Nevertheless, more research is needed to produce evidence on target groups where prevention has optimal impacts. (RH)  
ISSN: 00071250  
From : <http://bjp.rcpsych.org>

#### **MENTAL HEALTH SERVICES**

(See Also 183/74)

- 183/71 The Bournemouth provisions; by John Dow.  
Journal of Integrated Care, vol 15, issue 1, February 2007, pp 34-36.  
Local authorities and primary care trusts (PCTs) will have new responsibilities under amendments to the Mental Capacity Act 2005, proposed in the Mental Health Bill introduced in November 2006. Under the proposals, care homes and hospitals will need to obtain authorisation from the local authority or PCT if it is considered necessary to deprive those lacking capacity of their liberty in order to provide care or treatment. (RH)  
ISSN: 14769018  
From : <http://www.pavpub.com>
- 183/72 Community mental health teams: can they lighten the load of older adult psychiatry of care homes?; by Eamon Fottrell.  
Geriatric Medicine, vol 37, no 2, February 2007, pp 35-42.  
The Commission for Social Care Inspection (CSCI) is to publish a consultation document to the effect that hotel-style ratings will be given to care homes for older people from April 2007. The author of this article thinks this change is promising. He illustrates by example how older people with psychiatric problems and their carers can benefit through the involvement of community mental health teams, and challenges general practitioners (GPs) to become actively involved with such patients living residential and nursing care. (RH)  
ISSN: 0268201X
- 183/73 Service innovation: an old age liaison psychiatry service; by Paul Whelan, Kirsten Lawson, Stephen W Burton.  
Psychiatric Bulletin, vol 31, no 4, April 2007, pp 145-147.  
Service models differ for provision of mental health care for older medical in-patients, ranging from psychiatry services based on liaison to those based on a consultation model. The Lewisham Old Age Consultation and Liaison (LOACaL) psychiatry service was set up in November 2003 to serve four older people's care wards at University Hospital Lewisham. Older medical in-patients were seen prior to this as part of an 'in-reach' sector team-based service provided by two old age community mental health teams (CMHTs). The new service comprised a consultation psychiatrist (5 sessions), a staff grade doctor (10 sessions), a psychologist (3 session) and a nurse (3 sessions). Of 550 beds at the hospital, 124 are for care of older people. In 2004-2005, there were 56300 admissions to the hospital as a whole and the average length of stay on an older

people's care ward was 2 weeks. Mujic et al (Psychiatric Bulletin, vol 28, no 5, 2004) found that capacity assessments represented a fifth of the workload on an old age liaison service. In an attempt to reduce the number of inappropriate referrals for simple capacity assessments, the new service's referral form had guidelines for assessing capacity printed on the back. The aims of this study were to determine the quantity and type of referrals to the new old age liaison psychiatry service, to assess the quality of the referral information provided by the care teams and their response to recommendations made by the liaison team, to assess the response time of the liaison service, and the outcomes of the patients seen, to assess the adequacy of the new service's referral form and record the number of capacity referrals. (RH)  
ISSN: 09556036  
From : <http://pb.rcpsych.org>

## MENTAL ILLNESS

- 183/74 ECT in the elderly; by Sreedharan Amarjothi, Murali Krishna, Richard Barnes. Geriatric Medicine, vol 37, no 4, April 2007, pp 23/30. Electroconvulsive therapy (ECT) remains one of the most controversial treatments currently used in psychiatric practice, despite its long-standing record of safety and efficacy. The authors discuss the origins of ECT, how this form of therapy came to be incorporated in psychiatric practice, and why it continues to be enigmatic to both medical practitioners and the general public. (RH)  
ISSN: 0268201X
- 183/75 Lithium and risk for Alzheimer's disease in elderly patients with bipolar disorder; by Paula V Nunes, Orestes V Forlenza, Wagner F Gattaz. British Journal of Psychiatry, vol 190, April 2007, pp 359-360. Bipolar disorder is associated with increased risk for dementia. The authors compared the prevalence of Alzheimer's disease (AD) between 66 older euthymic patients with bipolar disorder who were on chronic lithium therapy and 48 similar patients without recent lithium therapy. The prevalence of dementia in the whole sample was 19% vs 7% in an age-comparable population. Alzheimer's disease was diagnosed in 3 patients (5%) on lithium and in 16 patients (33%) who were not on lithium. The case-controlled data for this Brazilian study suggest that lithium treatment reduced the prevalence of Alzheimer's disease in patients with bipolar disorder to levels in the general older population. This is in accordance with reports that lithium inhibits crucial processes in the pathogenesis of Alzheimer's disease. (RH)  
ISSN: 00071250  
From : <http://bjp.rcpsych.org>

## NURSING

- 183/76 Assessing the Registered Nursing Care Contribution for older people in care homes: issues of reliability and validity; by Jan Reed, Bill Watson, Margaret Cook. Health and Social Care in the Community, vol 15, no 2, March 2007, pp 136-145. The present paper reports on a study designed to investigate the validity and reliability of the Registered Nursing Care Contribution (RNCC) tool for assessing the level of nursing care required by care home residents. Care plan data from 186 residents in participating care homes were assessed by multiple assessors using the RNCC tool (i.e. care home registered nurses, a nurse researcher, an external care home expert and a nurse consultant). The Minimum Data Set (MDS) rating was used as a validated comparison. The findings from the study indicate that there were disparities between the RNCC and MDS bandings, and between different raters, with the external care home expert achieving the closest agreement with the MDS. This suggests that the use of the RNCC tool varies considerably according to the assessor, which also suggests that training of users is needed to ensure consistency and reliability. However, the difference between the outcomes of using the RNCC tool and the MDS suggest that assessment of nursing need may need to be re-examined to ensure validity. (RH)  
ISSN: 09660410  
From : <http://www.blackwellpublishing.com/hsc>

## **OLDER MEN**

- 183/77 Working with older men - improving Age Concerns' services: report of a research into practice seminar, 26 September 2006, hosted by Age Concern Tameside; by Age Concern England - ACE. [London]: Age Concern England, January 2007, 32 pp.  
While Age Concern has identified that some of its local organisations already meet older men's needs, interests and preferences, there is evidence that suggests older men's specific needs are otherwise largely ignored. This report summarises the presentations at the seminar: Kate Davidson on the University of Surrey study, "investigations into the social and emotional well-being of lone older men"; and Simon Northmore of ACE on "Working with older men: barriers and enabling factors". Workshop discussions focused on practical actions that can be taken by local Age Concerns, how ACE can help, and opportunities for partnerships working with other organisations. (RH)  
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.  
<http://www.ageconcern.org.uk>

## **OLDER OFFENDERS**

- 183/78 Health needs of prisoners in England and Wales: the implications for prison healthcare of gender, age and ethnicity; by Francesca Harris, Gill Hek, Louise Condon.  
Health and Social Care in the Community, vol 15, no 1, January 2007, pp 56-66.  
A systematic overview of policy and research literature on primary care nursing in prisons in England and Wales was undertaken as part of a larger research project for the Department of Health (DH). That project examined the views and perspectives of prisoners and nurses working in prisons and aimed to identify good primary care nursing in the prison environment. 17 databases were searched using search terms related to primary healthcare in prisons (health, nurs\*, primary care, healthcare, family medicine, prison\*, offender\*, inmate\*) with terms truncated where possible in the different databases. Following this, a sifting phase was employed using inclusion/exclusion criteria to narrow and focus the literature perceived as relevant to the research questions. All papers were critically appraised for quality using standardised tools. Findings from the literature overview show that prisoners are more likely to have suffered some form of social exclusion compared to the rest of society, and there are significantly greater degrees of mental health problems, substance abuse, and worse physical health in prisoners than in the general population. Women, young offenders, older prisoners and those from minority ethnic groups have distinct health needs compared to the prison population taken as a whole, with implications for the delivery of prison healthcare, and how these needs are met effectively and appropriately. (RH)  
ISSN: 09660410  
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## **OLDER WOMEN**

(See Also 183/4, 183/80)

- 183/79 "Heating is more important than food": older women's perceptions of fuel poverty; by Tracey O'Neill, Clare Jinks, Anne Squire.  
Journal of Housing for the Elderly, vol 20, no 3, 2006, pp 95-108.  
Fuel poverty is estimated to affect millions of people in the UK, and older people are especially vulnerable. Most research into fuel poverty has drawn upon quantitative paradigms. The aim of this study, therefore, was to investigate the perceptions and experiences of older women in relation to fuel issues. Ten qualitative semi-structured interviews were undertaken during the winter of 2005 in a small community in North Wales. The interviews were tape-recorded and transcribed verbatim. A phenomenological approach was used for analysis. Four main themes emerged: causes of fuel poverty; managing money; heating is a priority; and government initiatives. The results show that fuel poverty is an important health and financial concern for older women. (RH)  
ISSN: 02763893  
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## PALLIATIVE CARE

(See 183/5, 183/6, 183/50, 183/85)

## PENSIONS AND BENEFITS

- 183/80      Counting the cost of caring: a women and pensions survey; by Age Concern England - ACE. London: Age Concern England, January 2007, 42 pp.  
Age Concern England (ACE) carried out this survey to find out more about the impact of caring on pensions. The survey was completed by 624 women, most of whom were aged 45 to 74. This report outlines the findings regarding: living standards in retirement; factors affecting ability to save; and issues around building up a private pension, financial independence, and the impact of state pension reforms. While it is acknowledged that women will benefit from changes being introduced in the Pensions Bill (published November 2006), they are still likely to miss out on private provision. (RH)  
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER.  
<http://www.ageconcern.org.uk>
- 183/81      The International Pension Centre customer survey 2005: a report of research carried out by BMRB Social Research on behalf of the Department for Work and Pensions; by Nicholas Howat, Lorraine Sims, Oliver Norden, BMRB Social Research; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2007, 108 pp (Department for Work and Pensions Research report, no 425).  
The International Pension Centre (IPC) is the Pension Service department responsible for administering the UK State Pension to people living abroad, or moving into the UK from another country. During the summer of 2006, a survey of customers contacting the IPC was carried out to measure their experience of, attitudes toward, and satisfaction with the service. A total of 1,084 interviews were conducted with customers living all over the world. This report looks at the profile of customers contacting the IPC; measurement of the IPC's overall performance; how customers contact IPC; information about customers' most recent enquiries; and customers' experiences of the complaints process within IPC. (RH)  
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Website: [www.cds.co.uk](http://www.cds.co.uk)
- 183/82      The Pensions Bill: the impact of pensions reform proposals on the self-employed from black and minority ethnic groups; by Runnymede Trust. London: Runnymede Trust, March 2007, 6 pp ( A Runnymede Trust briefing paper).  
The Runnymede Trust submitted a response to the White Paper "Security in retirement: towards a new pensions system" (Cm 6841) in September 2006, generally welcoming the reforms proposed. In this briefing paper, however, the Trust argues that low-income black and minority ethnic (BME), self-employed people will not benefit equally from the reforms proposed in the Pensions Bill or of personal accounts (as outlined in the White Paper). It particularly notes that BME groups are over-represented among the self-employed - especially among the low-income self-employed - and that they face a greater degree of uncertainty of income and financial security. Regarding personal accounts, language and cultural differences can affect savings behaviour. (RH)  
From : The Runnymede Trust, 7 Plough Yard, Shoreditch, London EC2A 3LP.  
E-Mail: [info@runnymedetrust.org](mailto:info@runnymedetrust.org) Website: [www.runnymedetrust.org](http://www.runnymedetrust.org)
- 183/83      Pensions panorama: retirement-income systems in 53 countries; by Edward Whitehouse, World Bank; Organisation for Economic Co-operation and Development - OECD. Washington, DC: World Bank, 2007, 234 pp.  
The future adequacy of pension benefits, the impact of pension reforms on the distribution of income among older people, and the means to combat old-age poverty are the issues of interest in this report, summed up as "social sustainability". Part 1 is a cross-country analysis: which countries have which types of pension schemes; the parameters and rules of different parts of the retirement-income system; the methodology and assumptions for modelling pension entitlement;

future pension entitlements for today's workers; and the link between pensions and earnings. Part 2 comprises studies of the 53 countries by region: high-income OECD countries; Eastern Europe and Central Asia; Latin America and the Caribbean; and the Middle East and North Africa. Each country profile outlines qualifying conditions, the benefit calculation rules, and the treatment of pensioners under the personal income tax and social security contributions. (RH)

Price: £14.50

From : The Stationery Office, PO Box 29, Norwich NR3 1GN.

## **POVERTY**

(See 183/79)

## **PUBLIC SERVICES**

- 183/84      Nowhere to go: public toilet provision in the UK; by Help the Aged. London: Help the Aged, 2007, 11 pp.  
Older people's forums across the country are campaigning to save and improve their local public toilets. Almost 1000 people sent comments on their experiences about closed or inadequate facilities in response to a survey sent out via two Help the Aged publications, Activate and Policy Update. 82% of respondents said that public toilet provision in their area did not meet their needs. This report summarises the survey's findings on older people's specific needs, access, safety, standards, and the consequences of inadequate toilet provision. Some solutions to the lack of facilities - such as a national key scheme, and provision by shops and businesses - are suggested. (RH)  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk

## **RELIGION AND SPIRITUALITY**

- 183/85      Faith, dying and palliative care in multicultural Britain; by Alison South, Elizabeth Teale, Victoria Watts.  
Geriatric Medicine, vol 37, no 4, April 2007, pp 17-22.  
We live in an increasingly diverse society, both culturally and religiously. Rituals surrounding dying and death differ between faiths. To provide appropriate end-of-life care, it is essential that healthcare workers have an understanding of the practices and beliefs of patients and their families. This article outlines the basic principles for the major religions in the UK: Christianity, Islam, Hinduism, Sikhism, Judaism, and Buddhism. (RH)  
ISSN: 0268201X

## **REMINISCENCE**

(See 183/20)

## **RESEARCH**

- 183/86      Grading gems: appraising the quality of research for social work and social care; by Brian J Taylor, Martin Dempster, Michael Donnelly.  
British Journal of Social Work, vol 37, no 2, February 2007, pp 335-354.  
The impetus towards basing practice and policy decisions more explicitly on sound research requires tools to facilitate the systematic appraisal of the quality of research encompassing a diverse range of method and designs. Five empirical tools were developed and assessed in terms of their usefulness in selecting studies for inclusion in a systematic review. The widely used 'hierarchy of evidence' was adapted and used to appraise internal validity. Four tools were then developed to appraise the external validity, dimensions of generalisability (two scales) and methods of data collection (two scales). Methods of combining the scores generated by each tool were explored. Qualitative and quantitative studies were appraised, not separated into two spheres but by using complementary tools developed to appraise different aspects of rigour. There was a high level of agreement between researchers in applying the tools to 22 studies on decision

making by professionals about the long-term care of older people. The scales for internal validity and generalisability discriminated between the qualities of studies appropriately. The two tools to appraise data collection gave diverse results. Excluding studies that scored in the lowest category of any scale appeared to be the scoring system that was most justifiable. This approach is presented to stimulate debate about the practical application of the evidence-based initiative to social work and social care. This study may assist in developing clearer definitions and common language about appraising rigour that should further the process of selecting robust research for synthesis to inform practice and policy decisions. (RH)

ISSN: 00453102

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

## **RESIDENTIAL AND NURSING HOME CARE**

(See Also 183/16, 183/64, 183/76, 183/89)

183/87

Are there reasons to be worried about the "caretelization" of residential care?; by Peter Scourfield. *Critical Social Policy*, vol 27, no 2, issue 91, May 2007, pp 155-180.

Successive governments have encouraged both the marketisation and privatisation of the residential and nursing care sector. This paper describes how the large corporate providers continue to increase their share of the market through a continual process of mergers, takeovers and acquisitions. Market analysis suggests that this trend is set to continue. The name given to this phenomena in this paper is "caretelization". The process of caretelization is examined in the context of New Labour's public sector modernisation agenda. The paper raises questions of whether continued caretelization is more or less likely to help New Labour achieve certain aims of modernisation. For example, New Labour often talks of 'putting people themselves in the driving seat of public services'. It is argued that, with caretelization, not only is public accountability diminished, but also key principles such as consumer choice and user involvement are likely to be compromised by allowing ownership of residential and nursing care to be dictated by market forces. Such developments raise questions about both New Labour's desire and its capability to manage the forces of neo-liberalism. (RH)

ISSN: 02610183

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

183/88

Health and welfare of older people in care homes: improvements will depend more on reform of the whole system rather than on commissioners and champions; by Marion E T McMurdo, Miles D Witham.

*British Medical Journal*, vol 334 no 7600, 5 May 2007, pp 913-914.

There is a need for change in care homes' culture of care to reflect the central position of older people themselves, since no amount of further regulations or standard setting is likely to change attitudes and prejudices. To introduce their argument, the authors draw attention to recent campaigns by Age Concern England (ACE): "Hungry to be heard" highlighting the problems of malnutrition in hospital; and "Behind closed doors" which campaigned for people to be able to use the toilet in private in all care settings. The authors suggest that a change in culture can be brought about by stopping blaming individual practitioners and care homes, and by making access to good quality medical care readily available. Older people, too, should become more politically organised - as is the case with the American Association of Retired Persons (AARP) - and demand that care home staff are better trained and paid. (RH)

ISSN: 09598138

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

## **RETIREMENT**

(See 183/32, 183/56, 183/83)

## RETIREMENT COMMUNITIES

- 183/89 From retirement village to residential aged care: what older people and their families say; by Julianne Cheek, Alison Ballantyne, Loretta Byers (et al).  
Health and Social Care in the Community, vol 15, no 1, January 2007, pp 8-17.  
The majority of older Australians, some of whom live in retirement villages, wish to remain living in their own homes and receiving care in the community when their health and/or other circumstances change. Current statistics show that 3.7% of people aged 65+ live in a retirement village in Australia. However, residential aged care will still be required by some highly dependent members of the older population. This qualitative Australian study examined the transition into residential care from one form of community housing, the retirement village. In-depth interviews with 33 older people and 48 family members were conducted, to illuminate the key issues and factors which influence the move of older people from retirement village to residential aged care. Analysis of the data revealed the move to be influenced by: health-related crises; the creation of doubt as to ability to cope in the retirement village; the need for more or different care or support services; the desire for independence; assumptions about being able to move into the residential aged care facility co-located with the retirement village; availability of a place; navigating the system; and desirable aspects of a residential aged care facility. The findings provide a description of the transition process from the perspectives of those directly affected, and contribute to the development of best practice in the provision of support to residents living in retirement villages and in the community in general. (RH)  
ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>

## SLEEP

- 183/90 Management of insomnia in older adults; by Borge Sivertsen, Inger Hilde Nordhus.  
British Journal of Psychiatry, vol 190, April 2007, pp 285-286.  
Complaints of insomnia are very common, especially in older people. Although pharmacotherapy is the most common form of treatment, recent evidence shows cognitive behavioural therapy (CBT) to be superior in the short and long term management of insomnia. Low-threshold intervention programmes may reduce both the individual and societal burden of insomnia, coexisting with or without either mental or physical disorders. This article comments on available evidence. (RH)  
ISSN: 00071250 From : <http://bjp.rcpsych.org>

## SOCIAL CARE

(See Also 183/41, 183/42, 183/46, 183/47)

- 183/91 LinkAge Plus: core briefing; by Pensions Client Directorate, Department for Work and Pensions - DWP.: Pensions Client Directorate, Department for Work and Pensions, March 2007, 27 pp.  
The LinkAge Plus Programme is based on partnership working. It aims to: build an evidence base to support the case for joined up services in terms of delivering better outcomes for older people; test the limits of holistic working; and build a body of good practice and lessons learned from other communities and partnerships. This document summarises proposals for the eight local authority based pilots in Devon, Gateshead, Gloucestershire, Lancaster District, Leeds, Nottinghamshire, Salford, and Tower Hamlets. Each pilot focuses on local needs and how best to integrate services within those locations. The Programme's context relates to the White Paper, "Opportunity age: meeting the challenge of ageing in the 21st century" (Cm 6466; TSO, 2005) and "A sure start in later life" (Social Exclusion Unit, 2006). (RH)
- 183/92 Underfunded, undervalued and unfit: a fresh approach to social care for older people in England; by Help the Aged. London: Help the Aged, 2007, 25 pp.  
Debate about the future of social care should be in the public domain. Help the Aged sets out some key principles, and advocates the partnership model that emerged from the Wanless review for the King's Fund as the best way forward for social care in England. Medium to long term solutions are sought, and as such should be part of the forthcoming Comprehensive Spending Review. This report outlines six fundamental principles for a new social care system: fair; share



responsibility between the state and the individual; capable of delivering quality care; capable of offering individuals choice about the care they receive; adequately resourced; and sustainable. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.

E-mail: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk) Website: [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

## **SOCIAL EXCLUSION**

183/93

The multi-dimensional analysis of social exclusion: [executive summary of report prepared for the Social Exclusion Unit]; by Ruth Levitas, Christina Pantazis, Eldin Fahmy (et al), Department of Sociology and School for Social Policy, University of Bristol; Townsend Centre for the International Study of Poverty, University of Bristol; Bristol Institute for Public Affairs, University of Bristol. [London]: Social Exclusion Unit, Cabinet Office, January 2007, pp 9-12. For the purpose of this report, social exclusion involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society, whether in economic, social, cultural or political arenas. This summary outlines a project for the Social Exclusion Unit (SEU), the purpose of which was to review existing sources on multi-dimensional disadvantage or severe forms of social exclusion, characterised as "deep exclusion" - that is, exclusion across more than one domain or dimension of disadvantage, resulting in severe negative consequences for quality of life (QoL), well-being and future life chances. The Bristol Social Exclusion Matrix (B-SEM), a matrix of domains and topic areas was constructed across the four stages of the life course, from childhood to later life. (RH)

From: [http://www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/publications/research/multidimensional.asp](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/publications/research/multidimensional.asp)

## **SOCIAL NETWORKS**

183/94

Self-help groups as mutual support: what do carers value?; by Carol Munn-Giddings, Andrew McVicar.

Health and Social Care in the Community, vol 15, no 1, January 2007, pp 26-34.

The literature suggests that the UK - in common with Europe, the US, Canada and Scandinavia - has seen significant growth in single-issue self-help or mutual aid groups concerned with health and social care issues since the 1970s, but there is only ad hoc academic and policy interest in such groups in the UK. This article presents findings from a doctoral study with two self-help/mutual groups of carers in South East England. The data are drawn from semi-structured interviews with 15 active members which explored reasons for joining, benefits derived from membership, and perceived differences between support gained by membership and their relationship with professionals. Most group members had previous experience of voluntary work or activity, which influenced their decision to join, often prompted by a failure of the 'usual' support network of family or friends to cope or adjust to the carer's needs. Members reported personal gains of empathy, emotional information, experiential knowledge and practical information, based on a core value of reciprocity through peer support. It is this latter benefit that sets apart membership of self-help groups from groups supported by professionals who may not appreciate the scope and breadth of carers' responsibilities, or the importance of their relationship with the person for whom they care. In this way, self-help groups offered additional but not alternative 'space' that enabled members to transcend their traditional role as a 'carer'. It is concluded that self-help and mutual aid groups, based on reciprocal peer support, offer a valuable type of resource in the community that is not replicable in professional-client relations. The findings have contemporary relevance given the role of new policies which value the experiential knowledge built by both individual and collectives of carers. (RH)

ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>

## **SOCIAL POLICY AND THEORY**

183/95

The 'elected' and the 'excluded': sociological perspectives on the experience of place and community in old age; by Chris Phillipson.

Ageing and Society, vol 27, part 3, May 2007, pp 321-342.

Issues concerned with belonging and identity in the context of community change and residential

location are explored. Specifically, this article examines the changing nature of community attachments in later life, and their impact on the quality of old age lives by reference to community studies in the last fifty years. It also notes the increased importance of environmental perspectives within gerontology, not least because environments are being transformed through the diverse social, cultural and economic changes associated with globalisation. The argument is developed that globalisation offers a new approach to thinking about community and environmental relationships in later life, and that the impact of global change at a local level has become an important dimension of sociological aspects of community change. It is argued that it is especially important to apply these perspectives to older people, given that many have resided in the same locality for long periods. At the same time, globalisation also gives rise to new types of movement in old age, and is constructing an expanding mix of spaces, communities and lifestyles settings. A key argument is that global processes are generating new social divisions, as between those able to choose residential locations consistent with their biographies and life histories, and those who experience rejection or marginalisation from their locality. (RH)

ISSN: 0144686X

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

## STATISTICS

183/96

Trends and geographical variations in alcohol-related deaths in the United Kingdom, 1991-2004; by Claudia Breakwell, Allan Baker, Clare Griffiths (et al).  
Health Statistics Quarterly, no 33, Spring 2007, pp 6-24.

Alcohol-related deaths in the UK increased substantially between 1991 and 2004, from 4144 to 8221. Overall rates increased in all parts of the UK. There were, however, large differences in rates between countries and regions. This article presents these differences and also looks at patterns of alcohol-related mortality by deprivation within England and Wales. The article considers changes over time for males and females and for different age groups. The alcohol-related death rate in the UK among men aged 55-74 increased by around half, from 26.2 to 38.7 deaths per 100000. For men aged 75+, death rates were considerably higher in Scotland (40.1 deaths per 100000) than for the other countries in the UK; the rate in Wales was 19.7 deaths per 100000. The largest increase for the period 1991-2004 was 79% in Northern Ireland (from 13.5 to 24.2 per 100000). For women aged 55-74, the overall rate increased by 39% from 13.9 deaths per 100000 in 1991-1997 to 19.3 per 100000 in 1998-2004. Scotland's rate was substantially higher than for the UK as a whole, 37 and 19.3 deaths per 100000 respectively. For women aged 75+, the overall UK rate increased by about a fifth, from 10.3 to 12.4 deaths per 100000. (RH)

ISSN: 14651645

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

## VOLUNTEERING

183/97

The evaporation effect: final evaluation of the Help the Aged Intermediate Care Programme for Older People; by Michelle Cornes, Pauline Weinstein, Jill Manthorpe, Social Care Workforce Research Unit, King's College London; Help the Aged. London: Help the Aged, 2006, 47 pp.

In 2001, the Department of Health (DH) recognised that the voluntary sector could play an important role in intermediate care, for example by helping people regain confidence in rehabilitation. To promote partnership working between the statutory and voluntary sectors in intermediate care, the DH provided 3 years' funding to Age Concern England, the Red Cross and Help the Aged. This report explores what happened to the seven Intermediate Care Programme pilot projects established by Help the Aged in Year 4 when start-up funding was no longer available. The report describes the projects' difficulties in putting together an effective case for continued funding, in accurately costing their service, and in their dealings with those commissioning services. (RH)

ISBN: 1845980174

Price: £8.00

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.

E-mail: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk) Website: [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

# 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.**

9-10 August 2007

## **National Sheltered Housing Conference & Exhibition**

*Organised by:* Chartered Institute of Housing (CIH)

*Venue:* The Chesford Grange

*Location :* Kenilworth, England

*Details :* The Events Team

*Tel :* 024 7685 1772

19 August 2007

## **Capital Age Festival 2007**

Afternoon festival 2 to 6 pm (Sunday). Further information on the website or telephone: 020 7401 2255 (24 hour information line). Free admission.

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

*Venue:* South Bank, London

*Location :* central London, England

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

*Tel :* +44 (0)20 7401 2255

19 August 2006

## **Fifth Annual Capital Age Festival**

Afternoon festival 2.00 pm to 6.00 pm.

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

*Venue:* Bernie Spain Gardens, South Bank, London

*Location :* central London, England

*Details :* Anna Roberts, Greater London Authority, City Hall, The Queen's Walk, London, SE1 2AA

*Tel :* +44 (0)20 7785 3870

24-25 August 2007

## **17th Annual CME Conference: Caring for the Frail Elderly**

*Organised by:* School of Medicine, Office of Rural Health Programs, Continuing Medical Education (CME), University of Missouri-Columbia

*Venue:* Holiday Inn Select Executive Center

*Location :* Columbia, MO, USA

*Details :* Shirley Walters, Office of Continuing Education and Extension, 2401 Lemone Industrial Blvd, DC345.00, Columbia MO 65212, USA  
*Tel :* 573/882-0366, *Fax :* 573/882-5666

## **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

September-October 2007

## **CareAware Autumn Seminars**

A series of national seminars designed for the care home owner. The sessions will run in conjunction with Peninsula Business Services who will be presenting a session on the latest employment law issues and Care Asset Management. Various locations throughout England and Scotland.

*Organised by:* CareAware

*Venue:* various

*Location :* various

*Details :* PO Box 8, Manchester , M30 9NY

*Tel :* +44 (0)161 834 2771, *Fax :* +44 (0)161 832 2953

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* : BSG 2007 Conference Secretariat,  
Sheffield Hallam University,, City Campus, , Room  
5503 Surrey Building, , Sheffield S1 1WB  
*Tel* : +44 (0)114 225 5338/5319, *Fax* : 0044 114  
225 5337

7 September 2007

#### **Quest 4 Quality**

The Food Train is a local voluntary and charity organisation, which provides a grocery shopping home delivery service for the elderly, housebound and disabled people, across Dumfries and Galloway. Food Train is funded by Dumfries and Galloway Council and NHS Dumfries & Galloway. The aim of this event is to review and improve home support services for older people, showcasing innovative ideas and looking at the future provision necessary to help us all positively age in our own home.

*Organised by*: The Food Train supported by various organisations including Dumfries & Galloway Council; The Guardian

*Venue*: Easterbrook Hall, The Crichton, Bankend Road

*Location* : Dumfries, Scotland

*Details* : Conference Organiser, 182 St Michael Street, Dumfries, Scotland, DG1 2PR

*Tel* : +44 (0)1387 270800, The event will be of particular interest to older people, carers and service users, service providers, Health and Social Care staff, policy makers and voluntary and community groups with an interest in older people. An impressive list of guest speakers, interesting seminars and a wide variety of display stands makes this an event not to be missed!

12 September 2007

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

*Speakers*: Chaired by: Dr Finbarr Martin and Professor Chris Todd.

*Organised by*: Healthcare Events

*Venue*: Manchester Conference Centre

*Location* : Manchester, England

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

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

12 September 2007

#### **Independent Healthcare Convention 2007**

First annual Independent Healthcare Convention offers a promotional opportunity for organisations wishing to present their products and services to influential decision makers within the healthcare sector.

*Organised by*: Laing & Buisson supported by Nuffield Hospitals

*Venue*: London Hilton

*Location* : London, England

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

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

12-13 September 2007

#### **Mental Health Forum 2007**

*Organised by*: HSJ Conferences

*Venue*: The Barbican Centre, Silk Street

*Location* : London , England

*Details* : HSJ Mental Health Forum, HSJ Conferences, Ground floor, 33-39 Bowling Green Lane, London, EC1R 0DA

*Tel* : +44 (0)845 056 8299, *Fax* : +44 (0)20 7505 6001

11 September 2007

#### **Palliative Care : Improving the quality of end of life care**

Keynote speakers: Niall Dickson; Eve Richardson; Dr Keri Thomas

*Organised by*: Healthcare Events

*Venue*: 76 Portland Place

*Location* : London, England

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

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

13-15 September 2007

#### **9th International Conference on Grief and Bereavement in Contemporary Society**

*Speakers*: Colin Murray Parkes, Ted Bowman, David Trickey, Liz Rolls and others.

*Organised by*: hosted by Cruse Bereavement Care

*Venue*: University of Leicester

*Location* : Leicester , England

*Details* : Cruse Bereavement Care, 126 Sheen Road, Richmond, Surrey, TW9 1UR

*Tel* : +44 (0)20 8939 95552, *Fax* : +44 (0)20 8940 7638

13 September 2007

#### **"Keeping control" - Ensuring choice and independence for people over 65 in need of care and support**

Counsel and Care is to launch Complete Guides to using Direct Payments at the venue between 11 am to 2 pm.

*Organised by*: Counsel and Care

*Venue*: London's Living Room, City Hall

*Location* : London, England  
*Details* : Anna Maloney, Counsel & Care, Twyman House, 16 Bonny Street, London, NW1 9PG  
*Tel* : +44 (0)20 7241 8555, *Fax* : +44 (0)20 7267 6877

17-19 September 2007

**NEA 2007 Conference : Countdown to 2010 - Warm and energy efficient homes for the vulnerable**

Seminar programme with plenary sessions.  
Ministerial address: Phil Woolas MP, Minister of State, Department for Environment, Food & Rural Affairs.

*Organised by*: NEA - National Energy Action sponsored by Scottish Power.

*Venue*: University of Chester

*Location* : Chester, England

*Details* : Jen Carruthers, Conference Administrator, NEA, St Andrew's House, 90-92 Pilgrim Street, Newcastle upon Tyne, NE1 6SG

*Tel* : +44 (0)191 261 5677, *Fax* : +44 (0)191 261 6496

17 September 2007

**The Future of the Social Care Workforce**

*Speakers*: Chair: Ian Johnston (CE, BASW). David Behan, Sue Bott, Richard Banks, Lynne Berry OBE, Jo Cleary, Paul Thomas.

*Organised by*: Capita Conference

*Venue*: central London

*Location* : London, England

*Details* : Capita Conferences Administration, 17 Rochester Row, London, SW1P 1LA

*Tel* : +44 (0)20 7808 5252, *Fax* : 0870 165 8989

18 September 2007

**Improving Dementia Care in London : a Stakeholders Conference and Consultation Event**

The conference will be of interest to everyone involved in commissioning, planning, delivering and receiving dementia care and support.

Conference fee is £25.

*Organised by*: London Centre for Dementia Care

*Venue*: University College London

*Location* : London, England

*Details* : Dr Margot Lindsay, Information Officer, LCDC, Charles Bell House, 67-73 Riding House Street, London, W1W 7EJ

*Tel* : +44 (0)20 7679 9588

23 September 2007

**Memory Walk**

Memory Walk is the Society's flagship fundraising event; a Memory Walk guide is available from the

Events hotline.

*Organised by*: Alzheimer's Society

*Venue*: throughout England, Wales and Northern Ireland

*Tel* : 0870 417 0192

24-25 September 2007

**2nd Canadian Coalition for Seniors' Mental Health Conference**

*Organised by*: Canadian Coalition for Seniors' Mental Health

*Location* : Mississauga, Ontario, Canada

*Details* : Kim Wilson

25-26 September 2007

**From the Cradle to the Grave**

A unique two day conference bringing together the fields of Child Protection, Domestic Violence, Adult protection and Elder Abuse. Responses to violence and abuse are conditioned by both the fields that we work in and the characteristics of the victim. Child Protection, Domestic Violence, Adult Protection and Elder Abuse are all quite distinct fields, often with different ideologies, different interventions, different resources and different legislative underpinning. It is rare for there to be cross over or actual partnership working. This conference is the only one of its kind to examine how to break down the artificial barriers that between these areas. Further details and a booking form can be obtained from the AEA website.

*Organised by*: AEA - Action Against Elder Abuse

*Venue*: Tullyglass Hotel

*Location* : Ballymena, Ireland, Senior Events Co-ordinator,

*Details* : Natalie Fernandez,, Astral House, 1268 London Road, London, SW16 4ER

*Tel* : 0044 (0)208 765 7000, *Fax* : 0044 (0)208 679 4074

27 September 2007

**Focus on activities for those with Dementia**

A NAPA training day with spontaneous activities, environments and resources as the topics.

*Organised by*: National Association for Providers of Activities for older people (NAPA)

*Venue*: Quaker Meeting House

*Location* : Newcastle upon Tyne, England

*Details* : Sue Trischitta, NAPA, Bondway Commercial Centre, 5th Floor Unit 5.12, 71 Bondway, London, SW8 1SQ

*Tel* : +44 (0)20 7078 9375, *Fax* : +44 (0)20 7735 9634

28 September 2007

**Lifelong Learning, Older People and Society :  
Autumn Seminar Series**

The Leicester Institute of Lifelong Learning and NIACE have organised an autumn series of seminars (programme to be finalised) designed to explore what role lifelong learning can and should play in responding to the ageing of society. These are morning seminars (11 am to 1 pm) followed by a buffet lunch at the Centre. The series is supported by the Learning and Skills Council.

*Organised by:* Institute of Lifelong Learning,  
University of Leicester with NIACE

*Venue:* Richard Attenborough Centre, University of Leicester

*Location :* Leicester, England

*Details :* Isobel Woodliffe, Institute of Lifelong Learning, University of Leicester, 128 Regent Road, Leicester, LE1 7PA

*Tel :* +44 (0)116 252 5914, 28 September - Professor Alan Tuckett (NIACE), 26 October - Reemer Bailey (Voluntary Arts England), 30 November - Professor Naina Patel (PRIAE)

1-5 October 2007

**Palliative Care : Care of the Dying course**

Postgraduate course module can be taken either as a non-assessed short course, an accredited postgraduate award, or, counted as a core module towards the MA/MSC Applied Health Studies : Palliative Care.

*Location :* Coventry, England

*Details :* Clare Runaghan, Warwick Medical School, University of Warwick, Coventry, CV4 7AL

*Tel :* +44 (0)24 7657 5554

Training Programme 2007-2008

**Psychodynamic Approaches to Old Age**

Organising tutor : Rachael Davenport - informal enquiries: 020 7435 7111.

*Organised by:* The Tavistock and Portman NHS Trust

*Venue:* Tavistock Centre

*Location :* London, England

*Details :* Linda Kubie, Course Administrator, Academic Services, The Tavistock and Portman NHS Trust, 120 Belsize Lane, London, NW3 5BA

*Tel :* +44 (0)20 8938 2355, *Fax :* +44 (0)20 7447 3837

3 - 6 October 2007

**10th European Health Forum Gastein - 10 Years Gastein, Shaping the future of health**

The main objective of the EHFG is to facilitate the

establishment of a framework for advising and developing European health policy while recognising the principle of subsidiarity.

Conference focus on: Pandemic challenges; EU Healthcare; eHealth in Europe; Health professional mobility; and Improving healthcare infrastructure.

One of the parallel forums will be on : Chronic diseases and ageing : health system responses.

*Organised by:* European Health Forum Gastein

*Location :* Bad Hofgastein, Austria

*Details :* International Forum Gastein, Tauernplatz 1, 5630 Bad Hofgastein, Austria

*Tel :* +43 (6432) 3393 270, *Fax :* +43 (6432) 3393 271

4 October 2007

**Managing the Neuropsychiatry of Parkinson's Disease in Older People**

*Organised by:* Leeds Mental Health Teaching NHS Trust

*Venue:* Crowne Plaza Hotel, Leeds

*Location :* Leeds, England

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

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

10 October 2007

**The 2007 Annual Investing in Healthcare Conference**

*Organised by:* Laing & Buisson

*Venue:* Radisson SAS Portman Hotel

*Location :* London, England

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

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

12 October 2007

**Older People's Services : Improving Opportunities, Engagement and Wellbeing**

This conference will look at how local authorities and their partners can successfully work together to promote and support the independence and wellbeing of the increasing numbers of older people in their communities.

*Speakers:* Chair: Chris Bain (National Development Manager, Age Concern). Other speakers: Ruth Eley (CSIP, DH); Helen Taylor (Audit Commission); Sarah Giff (Severn Wye Energy Agency); Paul McGarry (Manchester City Council); Sophie Martin (LB Camden); Bill Wragge (Cotswold DC).

*Organised by:* Capita Conference endorsed by Help the Aged and Better Government for Older People

*Venue:* central London

*Location* : London, England  
*Details* : Capita Conferences Administration, 17  
Rochester Row, London, SW1P 1LA  
*Tel* : +44 (0)20 7808 5252, *Fax* : 0870 165 8989

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

17 October 2007

**Age Concern Cymru Autumn Conference : How  
should hospital services meet the needs of older  
people in Wales?**

This AGM and Conference marks ACC 60th  
anniversary year.

*Organised by*: Age Concern Cymru

*Venue*: Rhayader Leisure Centre

*Location* : Powys, Wales

*Details* : Ty John Pathy, 13/14 Neptune Court,  
Vanguard Way, Cardiff, CF24 5PJ

*Tel* : +44 (0)29 2043 1555

20-21 October 2007

**The Fourth Annual East Asian Social Policy  
research network (EASP) International  
Conference : Restructuring Care Responsibility**

"Shifting the family-state-market boundary in East  
Asia" is the theme of the conference.

*Organised by*: hosted by East Asian Social Policy  
Research Network; organised by Department of  
Sociology, University of Tokyo

*Venue*: Hongo Campus, The University of Tokyo

*Location* : Tokyo, Japan

24 October 2007

**NPC Lobby of Parliament for Pensioners' Rights**

12 noon rally at the Hall and then 1pm onwards to  
the House of Commons.

*Organised by*: National Pensioners Convention  
(NPC)

*Venue*: Methodist Central Hall

*Location* : London, England

*Details* : Alison Purshouse, 19-23 Ironmonger Row,  
London, EC1V 3QN

*Tel* : +44 (0)20 7553 6510, *Fax* : +44 (0)20 7553  
6511

29-30 October 2007

**The 3rd National Conference on Medicine for  
Old Age Psychiatrists : a refresher and update**

*Organised by*: Geriatric Medicine

*Venue*: The Royal Society of Medicine

*Location* : London, England, Consultant Old Age  
Psychiatrist, Springfield University Hospital,  
London

*Details* : Dr Rajen Shah, (Programme Planner),  
Conference Solutions by Expotel, St James House,  
192 Wellington Road North, Stockport, SK4 2RZ

30 October 2007

**Older People : Community care, continuing care  
and capacity**

An accredited one day course with Trainer: Jean  
Gould.

*Organised by*: Carers UK Training

*Venue*: London

*Location* : central London, England

*Details* : Carers UK Training Unit, Ruth Pitter  
House, Carers UK, 20-25 Glasshouse Yard, London  
, EC1A 4JT

*Tel* : +44 (0)20 7566 7632, *Fax* : +44 (0)20 7490  
8824

31 October 2007

**Learning Disability Today London**

Learning Disability Today is the leading,  
established annual event for the learning disability  
community. Comprising a full and comprehensive  
seminar programme and a large exhibition,  
Learning Disability Today London will provide a  
valuable opportunity for learning disability  
professionals, service users and their carers and  
those interested in joining the profession to come  
together to debate the big issues, share best practice  
and network.

*Organised by*: Pavilion; Society Guardian;

*Venue*: Business Design Centre, Islington

*Location* : London, England

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

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

5-7 November 2007

**UK Dementia Congress**

The UK's largest dementia-focused event.

*Organised by*: Hawker Publications

*Venue*: International Centre, Harrogate

*Location* : Harrogate, England

*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

6 November 2007

### **NHS Continuing Care Responsibilities**

An accredited one day course with Trainer: Jean Gould.

*Organised by:* Carers UK Training

*Venue:* London

*Location :* central London, England

*Details :* Carers UK Training Unit, Ruth Pitter House, Carers UK, 20-25 Glasshouse Yard, London , EC1A 4JT

*Tel :* +44 (0)20 7566 7632, *Fax :* +44 (0)20 7490 8824

6-8 November 2007

### **The National Telecare and Telehealth Conference 2007**

*Organised by:* Telecare Services Association

*Venue:* The Holland House Hotel

*Location :* Cardiff, Wales

*Details :* 10 Railway Street, Chatham, Kent, ME4 4JL

*Tel :* +44 (0)1634 846209, *Fax :* +44 (0)1634 818746

8 November 2007

### **Carers UK : AGM and Carers Summit 2007**

*Organised by:* Carers UK

*Venue:* Clifford Chance, The Auditorium

*Location :* London, England

*Details :* Chris Smith

*Tel :* +44 (0)20 7566 7622

28 November 2007

### **Palliative Care Conference - fifth national LCP conference**

Download a PDF copy of the conference registration form:

[www.mcpcil.org.uk/education/conferences](http://www.mcpcil.org.uk/education/conferences)

*Organised by:* Liverpool Care Pathway

*Venue:* Royal Society of Medicine

*Location :* London, England

30 November 2007

### **End of Life Care Conference 2007**

*Speakers:* Chair: Vicky Robinson (St Christopher's Hospice and Consultant Editor, Jnl of End of Life Care). Janet Street Porter; Esther Rantzen; Barbara Monroe; Professor the Baroness Iora Finlay of Landaff; Dr Rob George; and others.

*Organised by:* St Christopher's Hospice

*Venue:* Olympia

*Location :* London, England

*Details :* Conference Solutions by Expotel, Freepost RRAB-GKXK-RGLH, St James House, 192 Wellington Road North, Stockport, SK4 2RZ

*Tel :* 0845 054 8422, *Fax :* 0870 758 0299

4-5 December 2007

### **The Commissioning Challenge - Sustainable HIA Services? The Home Improvement Agency Annual Conference 2007**

The National Strategy for Housing in an Ageing Society will be published later this year. The Strategy is expected to call for service providers to work closer together and to be more innovative in the way they deliver services across the housing, health and social care agenda. It is also likely to raise the challenge of recent demographic and environmental changes and the impact of these on the ways that services are commissioned and delivered. Procuring services to support older and disabled people living in private sector housing must not only be value for money, but also meet a wider range of agendas than ever before. In addition, service users themselves are becoming more empowered to choose services that are right for their individual needs. This year's conference aims to challenge agencies to see their services from a commissioners' perspective:

*Organised by:* Foundations : the National

Co-ordinating Body for Home Improvement Agencies

*Venue:* Holiday Inn, Stratford upon Avon

*Location :* Stratford upon Avon, Coventry, England

*Details :* Foundations, Bleaklow House, Howard

Town Mills, Glossop, SK13 8HT

*Tel :* +44 (0)1457 891909

29 January 2008

### **Direct Payments**

A one day course with Trainer: Luke Clements.

*Organised by:* Carers UK Training

*Venue:* London

*Location :* central London, England

*Details :* Carers UK Training Unit, Ruth Pitter

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

*Tel :* +44 (0)20 7566 7632, *Fax :* +44 (0)20 7490 8824