

New Literature on Old Age

EDITOR

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

Telephone: +44 (0)20 7553 6500
Facsimile: +44 (0)20 7553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

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ABUSE

- 187/1 Adult protection in mental health and inpatient settings: an analysis of the recognition of adult abuse and use of adult protection procedures in working with vulnerable adults; by Diane Galpin, Jo Parker.
The Journal of Adult Protection, vol 9, no 2, May 2007, pp 6-14.
Although there has been a commitment to develop a policy framework to support vulnerable adults at risk of abuse, there remains concern around its lack of use within the National Health Service (NHS) inpatient settings and mental health services in particular. A gap between policy and practice appears to have developed, which leaves in-patients vulnerable to inadequate responses to allegations of adult abuse. This article provides a critical overview of the policy and practice issues that affect the use of adult protection procedures. (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 187/2 Blowing the whistle on abuse of adults with learning disabilities; by Rebecca Calcraft.
The Journal of Adult Protection, vol 9, no 2, May 2007, pp 15-29.
Whistle-blowing is the act of speaking out about wrong-doing in the workplace. Adults with learning disabilities are particularly vulnerable to abuse, and care staff play an important role in witnessing and reporting such abuse. This paper explores the experience of whistle-blowing on abuse in social care settings, and looks at how whistle-blowing can help to protect people with learning disabilities from abuse. It is based on a research project carried out jointly by the Ann Craft Trust (a national charitable organisation that seeks to protect people with learning disabilities from abuse) and the Centre for Social Work, University of Nottingham. (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 187/3 Linking education and practice: working together to protect vulnerable adults in Cardiff; by Andrea Giordano, Judith Badmington.
The Journal of Adult Protection, vol 9, no 3, August 2007, pp 31-37.
In the context of protection of vulnerable adults (POVA), existing social care education and practice relationships in Cardiff have been reviewed in various ways. These include: consultation with internal and external partner agencies; analysis of attendance and course evaluation records; trainer feedback; discussion with providers attending individual service user POVA meetings; and dialogue with members of the multi-agency Cardiff Area Adult Protection Committee (APC) and its sub-groups. The authors outline the issues raised, the outcomes and benefits of the education and practice partnership, and proposals for training to improve knowledge and awareness of POVA issues. The article includes responses from two adult protection managers, Tina Smith (Sandwell) and Sarah Bland (Shropshire), also Jill Manthorpe (Social Care Workforce Research Unit, Kings College London). (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 187/4 The Mental Capacity Act, the Office of the Public Guardian and the New Court of Protection; by Yeslin Gearty.
The Journal of Adult Protection, vol 9, no 3, August 2007, pp 39-46.
Most of the Mental Capacity Act 2005 was implemented on 1 October 2007. Parts of the Act came into force in April 2007, namely the creation of a new criminal offence of wilful neglect or ill treatment, the provision of Independent Mental Capacity Advocates (MCAs) in England, and the Code of Practice governing the Act. The months leading up to October 2007 have been an exceptionally busy time for the Public Guardianship Office (PGO). The legislation creates a new Office of the Public Guardian (OPG) replacing the PGO. This article indicates the changes in responsibility that the Act will bring about, particularly the new Court of Protection and its relationship with the OPG. (RH)
ISSN: 14668203 From : Website: <http://www.pavpub.com>
- 187/5 Partnership means protection?: perceptions of the effectiveness of multi-agency working and the regulatory framework within adult protection in England and Wales; by Neil Perkins, Bridget

Penhale, David Reid (et al).

The Journal of Adult Protection, vol 9, no 3, August 2007, pp 9-23.

Perceptions of partnership are an important focus of this article, which reports on a 3-year study funded by the Department of Health (DH) in its Modernising Adult Social Care (MASC) Research Programme (2003-2007). The research findings were collected through a survey of all local councils with social services responsibilities in England and Wales. Although examples of good partnership working in adult protection were found, there were hindrances to the multi-agency approach: resource pressures, insufficient information sharing, and a lack of clarity about roles and responsibilities. (RH)

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

187/6

Safeguarding Adults: some experiences from safeguarding managers who are at the forefront of the safeguarding plan (case conference); by Celia Harbottle.

The Journal of Adult Protection, vol 9, no 2, May 2007, pp 30-36.

As Safeguarding Adults, the national framework of standards of good practice in adult protection begins to take root in the language and culture of organisations, the need for an evidence base for best practice becomes increasingly important. This article examines the practice data currently generated in three safeguarding adults partnership areas with specific regard to the Safeguarding Adults plan. The process, prior to the clarification of language by Safeguarding Adults may have been referred to as the 'case conference' or review. Using data gathered from three focus groups of safeguarding managers in three local unitary authorities, the themes that emerged across the groups were analysed (via use of grounded theory) to highlight the key issues and pressures for those operating within this role. (RH)

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

187/7

What is elder abuse - who decides?; by Amber Selwood, Claudia Cooper, Gill Livingston.

International Journal of Geriatric Psychiatry, vol 22, no 10, October 2007, pp 1009-1012.

The hypothesis is tested that family and professional caregivers have different views about what constitutes elder abuse. A vignette was given to family and professional carers. They were asked to rate 13 management strategies for behavioural difficulties in a person with dementia on a Likert scale ranging from good idea to abusive. Some of the strategies were abusive according to the Department of Health (DH) 'No secrets' definition. Family carers were recruited as part of a study of Alzheimer's disease (AD): 74 family and 58 professional carers completed questionnaires. The only abusive strategy that significantly more professionals than family carers identified correctly was preventing someone moving by putting a table over their lap: 33 (86.8%) vs 35 (47%). In contrast, significantly more family carers identified that the neglect item of accepting someone was not clean was abusive: 21 (28.4%) vs 3 (7.9%). Professionals and carers reported significantly different views from each other and guidelines about what constituted elder abuse. This may be because abuse remains unacknowledged if people feel that there are no better management options, and reporting leads only to punitive action for the carer perhaps coupled with institutionalisation for the person with dementia. Successful guidelines require societal agreement about what constitutes abuse and that prevention leads to a better outcome. (RH)

ISSN: 08856230

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

AGE DISCRIMINATION

(See Also 187/47)

187/8

"How do you stand working with all these old people?": [NHS staff and ageism]; by David Oliver. Health Service Journal, vol 117, no 6083, 22 November 2007, pp 20-21.

Too many staff working in the National Health Service (NHS) are prone to ageism and reluctant to work with older people. The secretary of the British Geriatrics Society (BGS) calls for a change in attitudes, given an ageing population. (RH)

ISSN: 09522271 From : <http://www.hsj.co.uk>

- 187/9 Researching age and multiple discrimination; by Richard Ward, Bill Bytheway (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing, 2008, 100 pp (The representation of older people in ageing research series, no 8).
 These papers originate from a seminar in March 2006 with the title 'Age-old prejudices: research with older people in a discriminatory world', held at the Centre for Policy on Ageing (CPA), and organised jointly by CPA and the Open University's Centre for Ageing and Biographical Studies (CABS). The seminar's aim was to explore how older people encounter discrimination, and the processes involved in researching such experiences. Three of the four papers report on research undertaken in association with the OU's RoAD (Research on Age Discrimination) project. First, RoAD researchers examine the experiences of older members of three ethnic minority communities in Leeds and Bradford. In "The same hairdo", Anthea Symonds and Caroline Holland of the OU report on older women's experiences of hairdressers, and the sorts of salon where they "belong" or "fit in". Next, more RoAD project contributors present findings of a small-scale study on how age discrimination relates to and constrains sexuality in later life. Chi Hoon Sin, formerly of the Disability Rights Commission, anticipates the establishment of the Commission for Equality and Human Rights (CEHR), by looking at constructions of age or ageing and disability or "disablism". In their conclusion, the editors comment that while the forms of discrimination that have been discussed are unlikely to be resolved by policy and legislation such as the Equality Act 2006, the four papers support the value of involving older people in research on discrimination and ageing. (RH)
Price: £10.00
From : Central Books, 99 Wallis Road, London E9 5LN.
- 187/10 Symbolic interactionism; by Stéphane Duckett.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, October 2007, pp 24-26.
 PSIGE Newsletter, no 101, October 2007, pp 24-26.
 This brief article advocates that psychologists need to consider "how ageism can creep into our work as therapists". The fundamental principles of symbolic interactionism need to be borne in mind when working with older people, to help place their personal circumstances within the wider social context that they find themselves. Two principles apply: the first is that humans are symbolising creatures who need to impute meaning into life; and the second is that humans are reflexive, that is, we see ourselves as others see us. These principles need to be embedded in a social ecological context which Bronfenbrenner (1979) dissected into four components: micro-systemic, meso-systemic, exo-systemic and macro-systemic, and these are explained. This approach should enhance work with older clients and help therapists deal with "the built in obsolescence of humanity". (KJ/RH)
 ISSN: 13603671
From : <http://www.psige.org.uk>
- 187/11 Unfair care: [older women and management of breast cancer]; by Carol Davis.
 Nursing Older People, vol 19, no 8, October 2007, pp 12-13.
 A study reveals that older women are less likely to receive standard management for breast cancer, as a report reveals age-related therapy discrimination. The research report is from the University of Manchester, "Non-standard management of breast cancer increases with age in the UK : a population based cohort of women >or=65 years" by Lavelle (et al) published in the British Journal of Cancer (2007). The study revealed significant disparities in treatment between women aged over 70 and younger women. (KJ/RH)
 ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>
- ASSESSMENT**
- (See Also 187/109)
- 187/12 "Not another form!": lessons for implementing carer assessment in health and social service agencies; by Nancy Guberman, Janice Keefe, Pamela Fancey (et al).

Health and Social Care in the Community, vol 15, no 6, November 2007, pp 577-587.

This article addresses some of the issues that need to be considered in implementing carer assessment in health and social service agencies. It is based on findings from three studies involving the use of the CARE (Caregivers' Aspirations Realities and Expectations) Assessment Tool in Canada, a comprehensive psychosocial instrument. The first study, carried out between 1999 and 2001, was aimed at developing the CARE Tool, and had as one of its objectives to evaluate the feasibility of its implementation into ongoing practice. The second study, conducted between 2000 and 2003, was designed to evaluate the impact of using the CARE Tool, and also had an objective concerning implementation. A third study was undertaken in 2005-2006, in part, to gain more understanding of the barriers and outcomes of implementing care assessment. All three studies used focus groups and individual interviews as the main data collection method. In all, this article is based on 13 focus groups and 5 individual interviews with home care professionals and 19 individual interviews with home care managers or supervisory staff, all having experience with carer assessment. Similar themes emerged from the thematic analyses of the data from all three projects. All studies point to the following as preconditions to successful implementation: clarification of carer status within policy and practice; making explicit agency philosophy with regard to the role and responsibilities of families in care and conceptions of carer assessment; and, agency buy-in at all levels. Four themes emerged as issues for implementation: integration of the carer assessment tool with existing tools; ensuring training and ongoing supervision; work organisation and resources required for carer assessment; and logistical questions. It would appear essential that a clear rationale for moving towards carer assessment and its place in a global approach to long-term care and carers are essential to its implementation. (KJ)

ISSN: 09660410

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

187/13

Assessment of mental capacity: who can do it?; by Ankush Singhal, Alok Kumar, Ravindra B Belgamwar (et al).

Psychiatric Bulletin, vol 32, no 1, January 2008, pp 17-20.

This study was to determine the point prevalence of mental incapacity and 'Bournewood gap' in general adult and old age mental health in-patients. The correlation of mental capacity assessment between doctors and nurses was investigated. Data were gathered on one census day for all general adult and old age psychiatric in-patients at three hospital sites. Results showed that half the sample lacked capacity and one third fell into the 'Bournewood gap'. The capacity assessment by nurses and doctors correlated highly. The clinical implications are that 'Bournewood gap' patients should have their needs assessed in order to identify and protect their rights. Appropriately trained mental health nursing staff can undertake this assessment. (KJ/RH)

ISSN: 09556036

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

ATTITUDES TO AGEING

187/14

The attitudes to ageing questionnaire (AAQ): development and psychometric properties; by K Laidlaw, M J Power, S Schmidt, World Health Organization Quality of Life Group - WHOQOL-OLD Group.

International Journal of Geriatric Psychiatry, vol 22, no 4, April 2007, pp 367-379.

The Attitudes to Ageing Questionnaire (AAQ) is a self-report measure with which older people themselves can express their attitudes to the process of ageing. The development of the AAQ followed a coherent, logical and empirical process taking full account of relevant gerontological knowledge and modern and classical psychometric analytical methods. Pilot testing with 1356 participants from 15 centres worldwide refined the scale and provided the basis for a field test. A total of 5566 participants from 25 centres worldwide contributed to further developments of this new scale with the derivation involving both classical and modern psychometric methods. The result is a 25-item cross-cultural attitudes to ageing questionnaire consisting of a 3-factor model encompassing psychological growth, psychosocial loss and physical change. The 3-factor model suggests a way of conceptualising and measuring successful ageing in individuals. The AAQ provides researchers, clinicians and policy makers with a unique scale to measure the impact of successful ageing interventions. It also provides a way of measuring how individuals age across

cultures and under different economic, political and social circumstances. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

- 187/15 The humour of old age: the sixth Leveson Lecture; by Una Kroll, Leveson Centre for the Study of Ageing, Spirituality and Social Policy, Foundation of Lady Katharine Leveson. Knowle, Solihull: Leveson Centre for the Study of Ageing, Spirituality and Social Policy, 2007, 11 pp (Leveson paper number seventeen).
Examples of jokes and funny stories about old age or ageing - some with references to religion - illustrate this lecture. Una Kroll explores the place of humour in old age: that which lifts the spirit or acts as a defence against melancholy or despair; the cruelty of some forms of humour; and the healing effects of humour and laughter. The needs of older people and how younger carers and family members can meet these needs are also touched on. (RH)
Price: £4.00
From : Leveson Centre for the Study of Ageing, Spirituality and Social Policy, Temple House, Fen End Road, Knowle, Solihull B93 0AN. E-mail: leveson.centre@virgin.net
Website: www.levesoncentre.org.uk

BLACK AND MINORITY ETHNIC GROUPS

(See Also 187/32, 187/51, 187/57)

- 187/16 Equality, diversity and housing: future prospects; by Darshan Matharoo, Sarah Davis. Journal of Integrated Care, vol 15, issue 5, October 2007, pp 34-38.
This article looks at the importance of community-based organisations in delivering culturally sensitive services to black and minority ethnic (BME) groups, and how the pressures of efficiency may challenge this approach and the viability of small providers. It explores some ways in which providers and commissioners are trying to meet this challenge. It examines the developing local government framework in providing a way forward. (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

CARERS AND CARING

(See 187/36)

DEATH AND DYING

(See Also 187/135)

- 187/17 "A good death is part of life": [policy changes to palliative care]; by Mark Gould. Health Service Journal, vol 117, no 6076, 4 October 2007, pp 26-28.
The hospice movement has made major advances in end-of-life care, but more change is needed. A government advisory group is due to report on a end-of-life care strategy. This article looks at the work of St Christopher's Hospice and the role of national organisations in the palliative care and terminal care fields. (RH)
ISSN: 09522271
From : <http://www.hsj.co.uk>

- 187/18 Assisted dying : opinion for and against; by Simon Kenwright, Helen Watts. Geriatric Medicine, vol 37, no 12, December 2007, 17-21 pp.
The legalisation of euthanasia, or assisted dying has long been a subject of debate, which intensified with the introduction of the parliamentary Bill, Assisted Dying for the Terminally Ill, by Lord Joffe. Although this Bill was blocked by the House of Lords last year, similar bills will be introduced in the future. The authors argue for and against the case of assisted dying. (KJ/RH)
ISSN: 0268201X

- 187/19 From grief towards well-being; by Leonie Kellaheer.
Working with Older People, vol 11, issue 3, September 2007, pp 29-32.
Even after death, people look to keep the memory or even physicality of their loved ones alive as part of their everyday lives. In this article, the author explores people's behaviour towards ashes to help them cope with the grieving process, sometimes contradicting the beliefs of the professionals involved. For more detail, the reader is referred to the study by Hockey, Kellaheer and Prendergast, 'Environments of memory' funded by the Economic and Social Research Council (ESRC) 2002-2005. (RH)
ISSN: 13663666
From : <http://www.pavpub.com>
- 187/20 Palliative care of older people; by Joanna Black.
Working with Older People, vol 11, issue 3, September 2007, pp 21-24.
Two examples of good and bad palliative care for people with cancer are described. Such experiences highlight the importance of communication, co-ordination, holistic assessment and advance care planning in meeting older people's palliative care needs. (RH)
ISSN: 13663666
From : <http://www.pavpub.com>
- 187/21 Positive dying in later life: spiritual resiliency among sixteen hospice patients; by Mitsuko Nakashima. Binghamton, NY
Journal of Religion, Spirituality & Aging, vol 19, no 2, 2007, pp 43-66.
A qualitative study was conducted based on face-to-face interviews with 16 terminally ill older people who reported experiencing a high level of quality of life in their psychosocial and spiritual domains. The findings point to different ways in which these older people were able to confront the dying process and their impending death through their spiritual tenacity. Major themes emerging from their narratives are highlighted: developing closeness to the divine existence; fearless acknowledgement of impending death; revisiting the meaning of death and dying; active preparation for death; transpersonal experience; and the process to surrender to the higher power by giving up their personal control (RH)
ISSN: 15528030
From : The Haworth Pastoral Press, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>
- 187/22 The social context of death in old age; by Glennys Howarth.
Working with Older People, vol 11, issue 3, September 2007, pp 17-20.
Death can occur at any age: it is not the preserve of the old. The author examines the notion of death as taboo, and considers the impact of social variables such as socio-economic status (SES) and gender on people's encounters with mortality. She refers to her own research giving an insight into some of the attitudes of older people when thinking about the notions of the good and bad death in relation to themselves and others for whom they care. (RH)
ISSN: 13663666
From : <http://www.pavpub.com>

DEMENTIA

(See Also 187/112, 187/118, 187/136, 187/145)

- 187/23 'Making mistakes': using co-constructed inquiry to illuminate meaning and relationships in the early adjustment to Alzheimer's disease - a single case study approach; by John Keady, Sion Williams, John Hughes-Roberts.
Dementia: the international journal of social research and practice, vol 6, no 3, August 2007, pp 343-364.
This paper outlines the use of a new qualitative research approach, Co-Constructed Inquiry (CCI), to develop a personal theory of the experience of living and adjusting to an early diagnosis of Alzheimer's disease (AD). The personal theory was developed over a 21-month period (March 2004-December 2005) between Sarah, a person with Alzheimer's disease, and a clinical nurse

specialist at a memory clinic in North Wales, John Hughes-Roberts. The resulting work suggested that Sarah co-constructed her experience of living with the onset of the disease as a process of 'making mistakes' and that her life story was a powerful influence in mediating and enhancing her coping behaviour. Moreover a sequence of 'balancing' acts, i.e. losing balance - finding balance - keeping balance, which Sarah visualised as the 'up and down' motion of a see-saw, both conceptualised and diagrammed her early adjustment experience. Sarah's personal theory has implications for practice and research development. (KJ/RH)

ISSN: 14713012

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

187/24

Behavioural disturbance triggers recognition of dementia by family informants; by A Eustace, I Bruce, R Coen (et al).

International Journal of Geriatric Psychiatry, vol 22, no 6, June 2007, pp 574-579.

The aim was determine the frequency of unrecognised dementia in community-dwelling older people and to identify factors associated with informants' recognition of dementia. Participants were 62 people aged 65+ living in the community in Dublin meeting ICD-19 criteria for dementia who had reliable informants. Prior to the start of interview, the informant was questioned about whether it was felt that the patient had memory difficulties, and if so whether a medical evaluation for the memory problem had been carried out. A psychiatrist then interviewed the patient and informant to establish whether the patient met ICD-10 criteria for dementia. Assessments carried out were the Blessed Dementia Rating Scale, the Clinical Dementia Rating Scale, the Behave-AD and the Baumgarten Behavioural Disturbance Scale. 29% of family informants of people with dementia failed to recognise a problem with their relative's memory. Where memory difficulties were recognised, only 39% of the group received a medical evaluation. Using univariate analysis, recognition of memory difficulties by family informants was associated with higher levels of behaviour disturbance, greater functional impairment, with increasing cognitive impairment. Using a logistic regression model to test the independence of these variables, increasing behavioural disturbance was associated with recognition of dementia by family informants. However, even with recognition of dementia, families often fail to seek medical attention. Education of the lay public on the early signs and symptoms of dementia must be a key first step in improving recognition of dementia in community-dwelling older people. (RH)

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

187/25

Dementia care mapping as a research tool; by Philip D Sloane, Dawn Brooker, Lauren Cohen (et al).

International Journal of Geriatric Psychiatry, vol 22, no 6, June 2007, pp 580-589.

Dementia care mapping (DCM) was originally developed as a clinical tool but has attracted interest as a potential observational measure of quality of life (QOL) and well-being of long-term care residents with dementia. DCM coding involves continuous observation over a 6 hour period, with observers recording a Behaviour Category Code (BCC, a recording of activity or interaction) and a Well/Ill Being (WIB) score at 5 minute intervals. Descriptive data from several different research teams on the distribution and psychometric properties of DCM data were compiled and summarised. Issues and problems identified include: complex scoring algorithms, inter-rater reliability of the BCCs, limited variability of WIB values, association between resident characteristics and DCM assessments, rater time burden, and comparability of results across study settings. Despite the identified limitations, DCM has promise as a research measure, as it may come closer to rating QOL from the perspective of people with dementia than other variable measures. Its utility will depend on the manner with which it is applied and an appreciation of the measure's strength and limitations. Possible changes that might improve DCM's reliability, validity and practicality as a research tool include coding the predominant event (rather than the 'best' event), shortening the observation period, and adding '0' as a neutral WIB option.(RH)

ISSN: 08856230

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

187/26

Dementia timebomb: [Alzheimer's Society report and campaign]; by Derren Hayes.

Community Care, issue 1691, 20 September 2007, pp 26-27.

Reactions from the Alzheimer's Society, Dementia Care and the medical profession to the High Court ruling to uphold the decision by NICE to withhold drug treatments to those with early stage

Alzheimer's disease (AD). The article also notes the Alzheimer's Society campaign to increase public awareness of dementia, which also emphasises the importance of lifestyle changes that can reduce the risk of developing dementia in later life. (RH)

ISSN: 03075508

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

- 187/27 Design for nature in dementia care; by Garuth Chalfont. London: Jessica Kingsley, 2008, 181 pp (Bradford Dementia Group good practice guides).
Maintaining a connection with nature is increasingly recognised as an important component in caring for a person with dementia. This book is a practical resource for care providers and design professionals who want to use nature to improve the lives of people with dementia. The author suggests ways of connecting with nature through indoor and outdoor activities, for example caring for houseplants or pets, gardening, cooking, handicrafts, and domestic chores. Practical ways of incorporating nature into indoor and outdoor environments, and into the design of buildings and landscapes, are suggested. Ethical issues and dilemmas concerning nature indoors and outdoors are discussed. The author has drawn these ideas from interdisciplinary research in environmental psychology, neurology, architecture, nursing and dementia care practice. (RH)
Price: £19.99
From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.
<http://www.jkp.com>
- 187/28 The effect of environmental change on residents with dementia: the perceptions of relatives and staff; by Jane M Cioffi, Andrew Fleming, Lesley Wilkes (et al).
Dementia: the international journal of social research and practice, vol 6, no 2, May 2007, pp 215-232.
This Australian qualitative study aimed to identify and describe the relatives' and staff's perceptions of environmental change on residents with dementia. Data were collected from audio-taped relative and staff focus group interviews at an aged care facility in Western Sydney. The transcribed data from the focus groups were thematically analysed and categorized. Three major categories emerged from the analysed data: the special care unit as a family home, therapeutic environment, and work environment. Relatives and staff identified that the overall design of the unit impacted on the residents' functioning and quality of life, sense of freedom, level of agitation, sleeping patterns and weight. Relatives reported that the environment was conducive to visiting and to children, and staff reported that the working environment was improved because of its layout and equipment. This study has shown that special care units can make a difference to the quality of life of residents and improve conditions for relatives and staff. (KJ/RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 187/29 The effect of multi-sensory ministry on the affect and engagement of women with dementia; by Diana Walters.
Dementia: the international journal of social research and practice, vol 6, no 2, May 2007, pp 233-244.
Individuals with dementia find it difficult to cognitively follow oral presentation of intangible concepts that are part of most traditional workshop experiences. Although anecdotal reports of non-cognitive methods of ministry are found in the literature, alternative forms of worship for people who have dementia have seldom been systematically studied. This research compared the effects of two multi-sensory methods of ministry with a traditional ministry method on the affect and engagement of women with dementia. 24 participants were each presented three forms of worship. Trained observers recorded the number of seconds of observable pleasure (affect) and alertness (engagement) during 10-minute presentations. No effect for either presentation order or observer was found. Multi-sensory tools had a positive influence on the observable experience of participants in this study. (KJ/RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>

- 187/30 Home from home: quality of care for people with dementia living in care homes; by Alzheimer's Society. London: Alzheimer's Society, November 2007, 86 pp.
700000 people in the UK have dementia, and more than a third (244000) live in care homes, but only 60% of these individuals will be in dementia-registered beds (which are targeted at those with a high level of specialist need). This report is part of the Alzheimer's Society's 'Putting care right' campaign. It aims to provide an up-to-date understanding of carers' perceptions of the quality of dementia care provided in care homes, and to recommend action to bring the quality of all homes up to that of the best. Information was collected by three questionnaires, responses being received from 1859 carers (79% response rate), 772 care managers (24% response rate), and 1503 care home staff (16% response rate). The report discusses how care homes respond to the needs of people with dementia; the extent of opportunities for activities, engagement and occupation; involvement of friends and families in the care home; and challenges in providing good dementia care. It recommends: mandatory training for care home staff; local authority involvement; full implementation of existing national policy; systems for sharing good practice which should be supported nationally; development of specialist assessment procedures. (RH)
From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX.
Website: http://www.alzheimers.org.uk/downloads/home_from_home_full_report.pdf
- 187/31 Improving services and support for people with dementia: sixth report of session 2007-08: report, together with formal minutes, oral and written evidence; by Committee of Public Accounts, House of Commons. London: The Stationery Office, 24 January 2008, 18 pp (HC 2007/08 228; incorporating HC 2006/07 1068-i).
Following the National Audit Office report on this subject (HC 604 session 2006/07), the Committee of Public Accounts examined the prevalence and costs of dementia, diagnosis and early intervention, access to and quality of support services, and experiences of people with dementia in hospital and care homes. This report presents the Committee's findings, also oral evidence from witnesses from the the Department of Health (DH) and NHS. While it is estimated that there are more than 560,000 people in the UK with dementia, costing the economy some £14 billion a year, dementia has not been a priority for the NHS. The Committee's recommendations include the need for more public awareness of dementia, improved co-ordination of care between services and professionals, an entitlement to assessment and support for carers, and better standards of care and training for care home and hospital staff. (RH)
Price: £10.00
From : TSO, PO Box 29, Norwich NR3 1GN.
- 187/32 Knowledge of dementia among South Asian (Indian) older people in Manchester, UK; by Nitin Purandare, Vikram Luthra, Caroline Swarbrick (et al).
International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 777-781.
Attendees, not known to suffer from dementia, of one South Asian and two predominantly Caucasian day centres for older people in Manchester were asked to complete the Dementia Knowledge Questionnaire (DKQ). The DKQ was translated into Gujarati and Urdu by professional translators. 191 DKQs from Indian and 55 DKQs from Caucasian (White UK/Irish/European) people were included in the analyses, Knowledge of dementia was poor in both groups, especially so in Indian older people. The median (25th-75th percentile) total DKQ scores were 3 (2-5) in Indians and 6 (3.5-9) in Caucasians. Indian older people showed significantly less knowledge about basic aspects and epidemiology of dementia when compared to Caucasian older people. Both groups fared equally badly on questions about aetiology and symptomatology. Indian older people were less aware of personality, reasoning and speech being affected in dementia. These factors may account for Indian people's relative absence from local dementia treatment clinics. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>
- 187/33 Monitoring people with dementia: controlling or liberating?; by Celia Price.
Quality in Ageing, vol 8, no 3, September 2007, pp 41-44.
In the increasing discussion about electronic assistive technology, the most emotive reactions are provided when it is suggested that technology is used to monitor older people with dementia. The words associated with monitoring are rather negative: surveillance, 'big brother', intrusive,

controlling. For the past two years, care practitioners in local authorities and NHS mental health trusts have been using the Just Checking activity monitoring system to assess people with dementia, living alone in their own homes. Small, wireless movement sensors, placed in the key rooms of the house, are triggered as the person goes about daily life; the data are represented as a line on a 24-hour chart. There are no cameras. The chart is access via a password controlled website. The charts give care professionals and family carers a much clearer picture of how a person with dementia is acting in the home environment. The information is used to devise a care package that is appropriate and will support continued independent living. This article presents three case studies of women with dementia living in their own homes. (RH)

ISSN: 14717794

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

187/34 Quality of life and dementia: the voice of the person with dementia; by Wendy Moyle, Margaret McAllister, Lorraine Venturato (et al).

Dementia: the international journal of social research and practice, vol 6, no 2, May 2007, pp 175-192.

Although it is known that quality of life (QOL) can greatly influence a person's well-being, the measurement of QOL in individuals with dementia has, unfortunately, been largely ignored as a result of conceptual, logistical and measurement difficulties inherent in this population. To enable the voice of the person with dementia to be heard, a triangulated approach was adopted using survey data that aimed to assess the quality of life-Alzheimer's disease (QOL-AD) in Australian residential aged care and unstructured interviews with a small sample of participants (n=33). This article presents the survey results and demonstrates there were significant differences in QOL-AD scores between length of stay in the care setting groups, interpersonal relationship quality and self-esteem. Groups with greater physical impairment had lower QOL scores. It is concluded that the participants in this study were able to provide meaningful commentary on their QOL, and that the findings may be useful when planning education of care staff and may contribute to theoretical models of dementia care. (KJ/RH)

ISSN: 14713012

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

187/35 Relationships and dementia; by Mike Nolan, John Keady (eds).

Dementia: the international journal of social research and practice, vol 6, no 3, August 2007, pp 323-456 (whole issue).

The focus of this issue is on 'relationships' within the dementia experience and there are five contributions to it. Despite the diversity of these contributions, a number of important and shared themes emerge. One is the complexity of relationships in dementia and the very active role played by the person with dementia; others are drawn out in further detail. Underpinning these articles is a desire to improve understanding and support for people with dementia and their carers, which should, it is advocated, involve both parties in any design and evaluation of such support services. Additionally, further research into the experience of dementia will also take lengthy periods of study which need to be adequately funded and supported. (KJ/RH)

ISSN: 14713012

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

187/36 Support for carers of people with dementia during hospital admission; by Maggi Douglas-Dunbar, Penny Gardiner.

Nursing Older People, vol 19, no 8, October 2007, pp 27-37.

The aim of this study was to help develop support services for carers of people with dementia on admission to a district general hospital. Qualitative methodology was used in the form of individual semi-structured interviews. These interviews suggest that service developments need to take into account the individual need of each carer. Identified themes included communication, vulnerability of the carers, and the need to develop a therapeutic relationship with the carer as well as the person with dementia. Recommendations for change include a letter introducing the dementia specialist nurse to be given to carers, a poster in wards across the trust to support the letter; and workshops on dementia care for staff with emphasis on the need to work in partnership with informal carers. (KJ/RH)

ISSN: 14720795 From : <http://www.nursingolderpeople.co.uk>

- 187/37 A systematic review of intervention studies about anxiety in caregivers of people with dementia; by Claudia Cooper, T B S Balamurali, Amber Selwood (et al).
International Journal of Geriatric Psychiatry, vol 22, no 3, March 2007, pp 181-188.
Anxiety has been a relatively neglected outcome measure but may require specific interventions. In a systematic review to synthesise evidence regarding interventions that reduce anxiety in caregivers, 24 studies met the authors' inclusion criteria. They rated the methodology of studies, and awarded grades of recommendation (GR) for each type of intervention according to Centre for Evidence-Based Medicine guidelines from A (highest level of evidence) to D. Anxiety level was the primary outcome measure in only one study, and no studies were predicated on a power calculation for anxiety level. There was little evidence of efficacy for any intervention. The only randomised controlled trial (RCT) to report significantly reduced anxiety involved a cognitive behavioural therapy (CBT) and relaxation-based intervention devised specifically to treat anxiety, and there was preliminary evidence (no RCTs) that caregiver groups involving yoga and relaxation without CBT were effective. There was grade B evidence that behavioural management, exercise therapies and respite were ineffective. CBT and other therapies developed primarily to target depression did not effectively treat anxiety. Good RCTs are needed to specifically target anxiety which might include relaxation techniques. Some of the interventions focused on reducing contact with the care recipients, but caregivers may want to cope with caring. Preliminary evidence suggests strategies to help caregivers manage caring demands may be more effective. (RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com>
- 187/38 Working together with persons with early stage dementia and their family members to design a user-friendly technology-based support service; by Elizabeth Hanson, Lennart Magnusson, Helene Arvidsson (et al).
Dementia: the international journal of social research and practice, vol 6, no 3, August 2007, pp 411-434.
This article describes how researchers, practitioners and technicians in West Sweden worked together with older people with early stage dementia and their family members to develop a user-friendly technology-based information, education and support service, based on the generic ACTION participatory design model (Assessing Carers using Telematics Interventions to meet Older People's Needs). Ways of working in partnership with older people with early stage dementia and their family members are explored, and key lessons learned are highlighted. The overriding message is that elders with early stage dementia can be actively involved throughout the entire research and development process. Essential prerequisites are time and ongoing support by skilled practitioners and family members. Preliminary findings reveal that older people with early stage dementia can learn and benefit from user-friendly technology, especially when used together with others in a similar situation. (KJ/RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 187/78, 187/85)

- 187/39 The changing demographic picture of the UK: national statistician's annual article on the population; by Karen Dunnell.
Population Trends, no 130, Winter 2007, pp 9-21.
The population of the UK is currently growing at its fastest rate since the 1960s, increasing by 2.5% between mid-2001 and mid-2006. While life expectancy continues to increase, fertility rates have also been increasing in the past five years and currently at their highest level since 1980. In addition, international migration has led to the UK population growing by an average of 500 people per day over the past five years. The population is also becoming increasingly diverse and mobile, and these factors make it increasingly challenging to measure population change accurately. This is the first of a series of annual reports on the population of the UK. This report focuses on fertility and in particular, the impact of migration on fertility, but different topics will be covered in future years. (KJ/RH)

ISSN: 03074463

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

- 187/40 Demographic ageing and employability in the South West of England; by Hilary Stevens, South West Opportunities for Older People (SWOOP), Marchmont Observatory, University of Exeter. 2nd ed Exeter: SWOOP Project, Marchmont Observatory, University of Exeter, June 2007, 13 pp. The SWOOP project is principally funded by the EQUAL Community Initiative Programme of the European Union (EU) and the South West of England Regional Development Agency. This report draws on official statistics to illustrate key characteristics and trends around the themes of demographic ageing and older workers in the South West. First, it uses population estimates to describe how the region's population age structure has changed in the past and is likely to change in the future. Second, facts and figures on the region's older workers are presented in relation to the Government strategy for older people, "Opportunity age" and its 'pillars' of activity: increasing the post-50 employment rate; focus on keeping people in jobs; helping people back to work; and working with employers. (RH)
From : Marchmont Observatory, University of Exeter, St Luke's Campus, Heavitree Road, Exeter EX1 2LU. Website: www.marchmont.ac.uk SWOOP website: www.swoop-project.org.uk

DEPRESSION

- 187/41 Depressive symptoms in the very old living alone: prevalence, incidence and risk factors; by Kenneth Wilson, Patricia Mottram, Andrew Sixsmith.
International Journal of Geriatric Psychiatry, vol 22, no 4, April 2007, pp 361-366.
Older people living alone are at high risk of suffering from depression. As part of the ENABLE-AGE project, the authors describe the prevalence, incidence and associated risk factors of clinically significant depressive symptoms with particular emphasis on the role of the home environment. They conducted a one-year follow-up of 376 subjects aged 80-90 in the Wirral regarding housing, social circumstances, physical health and psychological well-being. A prevalence rate of 21% and an annual incidence of 12.4% (Geriatric depression Score, GDS, of 5 or more) were found. Risk factors associated with prevalence of depression include: not living close to friends and family; poor satisfaction with living accommodation; and poor satisfaction with finances. Subsequent development of clinically significant depressive symptoms was associated with baseline increased scores in depression. While these results are consistent with findings in the general population of similar age (except for higher prevalence and incidence rates), housing-related variables could not be demonstrated as significant risk factors. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>
- 187/42 Prevalence of depressive symptoms and syndromes in later life in ten European countries: the SHARE Study; by E Castro-Costa, M Dewey, R Stewart (et al).
British Journal of Psychiatry, vol 191, November 2007, pp 393-401.
The EURO-D, a 12-item self-report questionnaire for depression was developed with the aim of facilitating cross-cultural research into late-life depression in Europe. As part of the Survey of Health, Ageing and Retirement in Europe (SHARE), the EURO-D was administered to cross-sectional nationally representative samples of non-institutionalised people aged 50+ (n=22777). The effects of age, gender, education and cognitive functioning on individual symptoms and EURO-D factor scores were estimated. The prevalence of all symptoms for depression was higher in the Latin ethno-lingual group of countries, especially symptoms related to motivation. Women scored higher on affective suffering; older people and those with impaired verbal fluency scored higher on motivation. The prevalence of individual EURO-D symptoms and of probable depression varied consistently between countries. Standardisation for effects of age, gender, education and cognitive functioning suggested that these compositional factors did not account for the observed variation. (RH)
ISSN: 00071250
From : <http://bjp.rcpsych.org>
- 187/43 Unhappy old age: [depression in older age]; by Stuart Shepherd.
Health Service Journal, vol 117, no 6080, 1 November 2007, pp 26-28.

Dementia is not the only mental health problem for over 65s. Despite the UK Inquiry into Mental Health and Well-being in Later Life reports documenting problems of older people with depression, their needs are largely neglected. Members of PSIGE, the old age faculty of the British Psychological Society are concerned that specialist psychological therapies for older people could be lost, though there are some notable examples of work with older people with depression: the Let's Respect campaign at St Helen's and Knowsley Trust; and an integrated mental health team in Doncaster. (RH)

ISSN: 09522271

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

DIGNITY

187/44

Rights, risks and restraints: an exploration into the use of restraint in the care of older people; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection, November 2007, 63 pp (CSCI 214).

Restraint can take many different forms. In presenting people's views and understanding of restraint, this study uses a broad interpretation that includes physical restraint, physical intervention, chemical restraint, environmental restraint, electronic surveillance and medical restraint. The study is based on wide consultation and findings from 253 survey responses from older people, carers, care workers, care professionals and policy makers; also eight group discussions with 76 older people and their carers and families. In addition, the study used CSCI datasets to find references to restraint. The study summarises relevant national policies; describes people's understandings and experiences of restraint; examines who gets restrained and why; and considers the uncertainties and dilemmas for staff. Appendices draws attention to relevant parts of the Care Homes Regulations 2001 and the Domiciliary Care Regulations 2002, and to the constituents of good restraint policies. The report stresses the balance between keeping people safe and respecting their rights. (RH)

From : Commission for Social Care Inspection, 33 Greycoat Street, London SW1P 2QF. Free copies from: Admail 3804, Newcastle NE99 1DY. Orderline: 0870 240 7535

E-mail: csci@accessplus.co.uk

http://www.csci.gov.uk/about_us/press_releases/regulator_calls_summit_to_addr.aspx

EDUCATION

187/45

European initiatives in postgraduate education in gerontology; by René J T van Rijsselt, Terttu Parkatti, Joseph Troisi.

Gerontology & Geriatrics Education, vol 27, no 3, 2007, pp 79-98.

This paper describes three innovative European initiatives in postgraduate education in gerontology. The first is the European Masters Program in Gerontology (EuMaG), developed as an interdisciplinary joint programme, supported and delivered by 22 European universities. Second, the Nordplus initiative to increase mobility of students and staff in the field of gerontology in the European Nordic countries is elaborated. Third, two postgraduate Gerontology and Geriatrics programmes offered by the European Centre of Gerontology and Geriatrics, University of Malta are presented. In 1995, the Centre was designated a WHO Collaborating Centre for healthy ageing. To provide a context for these initiatives, a short overview is presented of developments in the European Higher Education Area, and the current state and recent developments in gerontology training in Europe is elaborated. The article concludes with discussion of the feasibility and sustainability of European internationalisation efforts in education and training in gerontology. (KJ/RH)

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From : Haworth Document Delivery Service, Haworth Press, 10 Alice Street, Binghamton, NY 13904-1580, USA.

www.HaworthPress.com

187/46

Speculations on the future of taught masters courses in gerontology: lessons from a comparison of England, Scotland, Finland and Spain; by Janet Askham, Mary Gilhooly, Terttu Parkatti (et al). Gerontology & Geriatrics Education, vol 27, no 3, 2007, pp 27-48.

Postgraduate education in gerontology is now widespread within European universities, but such

developments remain still uneven. This paper outlines the variety of provision describing Master's programmes in a sample of countries: England, Scotland, Finland and Spain. These programmes illustrate some of the common problems: lack of funding for students, limited availability of academic staff, and reliance on a small core of dedicated teachers. They exhibit many strengths, including the breadth of curricula, high academic standards, high calibre and varied backgrounds of the students, the value of the qualification in employment, and meeting the demands of an ageing Europe. At the same time, these courses are faced with important issues about their sustainability. This paper argues that the demand for generalist courses such as gerontology taught Master's may fall in the coming years due to a combination of factors, such as employers' treatment and care by specialists. Generalist courses, this paper argues, may only survive in the biggest and best universities serving large populations and in cities able to attract overseas students. (KJ/RH)

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EMPLOYMENT

(See Also 187/40)

- 187/47 Employers projects: lessons learned; by Alan Denbigh, Hilary Stevens, South West Opportunities for Older People (SWOOP), Marchmont Observatory, University of Exeter. Exeter: SWOOP Project, Marchmont Observatory, University of Exeter, 2007, 6 pp.
SWOOP is a regional partnership of agencies and organisations based at the University of Exeter that provides guidance, support and programmes to employers and individuals regarding older people's employability. SWOOP is part-funded by the European Social Fund (ESF) under the EQUAL Community Initiative Programme and by the South West of England Regional Development Agency. The overall objective of the SWOOP employers' projects was to challenge and inform employers' attitudes to age discrimination. This paper outlines the three programmes working with different groups: Employer Action Working Sets (managers and personnel officers); Broker-Age (intermediaries); and Experience Matters" (older employees). (RH)
From : Marchmont Observatory, University of Exeter, St Luke's Campus, Heavitree Road, Exeter EX1 2LU. Website: www.marchmont.ac.uk SWOOP website: www.swoop-project.org.uk
- 187/48 Evaluation of activity undertaken by the EQUAL funded Tick Tock project (ESF Dossier no 04E088ESO): prepared for the Learning and Skills Council Berkshire by Wessex Partnerships Limited; by Wessex Partnerships Limited (WPL); Learning and Skills Council Berkshire. Havant, Hampshire: Wessex Partnerships Limited, October 2007, 41 pp.
Tick Tock is a multi-activity South East region-wide partnership project led by the Learning and Skills Council Berkshire and supported by the European Social Fund (ESF) through the EQUAL programme. Its focus is to increase the number of people aged 50+ in employment, lifelong learning and voluntary activity, with activity being undertaken in Berkshire, Buckinghamshire, Hampshire, the Isle of Wight, Kent, Milton Keynes and Oxfordshire. This evaluation assesses the outcomes, effectiveness and impact of work undertaken to improve the employability of people aged 50+ in South East England. (RH)
From : Wessex Partnerships Limited, Regional Business Centre, Hart Farm Way, Havant, Hampshire PO9 1HR. Website: www.wessexpartnerships.com
- 187/49 The impact of ePortfolio development on the employability of adults aged 45 and over; by Hilary Stevens, South West Opportunities for Older People (SWOOP), Marchmont Observatory, University of Exeter. Exeter: SWOOP Project, Marchmont Observatory, University of Exeter, 2007, 7 pp.
SWOOP is a regional partnership of agencies and organisations based at the University of Exeter that provides guidance, support and programmes to employers and individuals regarding older people's employability. SWOOP is part-funded by the European Social Fund (ESF) under the EQUAL Community Initiative Programme and by the South West of England Regional Development Agency. This paper describes the introduction and effectiveness of an electronic

portfolio (ePortfolio) in supporting older people's job search and personal development. It also considers older people's views on what aspects of the programme they found most beneficial. (RH)

From : Marchmont Observatory, University of Exeter, St Luke's Campus, Heavitree Road, Exeter EX1 2LU. Website: www.marchmont.ac.uk SWOOP website: www.swoop-project.org.uk

END-OF-LIFE CARE

- 187/50 Experiences of end-of-life care in community hospitals; by Sheila Payne, Sheila Hawker, Chris Kerr (et al).
Health and Social Care in the Community, vol 15, no 5, September 2007, pp 494-501.
Concerns remain that health and social care services often fail people dying of chronic illnesses other than those with cancer. British government policy aims to improve end-of-life care and to enable people to make choices about place of care near the end of life, with the assumption that home is often the preferred option. However, some older people may lack suitable social networks, family carers and other resources to remain at home. Community hospitals offer a potentially accessible resource for local provision of end-of-life care. They have the advantage of being located within easy reach for family members, are staffed by local people, and in most of them general practitioners can maintain continuity of care. This paper examines patients' and family carers' experiences of end-of-life care in community hospitals. In-depth organisational case studies were conducted in six community hospitals in the south of England. Interviews were undertaken with 18 patients dying of cancer and other advanced conditions and their 11 family carers. Qualitative analysis of transcribed interviews were undertaken, using the principles of grounded theory. Patients and family carers valued the flexibility, local nature (which facilitated visiting) and personal care afforded to them. Most participants regarded community hospitals as preferable to larger district general hospitals. The research reveals that these participants regarded community hospitals as acceptable places for end-of-life care. Finally, implications of findings for improving end-of-life care are discussed. (KJ/RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>
- 187/51 Hospice or home?: expectations of end of life care among white and Chinese older people in the UK; by Jane Seymour, Sheila Payne, Alice Chapman (et al).
Sociology of Health & Illness, vol 29, no 6, September 2007, pp 872-890.
This paper presents findings from two linked studies of white (n=77) and Chinese (n=92) older adults living the UK, which sought their views about end-of-life care. The authors focus particularly on experiences and expectations in relation to the provision of end-of-life care at home and in hospices. White elders perceived hospices in idealised terms which resonate with a 'revivalist' discourse of the 'good death'. In marked comparison, for those Chinese elders who had heard of them, hospices were regarded as repositories of 'inauspicious' care in which opportunities for achieving an appropriate or good death were limited. They instead expressed preference for the medicalised environment of the hospital. Among both groups these different preferences for institutional death seemed to be related to shared concerns about the demands on the family that may flow from having to manage pain, suffering and the dying body within the domestic space. These concerns, which appeared to be based on largely practical considerations among the white elders, were expressed by Chinese elders as beliefs about 'contamination' of the domestic home (and, by implication, of the family) by the dying and dead body. (KJ/RH)
ISSN: 01419889
From : <http://www.blackwellpublishing.com>
- 187/52 Shifting end of life care back into the community; by Alice Shiner, Jennifer Stothard.
Journal of Integrated Care, vol 15, issue 4, August 2007, pp 28-35.
National evidence shows that around 60% of patients would prefer to receive end of life care and die at home, but in 2005 in North Derbyshire only 20% of patients were supported to do so. This article discusses the tools used to improve end of life care services in the community, and explores the enablers and barriers. (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

EPIDEMIOLOGY

(See 187/153)

EXTRA-CARE HOUSING

(See Also 187/67)

- 187/53 Best practice in promoting social well-being in extra care housing: A literature review; by Simon Evans, Sarah Vallely, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, August 2007, 35 pp.
Since the 2005 general election, there has been a renewed emphasis on older people's housing issues, largely because an increasing proportion of the electorate is aged over 50. This document accompanies a research project, which is part of the Joseph Rowntree Foundation's (JRF) research and development programme, by authors at the University of West of England and Housing 21. The research was conducted between April 2006 and March 2007. The overall aim of the study was to explore the social well-being of 'frail' people living in extra care housing. This review explores the literature on best practice in promoting well-being in a range of housing and care settings. The Findings (no 2115) and the full report are available as a free download on the JRF website. (KJ/RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Findings and full report available as free downloads from <http://www.jrf.org.uk>
- 187/54 Social well-being in extra care housing; by Simon Evans, Sarah Vallely, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, August 2007, 81 pp.
Since the 2005 general election, there has been a renewed emphasis on older people's housing issues, largely because an increasing proportion of the electorate is aged over 50. This document reports on a research project, which is part of the Joseph Rowntree Foundation's (JRF) research and development programme, by authors at the University of West of England and Housing 21. The research was conducted between April 2006 and March 2007. A literature review was carried out as part of this work and is available as a separate document. The overall aim of this study was to explore the social well-being of 'frail' people living in extra care housing. Data was collected through 36 in-depth interviews with extra care residents and managers from six extra care schemes in England. Themes emerging as important to social well-being were: friendship and social interaction; the provision of facilities; design, location and layout; the philosophy of care; engagement with the local community; and the role of family caregivers. The Findings (no 2115) and the literature review are available as a free download on the JRF website. (KJ/RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Findings and full report available as free downloads from <http://www.jrf.org.uk>

FALLS

- 187/55 Multifactorial assessment and targeted intervention for preventing falls and injuries among older people in community and emergency care settings: systematic review and meta-analysis; by S Gates, J D Fisher, M W Cooke (et al).
British Medical Journal, vol 336 no 7636, 19 January 2008, pp 130-133.
Systematic reviews suggest that the most effective way to reduce falls is multifactorial risk assessment and individual interventions against risk factors. The present review traced studies using Medline, Embase, CENTRAL, CINAHL, PsychINFO, Social Sciences Citation Index, reference lists of included studies and previous reviews. Eligible studies were randomised or quasi-randomised trials that evaluated interventions to prevent falls that were based in emergency departments, primary care or the community, that assessed multiple risk factors for falling, and provided or arranged for treatments to address these risk factors. 19 studies, of variable methodological quality, were included. The combined risk ratio for the number of fallers during follow-up among 18 trials was 0.91 and for fall related injuries (8 trials) was 0.90. No differences were found in admission to hospital, emergency department attendance, death, or move to institutional care. Sub-group analyses found no evidence of different effects between interventions in different locations, populations selected for high risk of falls or unselected, and

multidisciplinary teams including a doctor, but interventions that actively provide treatments may be more effective than those that provide only knowledge and referral. Evidence that multifactorial fall prevention programmes in primary care or emergency care settings are effective in reducing the number of fallers or fall-related injuries is limited. Data were insufficient to assess fall and injury rates. (RH)

ISSN: 09598138

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

187/56 Shifting the focus in fracture prevention from osteoporosis to falls; by Teppo Järvinen, Harri Sievänen, Karim M Khan (et al).

British Medical Journal, vol 336 no 7636, 19 January 2008, pp 124-126.

Although preventing fractures in older people is important, the authors of this article believe that we should be putting our efforts into stopping falls, not treating low bone mineral density. It is falling, not osteoporosis, that is the strongest single risk factor for fractures in older people. (RH)

ISSN: 09598138

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

FAMILY AND INFORMAL CARE

(See Also 187/80)

187/57 'They ought to do this for their parents': perceptions of filial obligations among immigrant and Dutch older people; by Helga A G de Valk, Djamila Schans.

Ageing and Society, vol 28, part 1, January 2008, pp 49-66.

Filial obligation refers to a societal attitude that prescribes a duty of (adult) children to meet the needs of their ageing parents. This paper first questions how and to what extent perceptions of filial obligation are determined by ethnic background, or are attributable to socio-demographic factors. Second, the authors study how filial obligations among immigrant older people differ by level of acculturation. Data from the main and migrant samples of the Netherlands Kinship Panel Study (1002-2003) for respondents aged 50-80 in five ethnic groups are used. The analysis sample included 470 Dutch, 70 Turks, 70 Moroccans, 125 Surinamese and 59 Antilleans. Immigrant background was found to be an important determinant of the perception of a child's obligations towards parents. Immigrant elders generally expected more weekly visits and care from their children, and more facilitation of co-residence to parent than was the case for the Dutch. Among older people in all ethnic groups, including the Dutch, the attained level of education was related to perceptions of filial obligation, but marital status and current health status were not. Finally, it was found that different aspects of acculturation were related to the perception of filial obligations among older people with Mediterranean and Caribbean background. (RH)

ISSN: 0144686X

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

187/58 Age and gender of informal carers: a population-based study in the UK; by Lena Dahlberg, Sean Demack, Clare Bamba.

Health and Social Care in the Community, vol 15, no 5, September 2007, pp 439-445.

Variations in the age and gender characteristics of informal carers in the UK are identified. This paper is based on the Individual Sample of Anonymous Records, a 3% random sample of 1 825 595 from the 2001 UK Census, 10% of whom were reported to be carers. The analysis shows that informal caregiving is systematically linked with both age and gender. Caregiving increased with age until reaching a peak in the 45-59 age group, in which almost 20% were carers. Similarly, the amount of time spent caregiving increased with age, with the highest levels of caregiving commitment in people aged 80-89 years. Regarding gender, 11.3% of women were carers compared to 8.6% of men, and overall, women committed more time to caregiving than men. However, this pattern was reversed in later life (70+), where there was a higher proportion of carers and greater time commitment to caregiving amongst men. While the predominance of women as informal carers has been well reported, the importance of men as informal carers in old age is much less commented upon. This study thus suggests that informal caregiving is most prevalent in groups of the population that, according to previous research, may experience most strain from doing so: older people who may be frail and often are in a spousal relationship with

the care-recipient, and middle-aged women with multiple roles. Therefore, it is of great importance that their particular needs and circumstances are fully taken into account both in the development of formal support and when information about available support is targeted. (KJ/RH)

ISSN: 09660410

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

187/59 Caring while living apart; by Sofie Ghazanfaraeon Karlsson, Stina Johansson, Arne Gerdner (et al).

Journal of Gerontological Social Work, vol 49, no 4, 2007, pp 3-28.

In recent years, researchers have paid increasing attention to the issue of care in the new types of family and partner relationships. This study examines expectations and attitudes concerning care among older people in Living Apart Together (LAT) relationships in Sweden, that is, people who have a long-term intimate relationship, but who do not share a common home. 116 older people in LAT relationships completed questionnaires. Partners are ranked as the main providers of care - especially by men- but there is considerable variation in the answers. This seems to be principally related to the degree of flexibility in this type of relationship. Some individuals see an LAT relationship as a marriage-like relationship, while others see it primarily as a type of relationship that guarantees them the possibility of maintaining their own independent way of life. (RH)

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

<http://www.HaworthPress.com>

187/60 Giving help in return: family reciprocity by older Singaporeans; by Lois M Verbrugge, Angelique Chan.

Ageing and Society, vol 28, part 1, January 2008, pp 5-34.

Reciprocity is a powerful principle in social ties. The ethos of family reciprocity is especially strong in Asian societies. The authors study contemporaneous family exchanges, hypothesising that the more current help older Singaporeans receive from family, the more they give in return. Cross-sectional analyses were undertaken of data from two national Singaporean surveys conducted in 1995 and 1999. The help received by older people is measured by income and cash support, payment of household expenses by others, having a companion for away-from-home activities, and having a principal carer. The help given by older people is measured by baby-sitting, doing household chores, giving financial help to children, and advising on family matters. Multivariate models are used to examine the factors that affect an older person's ability and willingness to give help. The results show that the more financial support Singapore seniors received from kin, the more baby-sitting and chores they provided. In their swiftly modernising society, Singaporean seniors are maintaining family reciprocity by giving time in return for money. The authors discuss how during the coming decades, reciprocity in Southeast and East Asian societies may shift from instrumental to more affective behaviours. (RH)

ISSN: 0144686X

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

187/61 Non-supportive interactions in the experience of women family caregivers; by Anne Neufeld, Margaret J Harrison, Karen Hughes (et al).

Health and Social Care in the Community, vol 15, no 6, November 2007, pp 530-541.

The purpose of this ethnographic study was to identify and describe types of non-supportive interactions perceived by 59 women family caregivers in four diverse situations. Participants included 15 mothers of infants born prematurely, 14 mothers of a child with a chronic disease (asthma or diabetes) and women caring for an adult family member with either cancer (15) or dementia (15). Data collection methods included an initial in-depth interview with all women, followed by a second interview with a smaller group of caregivers including a card sort exercise that was based on thematic content analysis of the first interview data. A typology of non-supportive interactions was developed from analysis of the first two interviews and confirmed in a final interview with a subset of study participants. Interviews were audio-taped and transcribed verbatim. Women in all caregiving situations described experience with three types

of non-supportive interactions. These interactions were negative, ineffective or lacking expected support. The women's appraisal of interactions as supportive or non-supportive was rooted in their personal expectations and the context of their situation. Information about types of non-supportive interactions can sensitise professionals, family and friends to mismatches between their assistance and caregivers' requirements, potentially avoiding negative consequences. (KJ/RH)

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HEALTH CARE

(See 187/127)

HEALTH SERVICES

(See Also 187/11, 187/70, 187/82, 187/122)

- 187/62 The emerging role of the domiciliary pharmacist in Devon; by Sara Dilks.
Journal of Integrated Care, vol 15, issue 5, October 2007, pp 20-25.
A new model of multidisciplinary team working with health and social care is being developed in Exeter. This article describes how inclusion of a domiciliary pharmacist in the team has improved medicines management for patients identified as needing support with their medicines. Initial results are discussed, case studies are described, and future developments for the service are outlined. (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

- 187/63 Ticking boxes and changing the social world: data collection and the new UK general practice contract; by Kath Checkland, Ruth McDonald, Steve Harrison.
Social Policy & Administration, vol 41, no 7, December 2007, pp 693-710.
The new General Medical Services contract was introduced into general practice in the UK in 2004, and it links pay to performance far more than in the past. As a result, accurate data collection about patients and the care that they receive is now not only important for good patient care but also to prove that targets are being met. The use of electronic records and information technology has thus become much more sophisticated. This article reports the results from an ethnographic study of the early stages of the new contract in two general practices. As expected, electronic data collection had increased in importance in both practices, with consequences both for clinician-patient interactions and for the structures and processes in the practices, as uniform data collection instruments are put in place that privilege 'hard' biomedical data that can be easily coded above 'softer' more patient-centred information. Roles and responsibilities had been changed to reflect the needs of the new systems, and new software applications allowed increased surveillance of both doctors' and nurses' performance; both of these had an impact on patterns of authority in our study practices. Furthermore, the structural changes that were found acted to embed the new ways of working, ensuring their reproduction in the future. In spite of these effects, there was found little opposition to or critical reflection on the changes, and the doctors in the study continued to view their improved computer systems as neutral recording devices. The implication of these findings is discussed. (KJ/RH)
ISSN: 01445596

HOME CARE

- 187/64 Evaluation of the home help service and its impact on the informal caregiver's burden of dependent elders; by Stephanie Carretero, Jorge Garcés, Francisco Ródenas (et al).
International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 738-749.
This study looks at the objective and subjective characteristics of home respite service provision and its impact on the informal care burden of dependent older people. A sample of 296 dependent people and their informal caregivers was randomly selected from users and non-users of the Home Help Service (HHS) in the Comunidad Valenciana, Spain. An experimental design was used and a field study was carried out that collected information on sociodemographic variables of the

dependent person and his/her caregiver, HHS characteristics and the assessment of services delivered by this resource as well as the informal caregivers' burden. Results show that the services of this resource are very limited, with low cover and frequency, and they do not cater for the real dependency needs in specific activities of daily living (ADLs). However, users and caregivers are satisfied with the care, and experience a higher quality of life since it was implemented, although the HHS does not alleviate informal caregivers' stress. These data show the need to extend the services delivered by the HHS and the duration of care; address the caregiver's need for psychological care; and look at potentially modifiable variables in the care context when designing prevention and psychological programmes to lessen informal caregivers' burden. (RH)

ISSN: 08856230

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

187/65 Provider and care workforce influences on quality of home-care services in England; by Ann Netten, Karen Jones, Sima Sandhu.

Journal of Aging & Social Policy, vol 19, no 3, 2007, 81-97 pp.

A key trend in home care in recent years in England has been movement away from 'in-house' service provision by local government authorities (e.g. counties) towards models of service commissioning from independent providers. A national survey in 2003 identified that there were lower levels of satisfaction and perceptions of quality of care among older users of independent providers compared with in-house providers. This paper reports the results of a study that related service users' views of 121 providers with the characteristics of these providers. For the most part, characteristics associated with positive perceptions of quality were more prevalent among in-house providers. Multivariate analyses of independent providers suggested that aspects of the workforce itself, in terms of age and experience, provider perceptions of staff turnover, and allowance of travel time, were the most critical influences on service user experiences of service quality. (KJ/RH)

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From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

HOSPITAL SERVICES

(See Also 187/36)

187/66 Quality of inpatient care for older people: a Department of Health funded Section 64 project: 2003-2006 final report; by Health and Social Care Advisory Service - HASCAS.: Electronic format - HASCAS, January 2007, 26 pp + Appendices.

The quality of inpatient care in acute trusts for older people and the impact the inpatients experience itself had on timely discharge. To ensure that the views of older people were central to the project, a series of focus groups were held to explore the areas of most importance to potential patients and carers. These views informed a set of standards used to evaluate the quality of care in the nine acute hospital trusts involved. These were further developed to incorporate the views of staff who have insight into areas not immediately evident to patients but critical to the quality of their experience. This report presents the project's findings, focusing particularly on standards ranging from needs assessments and discharge planning to spirituality and religious needs. (RH)

From : Download (13/9/07): <http://www.hascas.org.uk>

HOUSING

(See Also 187/16)

187/67 Comparative evaluation of models of housing with care for later life; by Karen Croucher, Leslie Hicks, Mark Bevan (et al), Centre for Housing Policy - CHP, University of York; Social Work and Development Unit, University of York; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, 2007, 81 pp.

Housing with care schemes are intended to: promote independence; reduce social isolation;

provide an alternative to residential or institutional models of care; provide residents with a home for life; and improve the quality of life for residents. The authors present the findings of a longitudinal, comparative study of seven different housing with care schemes for later life. The study aimed to identify, describe and examine different models of housing with care in terms of funding, the type of care and support provided, the characteristics of the residents, engagement with the wider community, and issues around choice and control. The report considers: the 'different way of life' and what motivates residents to move; what makes schemes distinctive; the services and resources provided; meeting and balancing different kinds of need; and lessons for practitioners, commissioners and policy-makers. (RH)
From : York Publishing Services Ltd., 64 Hallifield Road, Layerthorpe, York YO31 7ZQ.
www.jrf.org.uk/bookshoop

INDEPENDENT LIVING

- 187/68 At last, Alf is busy: [independent living]; by Alf Pearson.
Community Care, issue 1690, 13 September 2007, p 38.
It is far better to be living in one's own home and be able to do things for oneself and as one pleases. Alf Pearson describes the times endured in a long-stay hospital in the post-war years (the result of an accident that affected his nerves), and why he is thankful for the progress that has been made since, such as care provision of United Response for people with learning disabilities. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

INDIVIDUAL BUDGETS

- 187/69 The Independent Living Funds: what does the future hold?; by Melanie Henwood, Bob Hudson.
Journal of Integrated Care, vol 15, issue 4, August 2007, pp 36-42.
At a time when there is much debate about the nature of self-directed support and the development of individual budgets, the role of the Independent Living Fund (ILF) comes into question. This article reports on the findings of an independent review of the ILF undertaken for the Department of Work and Pensions (DWP). It is argued that, while in many ways ahead of its time at its creation in 1988, the ILF is no longer at the leading edge of policy and practice in supporting independent living, as promoted under the auspices of In Control, for example. There is much that can be done to improve the operation of the ILF and people's experience of using it; the report made multiple recommendations for change. However, in the longer term the case is made that the ILF should not have an ongoing and separate existence, and there is a presumption of full incorporation within individualised budgets. (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

INFORMATION

- 187/70 Assessing the impact of information services in the health sector; by Rowena Cullen, Rachel Esson (eds).
Health Information and Libraries Journal, vol 24, supplement 1, December 2007, 85 pp (whole issue).
A wide range health sector information services are evaluated and from a variety of perspectives: evaluating the impact of services to clinicians in hospital settings and the in community; the impact of various modes of delivery of information literacy training; and the impact of patient information services. Authors from Canada, Australia, the US and the UK report impact studies conducted in these and other countries, using a wide range of methods, from the rigorously quantitative to the openly ethnographic. They consider issues of method, the need for health librarians to have expertise in a range of methods, apply rigorous valid measures, and develop standardised evaluation models so impacts can be compared, and evidence of the effectiveness of services more easily identified. (RH)
ISSN: 14711834
From : www.blackwell-synergy.com

- 187/71 Knowledge management and staff expertise in health and social care; by Mark Watson.
Journal of Integrated Care, vol 15, issue 5, October 2007, pp 41-44.
This second of two articles provides an overview of a range of techniques and processes used in knowledge management surfacing from the tacit knowledge held by staff in an organisation. Examples from health and social care are provided. (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

INTEGRATED CARE

(See Also 187/62)

- 187/72 Anticipatory case management and practice-based commissioning in Oxfordshire; by Liz Peretz, Sarah Bright.
Journal of Integrated Care, vol 15, issue 4, August 2007, pp 13-19.
This case study describes how two of the Government's key initiatives have been brought together to drive the integration agenda locally. Practice-based commissioning is being used in one English county to integrate health and social care practice, and so promote independent living in the community. A model of anticipatory case management is being developed at local level, focusing on individuals identified by use of a standard tool (PARR) as at risk of re-admission to hospital. Historical barriers to this sort of initiative are being overcome. (KJ)
ISSN: 14769018
From : <http://www.pavpub.com>

- 187/73 Building capacity in health and social care partnerships: key messages from a multi-stakeholder network; by Ailsa Cook, Alison Petch, Caroline Glendinning (et al).
Journal of Integrated Care, vol 15, issue 4, August 2007, pp 3-10.
Successful development of health and social care partnerships is contingent on the contribution of all stakeholder groups to overcome the 'wicked' issues that beset the field. This article explores four key issues, identified by a network of diverse stakeholders as vital to the future of health and social care partnerships. These key issues are: delivering outcomes to service users; focus on working in partnership with service users and carers; mainstreaming partnership working; and developing the evidence base for partnership working. The article proposes ways in which individuals and organisations from all stakeholder groups can support health and social care organisations to work together to deliver good outcomes to service users and their carers. The article is based on discussions and evidence presented at four seminars funded by the Economic and Social Research Council (ESRC). (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

INTERGENERATIONAL ISSUES

- 187/74 Shared site intergenerational programs: a case study; by Shannon E Jarrott, Kelly Bruno.
Journal of Applied Gerontology, vol 26, no 3, June 2007, pp 239-257.
Shared site intergenerational programs (SSIPs) unite disparate age groups to quasi-kin relationships and meet the care needs of multiple generations of families. SSIPs can effectively support development through intergenerational relationships. However, many programmes prove unsustainable. The authors conducted a case study of an established SSIP serving frail older adults and pre-school age children using surveys and interviews from parents, family caregivers and older adult clients with dementia. Benefits included appreciation for diversity, formation of close relationships, and enhanced client self-esteem. Challenges related to developmental differences and need for greater communication with families. SSIPs can benefit individuals, families and human services organisations. (RH)
ISSN: 07334648
From : <http://jag.sagepub.com>

INTERNATIONAL AND COMPARATIVE

(See Also 187/42, 187/45, 187/57, 187/60, 187/96, 187/156)

- 187/75 Age-friendly primary health care in Thailand; by Duangporn Hoontrakul.: International Institute on Ageing (United Nations - Malta), August 2007, pp 12-20.
BOLD, vol 17, no 4, August 2007, pp 12-20.
The qualitative study reported here was designed to describe the meaning of age-friendly primary health care from the perspective of older people. The data were collected by participatory observation, natural interviews, focus groups and in-depth interviews with 42 older people living in the community in northeastern Thailand, to which the university hospital provides health services, in Kohn Kaem Province. The data were analysed using content analysis. Older people describe age-friendly primary health care as emphasising socio-cultural aspects of service rather than biomedical components of care. Age-friendly primary health care providers should respect older people, deliver a direct service within the community, focus on service equity, provide care to the older person's family, facilitate a good death, and ensure an age-friendly environment within the primary care remit. Results of this study provide an understanding of older people's needs. The study also indicates that primary health care for older people must integrate socio-cultural considerations with biomedical care in order to develop age-friendly primary health care. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>
- 187/76 Aspects of ageing in Ukraine; by Svetlana Poniakina.: International Institute on Ageing (United Nations - Malta), May 2007, pp 16-20.
BOLD, vol 17, no 3, May 2007, pp 16-20.
Population trends and patterns are presented, not least the impact of demographic changes since 1990 on the age structure. Ukraine's population is now the oldest in Europe: 20.7% of the population in aged 60+, and only 14.4% aged under 15. The author comments on the impact of ageing on society: for the family, care services and the economy. Recommendations include encouraging intergenerational integration and, given the reduction of state support for older people, enabling older people to participate in employment. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>
- 187/77 The Bulgarian pension reform: post-accession issues and challenges; by Darinka Asenova, Roddy McKinnon.
Journal of European Social Policy, vol 17, no 4, November 2007, pp 380-389.
Focusing on the social impacts of the 2000-02 pension reform in Bulgaria, this article examines how Bulgarian pensioners cope with income risk in old age. Reporting that old age pensions are frequently inadequate to household consumption needs, the authors argue for more generous tax-financed social pensions alongside contributory pension provision, to combat old age poverty. As the poorest country to date to achieve European Union (EU) accession, this article concludes by suggesting that Bulgaria's pursuit of fuller integration and development within the EU cannot be divorced from better meeting the social security needs of its ageing population. (RH)
ISSN: 09589287
From : <http://esp.sagepub.com>
- 187/78 Demographic transition and ageing in Rajasthan, India; by A Salam Asharaf.: International Institute on Ageing (United Nations - Malta), May 2007, pp 21-27.
BOLD, vol 17, no 3, May 2007, pp 21-27.
Since the early 1960s in Rajasthan, high birth and death rates have given way to declining birth and death rates. This article presents statistics and age structure graphs for this Indian state illustrative of demographic change since 1971, and rural-urban and male-female differentials with regard to ageing. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>
- 187/79 The elderly in the Russian Federation: implications for socio-economic development; by Irina

Kopyrina.: International Institute on Ageing (United Nations - Malta), August 2007, pp 21-31. BOLD, vol 17, no 4, August 2007, pp 21-31.

Russia and the other former Soviet Republics are undergoing transition in their economic, social and political structures, which has left the majority of Russians living in poverty. This article presents demographic indicators that illustrate social implications of ageing in respect of: the family; care services for older people; the pension system (a new structure was introduced in 2002); benefits and allowances; social services; and medical and economic situations. It recommends that the Russian Federal Government needs to raise the quality of life of a significant portion of its population. (RH)

ISSN: 10165177

From : <http://www.inia.org.mt>

187/80

Family caregivers: Russian-speaking Australian women's access to welfare support; by Victoria Team, Milica Markovic, Lenore Manderson.

Health and Social Care in the Community, vol 15, no 5, September 2007, pp 397-406.

In Australia, rapid population ageing and government efforts to support chronically ill, older or disabled people to live in their own homes, has led to the primary responsibility of care being undertaken by families. Through its social policies, the Australian government provides income and other types of support to informal caregivers. This article explores how Australian social policy and women's understanding of their roles affect their access to welfare support. Qualitative research was conducted in Melbourne between February and June 2006. In-depth interviews were undertaken with eight Russian-speaking women involved in caregiving, purposively recruited through ethnic associations, and with four community service providers. Women based their expectations of the gendered and private nature of their role on the social policies in countries of their origin and, hence, did not attempt to access welfare support unless they were referred by health and welfare professionals. In addition, poor referral by professionals, influenced by past societal attitudes that caregiving is a gendered role, contributed to women's limited access to welfare benefits. Changes in the implementation of social policy are proposed to increase caregivers' access to welfare support and efficient utilisation of existing resources. (KJ/RH)

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

187/81

Health, wealth and the elderly: an Indian perspective; by S D Gokhale.: International Institute on Ageing (United Nations - Malta), August 2007, pp 5-11.

BOLD, vol 17, no 4, August 2007, pp 5-11.

While the statement "health creates wealth" may be appropriate for a developed country, for a developing country such as India this needs to be reworded to "Will health reduce poverty?" This article summarises policies in India relating to wealth and poverty, pensions and social assistance and economic security. On the latter, the New Pension Scheme is based on a defined contribution by the individual, and is a system in which every individual has his own account. Three fronts for fighting poverty are identified: creating health services and making them accessible and affordable; providing income security through pensions to the organised sector; and providing universal social assistance for all those in the informal and rural sectors. (RH)

ISSN: 10165177

From : <http://www.inia.org.mt>

187/82

Healthcare consumption in men and women aged 65 and above in the two years preceding decision about long-term municipal care; by Jimmie Kristensson, Ingalill Rahm Hallberg, Ulf Jakobsson.

Health and Social Care in the Community, vol 15, no 5, September 2007, pp 474-485.

Early detection and preventive interventions to those at a transitional stage of becoming increasingly dependent on continuous care and services seems urgent to prevent escalating acute healthcare consumption. This study comprised 362 people (aged 65+), all subject to a decision about municipal care and/or services during 2002-2003, drawn from the Swedish National Study on Aging and Care (SNAC). Data were collected from three existing registers in Sweden. About 50% of the acute hospital stays (n=392) occurred within 5 months prior to municipal care. The 115 men (mean age 80.8) had significantly longer stays in hospital, more diagnoses and contacts with other staff groups beside physicians in outpatient care compared to the 247 women (mean

age 83.8). The regression analysis showed heart conditions, cancer, musculo-skeletal problems, genito-urinary diseases, injuries and unspecified symptoms to be significantly associated with various kinds of healthcare consumption. The findings indicated a breakpoint in terms of hospital admissions about 5 months prior to municipal care and service and a share of 15% having several admissions to hospital. (KJ/RH)

ISSN: 09660410

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

187/83 It's a family affair: consumer advocacy for nursing-home residents in the United States; by Charles D Phillips, Anne-Marie Kimbell, Catherine Hawes (et al).

Ageing and Society, vol 28, part 1, January 2008, pp 67-84.

For more than 40 years, nursing homes in the US have been riddled with evidence of poor performance. To combat problems in this industry, state and federal governments have developed an elaborate monitoring and regulatory structure. At the same time, an important citizens' movement involving nursing home consumer advocacy groups (CAGs) came to life. This paper presents results of a postal survey of 47 active nursing home consumer advocacy groups. They indicate that the majority of these organisations were started by an individual dissatisfied with the care provided to a family member. The political arena in which these organisations were most active was State legislatures. Though they varied considerably, the average CAG operated on a thin financial margin, largely supported by member contributions and donations. These organisations defined their success in terms of their ability to generate policy changes at the State level. Unfortunately, as they pursued these changes, they often failed to develop the organisational infrastructure necessary to assure the CAGs' continued operation. When CAGs ceased operations, it was in most cases the loss of the organisation's original leader or the cumulative effects of the constant struggle to maintain adequate financial resources. (RH)

ISSN: 0144686X

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

187/84 Lesotho - some facts and figures; by Nthabiseng Chaka.: International Institute on Ageing (United Nations - Malta), May 2007, pp 28-31.

BOLD, vol 17, no 3, May 2007, pp 28-31.

Lesotho's population is classified as young. In 2002, the median age was 19.1 years and some 40% of the population was aged under 15. This short article presents other basic demographic indicators. It comments on the effects of the prevalence of HIV/AIDS in Lesotho, which at about 25% is among the highest affected. It also comments on the role of the family and on care service policies. (RH)

ISSN: 10165177

From : <http://www.inia.org.mt>

187/85 Sex differences in healthy life expectancy from self-perceived assessments of health in the city of Sao Paulo, Brazil; by Mirela Castro Santos Camargos, Carla Jorge Machado, Roberto Nascimento Rodrigues.

Ageing and Society, vol 28, part 1, January 2008, pp 35-48.

Whether life is spent in good health or disability has a critical influence on the use of healthcare services. It is also known that average healthy life expectancy differs by sex. This paper reports estimations of healthy and unhealthy life expectancy in old age using self-reported assessments of health for the city of Sao Paulo, Brazil in 2000-2001. Data are derived from the Health, Well-being and Aging in Latin America and the Caribbean Project (SABE), and from population censuses and mortality statistics. Sullivan's estimation method was used, combining the age-specific schedule of the current probabilities of death with the prevalence of self-perceived of "poor" and "good" health. The paper also reports multivariate analyses of the factors associated with variations by age group and sex in self-perceived health. The findings reveal that, at all ages, women live longer than men and for more years in a healthy state. Among men, those aged 60, 65 or 70 were expected to live a higher percentage of their remaining life than women in a healthy state, but among those aged 75, 80 and 85, the opposite held. Among women, the percentage of remaining years that were unhealthy, did not increase as age increased, which differs from previous findings. The multivariate analyses showed that with increasing age, for women the number of chronic diseases decreased but dependency increased, and for men the opposite held.

This finding indicates that the percentage of the life span spent in poor self-perceived health more accurately predicts mortality in men than women. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/ASO>

INVOLVEMENT

- 187/86 Voices of experience: [user involvement, Knowsley Council and local PCT]; by Robert Bullard. Community Care, issue 1697, 1 November 2007, pp 32-33.
When Knowsley Council and the local primary care trust (PCT) set up Knowsley Older People's Voice (KOPV), a community engagement project, they were determined that it would pay more than lip-service to older people's needs. This article reports on developments since the first meeting in 2002, and suggests tips for successful projects that will motivate staff and older people alike. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

LEARNING DIFFICULTIES

- 187/87 People with learning disabilities: an ageing population; by Noelle Blackman.
The Journal of Adult Protection, vol 9, no 3, August 2007, pp 3-8.
Just like everyone else, people with learning disabilities (PWL) are living longer. This means that there are new considerations to be made by professionals and services working to support them. However, it is also important to remember the PWLD are a broad group of people with differing abilities and needs, and there are many different issues that need to be considered. These considerations are a challenge which - despite having known that this situation was approaching for more than a decade - as a society we are only just beginning to recognise and respond. The author thinks that her article is likely to raise more questions than she will answer, but that recognising the issues is the first step towards developing a response. (RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>

LIFE-LONG LEARNING

(See Also 187/48)

- 187/88 Action plan on adult learning: it is always a good time to learn: communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions; by Commission of the European Communities. Brussels: Commission of the European Communities, 27 September 2007, 11 pp (COM(2007) 558 final).
Previous reports from the Commission of the European Communities have highlighted the importance of lifelong learning. This Action Plan focuses on those who are disadvantaged because of their low literacy skills, inadequate work skills and/or other skills; these could include older people. It follows the consultation on the Communication, 'It is never too late to learn', the aim being to implement that Communication's key messages: to remove barriers to participation; to increase the quality and efficiency of the sector; to speed up the process of validation and recognition; to ensure sufficient investment; and to monitor the sector. Follow-up to this action plan is indicated. (RH)
- 187/89 Education and the quality of life in later years; by Anne Jamieson.
Quality in Ageing, vol 8, no 3, September 2007, pp 15-23.
The benefits for older people of participating in formal study are explored in the context of general debate about the constituents of quality of life. This article is based on a study of older students who attended extra-mural type classes at Birkbeck College, London University. The findings of a postal questionnaire survey are presented as context for a discussion of in-depth interviews with a selection of participants. Illustrative case studies are presented, highlighting the discourses related to the benefits of study and their meanings in the different lives of the

individuals. The second part of the analysis links these findings to issues related to the measuring of quality of life (QoL). It is argued that while individuals' emotionally-based concerns often figure most highly in their definition of quality of life, their need to spend time meaningfully is an additional important dimension. Thus, formal study - through the process itself as well as its outcomes - plays an important role in contributing to older learners' quality of life, and giving them a feeling of "time well spent". (RH)

ISSN: 14717794

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

187/90 The future for lifelong learning: a national strategy: an independent Commission of Inquiry sponsored by NIACE; by NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2007, 15 pp.

The National Institute of Adult Continuing Education (NIACE) has agreed to establish and support an independent Commission of Inquiry to undertake a major strategic review of adult learning. This document outlines the Commission's remit, to identify best practice in the UK and internationally in adults education, also the values, principles and practical steps needed to give life to lifelong learning for all the communities in the UK. The Commission will be chaired by Professor Sir David Watson on the Institute of Education. (RH)

From : NIACE, 21 De Montfort Street, Leicester LE1 7GE. Website: www.niace.org.uk

187/91 South West Opportunities for Older People: skills and learning projects: quantitative review; by South West Opportunities for Older People (SWOOP), Marchmont Observatory, University of Exeter. Exeter: Marchmont Observatory, University of Exeter, 2007, 22 pp.

The SWOOP Development Partnership is part funded by the European Social Fund (ESF) under the EQUAL Community Initiative Programme. This report summarises results of five projects characterised as skills and learning delivery projects on the SWOOP programme. Exeter CVS delivered work experience with voluntary organisations. Workwise was designed for unemployed people aged 50+ in Somerset, and provided guidance on IT, work experience and training. SEESAM (Self-Employment Entrepreneurship Support Advice and Mentoring) provided guidance and advice on business planning, initially to disabled people aged 45+, in Somerset and Dorset. It's About You offered workshops on life and career planning for older people in Dorset, Devon and Cornwall. Action for Blind People operates throughout the South West, training visually impaired people in the use of assistive technology to enhance employability. Quantitative performance measures are presented as bar charts and pie charts. (RH)

From : Marchmont Observatory, University of Exeter, St Luke's Campus, Heavitree Road, Exeter EX1 2LU. Website: www.marchmont.ac.uk SWOOP website: www.swoop-project.org.uk

LONG TERM CARE

(See Also 187/140)

187/92 Cognitive impairment in older people: future demand for long-term care services and the associated costs; by Adelina Comas-Herrera, Raphael Wittenberg, Linda Pickard (et al). International Journal of Geriatric Psychiatry, vol 22, no 10, October 2007, pp 1037-1045.

Projections are presented of future numbers of older people with cognitive impairment (CI) in England, their demand for long-term care (LTC) services, and future costs of their care. The sensitivity of the projections to factors that are likely to affect future LTC expenditure is explored. These factors include future numbers of older people, prevalence rates of CI, trends in household composition, informal care provision, care service patterns and unit costs. A macrosimulation (or cell-based) model was developed to produce the projections, building on an earlier Personal Social Services Research Unit (PSSRU) model. Base case assumptions are made about trends in key factors expected to impact on future LTC expenditure, and variant assumptions about the key factors are introduced to test their sensitivity. Expenditure on LTC services for older people with CI are expected to raise from \$5.4 billion or 0.6% of Gross Domestic Product (GDP) in 2002 to £16.7 billion, 0.96% of GDP in 2031, under base case assumptions. Under variant assumptions, the projection for 2031 ranges from 0.83% to 1.11% of GDP. These figures do not include the opportunity costs of informal care. Sensitivity analysis shows that projected demand for LTC is sensitive to assumptions about the future numbers of older people and future prevalence rates of

CI and functional disability. Projected expenditure is also sensitive to assumptions about future rises in the real unit costs of services. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

- 187/93 The future of care funding: time for a change; by Caring Choices Coalition.: Electronic format, 2008, 35 pp.
Caring Choices is a coalition of 15 organisations from across the long-term care system, led by the King's Fund, Joseph Rowntree Foundation (JRF), Help the Aged and Age Concern England (ACE). Throughout 2007, the coalition engaged with more than 700 older people, carers, care providers and others involved in the long-term care system at events across England and Scotland and through an interactive website, to discuss who should pay for long-term care, and how. This paper gives an overview of their discussions, which found five important areas of agreement: the present system of funding long-term care is not fit for purpose; more money will be required to meet growing need; there should be a universal element of long-term care funding; funding of long-term care should be shared between the state and the individual; and better support for unpaid carers is crucial. Two related reports are referred to, which also concluded that the current funding system is unsustainable: Sir Derek Wanless' 'Securing good care for older people' (King's Fund, 2006); and 'Paying for long term care: moving forward' (JRF, 2006). Participants offer different perspectives on the design of a new system, but something that is fair and equitable. (RH)
From:<http://www.caringchoices.org.uk/wp-content/uploads/the-future-of-care-funding-final-report-jan08.pdf>
- 187/94 How will government defuse the demographic time bomb?; by Mark Gould.
Health Service Journal, vol 117, no 6081, 8 November 2007, pp 14-15.
The government has still not answered crucial questions over its plans for long-term care for older people. With an ageing population, how will it fund a system that is likely to cost a lot more? And will people still have to sell their homes? This article notes that the 2007 Pre-Budget report and Comprehensive Spending Review (Cm 7227; p 100) includes passing reference to a new way of financing and providing adult long-term care. Representatives from leading charities, primary care trusts (PCTS) and local councils comment on this proposal in the light of the 2005 Green Paper, "Independence, well-being and choice". (RH)
ISSN: 09522271
From : <http://www.hsj.co.uk>
- 187/95 Is this the answer to the age-old question of social care funding?; by Niall Dickson.
Health Service Journal, vol 117, no 6083, 22 November 2007, pp 16-17.
The current adult social care system penalises people who have saved all their lives, but how will the government rectify this without breaking the bank? The Chief Executive of the King's Fund explains how a coalition of 15 bodies, Caring Choices, has sought to stimulate debate and encourage the government to take action. The coalition has identified three important questions. First, who should pay for personal care? Second, how do we encourage people to contribute to care costs. Third, how do we support the provision of informal care? (RH)
ISSN: 09522271
From : <http://www.hsj.co.uk>
- 187/96 Long-term care policies in Italy, Austria and France: variations in cash-for-care schemes; by Barbara Da Roit, Blanche Le Bihan, August Österle.
Social Policy & Administration, vol 41, no 6, December 2007, pp 653-671.
Cash benefit provisions have been at the core of many reforms in the long-term care sector in Europe. However, the respective schemes vary widely in terms of the definition of entitlements, the level of benefits, and the ways in which benefits can be used by recipients. This article investigates cash-for-care schemes in three European countries: Italy, Austria and France. It asks whether the diversity of these schemes indicates different paths or just differences in the pace with which the respective policies address the risk of dependency. A characterisation of the three schemes and a discussion of the implications for care work arrangements lead to the conclusion that the context and timing of long-term care reform processes are in fact quite variegated. All

three countries have histories of cash schemes and of applying the cash approach to support - and to some extent relieve - traditionally strong family obligations. Differences predominate in terms of linking cash to employment, although some convergence is apparent in the effects on qualifications, working conditions and wages in care work. (RH)
ISSN: 01445596

LONG TERM CONDITIONS

- 187/97 Patient and carer perceptions of case management for long-term conditions; by Penny Sargent, Susan Pickard, Rod Sheaff (et al).
Health and Social Care in the Community, vol 15, no 6, November 2007, pp 511-610.
Nurse-led case management programmes have become increasingly popular over the last 15 years. The Department of Health (DH) in England has recently introduced a 'community matron' role to provide case management to patients with highly complex long-term conditions; a group that is predominantly comprised of elderly people. DH policy documents do not define the day-to-day role of community matrons but instead describe the objectives and principles of case management for long-term conditions. The aim of this qualitative study was to describe case management from the perspective of patients and carers in order to develop a clearer understanding of how the model is being delivered for patients with long-term conditions. In-depth interviews were conducted with a purposive sample of 72 patients and 52 carers who had experience of case management. Five categories of case management tasks emerged from the data: clinical care, co-ordination of care, education, advocacy and psychosocial support. Psychosocial support was emphasised by both patients and carers, and was viewed as equally important to clinical care. Patient and carer perceptions of case management appear to contrast with descriptions contained in DH guidance, suggesting an 'implementation surplus' in relation to the policy. This particularly appears to be the case for psychosocial support activities, which are not described in official policy documents. The provision of significant psychosocial support by community matrons also appears to differentiate the model from most other case management programmes for frail elderly people described in the literature. The findings emphasise the importance of seeking patient and carer input when designing new case management programmes. (KJ/RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>

- 187/98 Raising the profile of long term conditions care: a compendium of information; by Long Term Conditions Team, Department of Health - DH. Leeds: Department of Health, January 2008, 50 pp (Ref: 283125).
This document updates a May 2004 publication, 'Chronic disease management: a compendium of information' with the most up-to-date statistics and evidence on long-term conditions LTCs. It will further inform all those who are involved in both commissioning and providing care and support services for people with LTCs. It focuses on the outcomes that people with LTCs have said they want from services; describes examples of local innovations and achievements in delivering personalised care (e.g. self care and self-directed care); and summarises the national strategic direction and what health and social care communities can do. An annexe suggests publications on self-care, disease management, case management, also risk prediction tools, many of which are available as downloads. (RH)
From : Long Term Conditions Team, Department of Health, Room 2N16, Quarry House, Quarry Hill, Leeds LS2 7UE. Website: www.dh.gov.uk/longtermconditions Contact for copies: DH Publications Orderline, PO Box 777, London SE1 6XH. E-mail: dh@prolog.uk.com Tel: 08701 555 455.

MEDICAL ISSUES

(See Also 187/125)

- 187/99 Care of the elderly heart; by Alison Bloomer (ed).
Geriatric Medicine, vol 37, no 9, supplement GM2, September 2007, (whole issue).
A commentary by Dr Martin Fotherby, a senior lecturer in the Department of Ageing and Stroke Medicine, University of Leicester, introduces this Supplement which focuses on heart disease. Dr

Fotherby believes that industrialised countries where the lifetime risk of being hypertensive is greater than 90 per cent, and hypertension underpins much vascular disease, must lay greater emphasis on lifestyle and environmental factors to combat this growing trend. A more systematic approach to screening for hypertension as well as other vascular risk factors such as diabetes also needs to be adopted. Four articles focus on: syncope and epilepsy; atrial fibrillation; heart failure; and Type 2 diabetes. There is also a conference report on global cardiovascular risk in the elderly population held at the Royal College of Surgeons in London on July 3rd 2007. (KJ/RH)
ISSN: 0268201X

187/100 Neoplasia and the nonagenarian; by Gavin Brigstocke, Moshkan Poormolkara, Jonathan Birns. *Geriatric Medicine*, vol 37, no 9, September 2007, pp 25-28.
The number of nonagenarians living an independent lifestyle is increasing and, with baby boomers growing older in a more healthy manner, is set to rise proportionally. Neoplastic change increases with age, but many cancers in the older population group are unknown until a clinically important event causes rapid decline. The authors illustrate events with a likely case scenario. (KJ/RH)
ISSN: 0268201X

187/101 *Oncology: midlife and beyond*; by Alison Bloomer (ed).
Geriatric Medicine, vol 37, no 11, supplement GM2, November 2007, 32 pp (whole issue).
Professor David Black, as Consultant Geriatrician at Queen Mary's Hospital, Sidcup provides the commentary to this issue on oncology and the geriatrician. Professor Black notes that since the original Cancer Plan (2000) was published, much progress has been made in treatment plans but the new strategy to advance plans until 2012 does not appear to have any specialist geriatric input, which is regrettable as geriatricians will often manage patient's care from diagnosis to terminal care and calls for care to be taken to prevent ageism occurring in the management of oncology. The other five articles, written by doctors in the field, cover: complications of cancer; ovarian cancer; cancer and venous thrombosis; palliative care and breast cancer. (KJ/RH)
ISSN: 0268201X

187/102 *Pressure for change: preventing, caring for and treating pressure ulcers: a review of Care Commission inspection, complaints and enforcement activity in care homes for older people 2002-2005*; by Scottish Commission for the Regulation of Care (Care Commission). Dundee: Scottish Commission for the Regulation of Care, 2007, 29 pp (SD/076/1107).
Pressure ulcers are also known as bed sores, pressure damage, pressure sores or decubitus ulcer. They most often affect people who have little or no mobility, and can occur in hospital, people's own homes and care homes. This review is based on findings from 23 inspections, 21 complaint investigations and 11 enforcement notices served on care homes in Scotland by the Care Commission from 2002 to 2006. It considers six areas for improvement in preventing, caring for and treating pressure ulcers: specialist equipment; policies and procedures; risk assessment; staff training and education; care and treatment; and pain assessment and treatment. The aim is to provide information on standards and best practice in pressure ulcer care. (RH)
From : Care Commission, Compass House, 11 Riverside Drive, Dundee DD1 4NY. Available in other formats and other languages on request. Website: www.carecommission.com

MENTAL HEALTH

(See Also 187/13, 187/151)

187/103 *Consenting adults: assessing mental capacity*; by Premila Fade.
Geriatric Medicine, vol 37, no 10, October 2007, pp 15-22.
The concept of informed consent is based on an individual's basic human right to make their own decisions and pursue their own goals. However, a diagnosis of dementia or other form of cognitive impairment can jeopardise a patient's ability to give informed consent. Dr Fade, a consultant geriatrician for the Poole Hospital NHS Trust, looks at how mental capacity should be assessed and how patients who lack capacity should be managed. This entails an explanation of 'making a best interests decision'. Two case studies are given. (KJ/RH)
ISSN: 0268201X

- 187/104 The development of memory difficulties: a journey into the unknown; by Oonagh S B Koppel, Rudi Dallos.
Dementia: the international journal of social research and practice, vol 6, no 2, May 2007, pp 193-214.
The primary focus of research exploring the experience of developing memory difficulties has been on people who already have a diagnosis of dementia. This study employs a qualitative approach to explore the experience of memory difficulties in three individuals experiencing the process of investigation for dementia. The participants were interviewed before they had a formal diagnosis, and again after they had attended for an assessment at a memory clinic. Partners' interviews provided a further interpretative context, although they were not analysed. Data were analysed using Interpretative Phenomenological Analysis (IPA). Results show that participants were keen to find an explanation for their memory difficulties. The satisfaction that participants felt with the explanation given at the memory clinic was dependent on how informed they felt, which also had implications for how they subsequently viewed themselves. Findings highlight the nature of uncertainty in the area of memory difficulties, and recommendations are discussed. (KJ/RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 187/105 The effect of perceived forgetfulness on quality of life in older adults: a qualitative review; by Martine Mol, Margot Carpay, Inez Ramakers (et al).
International Journal of Geriatric Psychiatry, vol 22, no 5, May 2007, pp 393-400.
Scientific papers that investigate the relation between subjective memory complaints and quality of life were searched. Two independent raters scored the articles on their methodology. The methodological quality was taken into account when conclusions were drawn. The literature searched resulted in 682 articles, of which 5 studies met the inclusion criteria. Although the five studies differed in their methodology, the findings of these methodologically adequate studies show a relation between memory complaints and diminished quality of life in older people. The negative impact that subjective memory complaints can have on quality of life makes it important to acknowledge forgetfulness as a serious issue in the life of older individuals. However, more research is needed to explore the relationship between subjective memory complaints and quality of life, also with regard to the influence of depression and objective memory performance. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>
- 187/106 Experiences of offering EMDR to older people with PTSD in Coventry; by Sally Robbins, Amanda Clarke, Iris Kay.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, October 2007, pp 34-40.
PSIGE Newsletter, no 101, October 2007, pp 34-40.
This paper explains how the current Eye Movement Desensitisation and Reprocessing (EMDR) service for older people in Coventry meets overall service aims, and presents a summary of the qualitative feedback provided by clients of the Coventry and Warwickshire Partnership Trust who have benefited from it. There appears to be limited research on the effectiveness of EMDR specifically with older people with post-traumatic stress disorder (PTSD). It is hoped that this service evaluation can contribute to this area. (KJ)
ISSN: 13603671
From : <http://www.psige.org.uk>
- 187/107 Further evidence of attention bias for negative information in late life depression; by Niall M Broomfield, Rachel Davies, K MacMahon (et al).
International Journal of Geriatric Psychiatry, vol 22, no 3, March 2007, pp 175-180.
Pilot research using the manual (card based) emotional Stroop paradigm shows depressed older people selectively attend negative words, whereas dementia patients do not. This study aimed to confirm this effect, using a more controlled, computerised, emotional Stroop paradigm and accounting for comorbid anxiety. 19 depressed (DEP) and 20 non-depressed control (CON) participants (all Greater Glasgow residents) completed a computerised Emotional Stroop task. This task involves colour, naming individually presented negative, positive and neutral words. Mean participant age was 72.25 years. All participants were free of significant cognitive

impairment. Consistent with hypotheses, analysis of variance revealed general cognitive slowing amongst DEP, and a specific interference effect for negative words in this group, suggesting attention bias. Previous pilot data are confirmed. The emotional Stroop paradigm may have clinical potential for distinguishing geriatric depression and dementia, although as yet this is far from clear. Detailed development work including a comparison with depressed and non-depressed Alzheimer's patients will be necessary to demonstrate diagnostic validity. (RH)

ISSN: 08856230

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

187/108

Mental health problems in old age; by Alison Petch.

Community Care, issue 1692, 27 September 2007, pp 36-37.

Age Concern England (ACE) and the Mental Health Foundation have co-ordinated the UK Inquiry into Mental Health and Well-being in Later Life (MHILLI), chaired by June Crown and begun in 2003 in response to the view that older people's mental health needs were being neglected. This article examines the findings of the Inquiry's second report, 'Improving services and support for older people with mental health problems', for example that in the next 15 years, 1 in 15 of the population will be an older person experiencing mental health problems. The focus is on access to support services, and five main areas for action: ending discrimination; prioritising prevention; enabling older people; improving current services; and facilitating change. (RH)

ISSN: 03075508

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

187/109

The Pool Activity Level (PAL) Instrument for occupational profiling: a practical resource for carers of people with cognitive impairment; by Jackie Pool. 3rd ed London: Jessica Kingsley, 2007, 174 pp (Bradford Dementia Group good practice guides).

The Pool Activity Level (PAL) Instrument is based on the underpinning principle that people with cognitive impairment also have abilities, and that occupation is key to unlocking the potential for such abilities. The PAL Instrument has become the framework for activity-based care systems in a variety of health and social care settings for people with cognitive impairments. Other contributors (Jennifer Wenborn, David Challis and Martin Orrell) comment on the reliability and validity of the PAL Checklist. This resource includes the Instrument, a blank copy which may be photocopied for use by those working with people with cognitive impairment. Also included are activities and checklists, and guidance for carrying out these activities according to ability level. (RH)

Price: £25.00

From : Jessica Kingsley (Publishers) Ltd., 116 Pentonville Road, London N1 9JB.

<http://www.jkp.com>

187/110

Survival in the community of the very old depressed, discharged from medical inpatient care; by Kenneth Wilson, Patricia Mottram, Maryyum Hussain.

International Journal of Geriatric Psychiatry, vol 22, no 10, October 2007, pp 974-979.

A high prevalence of depression is found in older people recently discharged home from acute medical care. The authors report a cross-sectional study of patients aged 75+ discharged from the Countess of Chester Hospital and Wirral Hospitals Trust serving Wirral and West Cheshire. 311 patients were entered into the prevalence study. 158 patients (54 depressed and 104 symptomatic) were entered into the prospective case controlled study and followed up for up to 2 years. Depression was defined by GMS/AGECAT criteria. demographic details, handicap, pain, forced expiratory volume and social network were measured as dependent variables in the prevalence study and included in the analysis of risk factors potentially associated with duration of survival in the community. A depression prevalence rate of 17.4% was found. Age, forced expiratory volume and handicap were associated with depression, but depression was the only baseline variable associated with reduced survival in the community as defined by mortality and re-admission. (RH)

ISSN: 08856230

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

- 187/111 Two days in December; by Tim Dartington.
Dementia: the international journal of social research and practice, vol 6, no 3, August 2007, pp 327-342.
Tim Dartington has drawn on contemporaneous documents, diary notes and more recently a blog, in putting together this account of two days out of six years. Anna was a psychotherapist and writer on adolescence until she took early retirement in 2000 and underwent tests for Alzheimer's disease (AD). She died at home in May 2007. In his description of his own thought processes and associations to the progression of the disease, Tim has included detail from his observation of ways that Anna managed herself in relation to the illness, and also her verbatim comment. Anna has written her own account of the illness, 'My unfaithful brain' (published in 'Looking into later life: psychoanalytic perspectives on depression, dementia and old age'; edited by B Davenhill, 2007). (KJ/RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>

MENTAL HEALTH SERVICES

(See Also 187/110)

- 187/112 Improving the quality of care for mild to moderate dementia: an evaluation of the Croydon Memory Service Model; by Sube Banerjee, Rosalind Willis, David Matthews (et al).
International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 782-788.
The Croydon Memory Service Model (CMSM) has been developed as a model of care that is complementary to local systems of health and social care. It is a low-cost, high-throughput, generic service to enable early identification and interventions in dementia. It is a multi-agency approach with joint ownership by health services, social services and the voluntary sector with embedded specifically tailored approaches to primary health care and minority ethnic communities. The authors completed a service evaluation of the introduction of the CMSM in one borough in South London. Mixed qualitative and quantitative methodologies were used, including a description and 6-month follow-up of 290 consecutive referrals. Six predefined service goals were set (and met): high acceptability (95%); high appropriate referral rate (94%); successful engagement with people from minority ethnic groups (a 2-fold greater number than that expected); successful engagement with people with young onset dementia (17% of referrals); focus on engagement with mild cases to enable early intervention (68%); and an increase in the overall number of new cases of dementia seen (some 63%). Specific services for early dementia, which deliver diagnosis and care, can be established. These services can increase the numbers of people with early dementia identified and provided with care, and their quality of life and behavioural and psychological symptoms also improve. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

- 187/113 Independent sector mental health care: a 1-day census of private and voluntary sector placements in seven Strategic Health Authority areas in England; by Barbara Hatfield, Tony Ryan, Victoria Simpson (et al).
Health and Social Care in the Community, vol 15, no 5, September 2007, pp 407-416.
Information for this study was obtained from 82 Primary Care Trusts (PCTs) 42 social services departments (SSDs) and 3 specialist forensic commissioning teams within the seven Strategic Health Authority (SHA) areas. A cross-sectional sample was used, and information was obtained on 3535 adults and 1623 older people in private or voluntary facilities: independent (private or voluntary) psychiatric hospitals, registered mental nursing homes and care homes. Information was recorded on a standard questionnaire specifically designed for the study: the 'census date' was 28 June 2004 in six SHAs, and 7 October 2004 in the seventh. The aims of this study were (i) to map the extent of all mental health placements in the independent sector, for adults of working age, and older people (excluding those with a diagnosis of dementia placed in local authority care homes), on a census date, across the areas in which the study was commissioned; (ii) to identify the characteristics of the population in placements; (iii) to explore some of the characteristics of the placements and the patterns of use within the private and voluntary sectors; and (iv) to identify the funding source of placements, and cost differences between the private and

voluntary sector. The study findings are discussed in relation to commissioning practice, and the development of the independent sector in mental health care. (KJ/RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>

187/114 NHS learning disability services: implications of the Cornwall Report; by John Dow.
Journal of Integrated Care, vol 15, issue 3, June 2007, pp 37-40.
"NHS bodies who run care homes or domiciliary agencies must immediately seek to register their services with the Commission for Social Care Inspection (CSCI)". This was the first of a number of national recommendations in a report by the Healthcare Commission in 2006 following an investigation into services for people with learning disabilities at Cornwall Partnership NHS Trust. This article considers the implications of this recommendation in the context of the requirements of the Care Standards Act 2000. (KJ/RH)
ISSN: 14769018
From : <http://www.pavpub.com>

187/115 Old age mental health services in England: implementing the National Service Framework for Older People; by Sue Tucker, Robert Baldwin, Jane Hughes (et al).
International Journal of Geriatric Psychiatry, vol 22, no 3, March 2007, pp 211-217.
There is much variation in the services provided for older people with mental health problems. In England, the National Service Framework for Older People (NSF) sought to address these inconsistencies and improve care. This study describes the situation three years after its publication. A postal survey of old age psychiatrists collected data on the NSF mental health model, the nature of the specialist generic services interface, and the degree of interdisciplinary or interagency working. 318 consultants (72%) responded. Considerable differences existed in the deployment of key professionals within community teams, with more than a third lacking ring-fenced social work time. Few services had dedicated rehabilitation beds and nearly a third lacked separate facilities for people with organic and functional illnesses. Increasing numbers of consultants had access to a memory clinic, and there was some suggestion that liaison services were developing, but little indication of increased support for care homes. Several services had yet to agree protocols with primary care or to implement measures promoting effective information sharing and integrated care, and there was little evidence that the implementation of the Single Assessment Process (SAP) had significantly changed practice. Although just over half of consultants reported that mental health services were improving, less than a quarter considered community provision adequate. Three years after publication of the NSF there remained significant gaps in services for older people with mental health problems and substantial variation in provision between districts. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

MENTAL ILLNESS

187/116 Bipolar disorder and the elderly patient; by Charlotte O'Callaghan, Biswadeep Majumdar, Anna Richman.
Geriatric Medicine, vol 37, no 10, October 2007, pp 45-52.
Older patients with bipolar disorder can present some of the most difficult management challenges for old age psychiatrists. The National Institute for Health and Clinical Excellence (NICE) guidelines on bipolar disorder contain few references to the management of this condition in this population group. Doctors O'Callaghan, Majumdar and Richman discuss acute depression management and long-term prophylaxis. However, lower medication doses and drug levels are required than for younger bipolar patients. A key point made is that treatment of this disorder in older patients has a very limited evidence base and more research is needed, as suicide risk is high, as it is for all age groups, but lithium does reduce this risk. (KJ/RH)
ISSN: 0268201X

187/117 Deliberate self-harm in older adults: a review of the literature from 1995 to 2004; by Jennifer Chan, Brian Draper, Sube Banerjee.
International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 720-732.

Suicide rates in old age differ markedly from country to country, but there is a general trend towards increased rates with increasing age. In 1996, Brian Draper reviewed critically the evidence on attempted suicide in old age in the 10 years between 1985 and 1994. The review highlighted a need for prospective controlled studies in older people with more representative samples as well as studies examining the interaction of risk factors, precipitants, motivations, psychopathology and response to treatment. This paper updates that review and summarises the advances in our understanding of deliberate self-harm (DSH) in later life, by critically reviewing relevant studies published between 1995 and 2004. The main advances in understanding have been to clarify the effect of personality and cultural factors, service utilisation pre and post attempt, and the (lesser) impact of socio-economic status and physical illness. Methodological weaknesses continue to include inadequate sample size performed on highly selected populations, inconsistent age criteria, and lack of informant data on studies relating the role of personality. (RH)

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

- 187/118 Delirium and the elderly patient; by Stephen Curran, John Wattis.
Geriatric Medicine, vol 37, no 11, November 2007, pp 35-42.
Delirium is the term used to describe a state of fluctuating organic mental confusion, usually of abrupt onset and relatively short duration. It results in impaired attention and concentration, impaired consciousness, disordered perception, usually visual hallucinations as well as autonomic features such as sweating and tachycardia. Professors Curran and Wattis discuss the condition which is known to be associated particularly with increasing age and dementia. They introduce the Confusion Assessment Method (CAM) which has been widely used in research and been validated in Europe as a screening tool for delirium. The British Geriatrics Society (BGS) has published guidelines (2006) on the prevention, diagnosis and management of delirium. (KJ/RH)
ISSN: 0268201X
- 187/119 Mental disorders and asthma in the elderly: a population-based study; by Tze-Pin Ng, Peak-Chiang Chiam, Ee-Heok Kua.
International Journal of Geriatric Psychiatry, vol 22, no 7, July 2007, pp 668-674.
Clinical studies have mostly linked anxiety disorders with asthma in young patients, but the data are inconsistent for depression. Few population-based studies have investigated the comorbid diagnoses of mental disorders with asthma in older people. In a cross-sectional study of 1092 people aged 60+ in Singapore, the diagnoses of recent depression and anxiety were made using the Geriatric Mental State (GMS) Schedule. The presence of asthma was ascertained by self-report. Asthma was associated with a higher prevalence of depressive disorders, when compared with non-asthmatic controls; and when comparing against controls with other chronic illnesses after adjusting for psychosocial factors, physical comorbidity and use of depression-causing drugs. The authors observed that asthma in older people was more evidently associated comorbidly with depression, rather than anxiety disorder. However, possible associations with anxiety and dementia are not excluded and should be further investigated. (RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com>
- 187/120 Pathological gambling and Parkinson's disease (PD); by Sui Wong, Malcolm Steiger.
Geriatric Medicine, vol 37, no 10, supplement GM2, October 2007, pp 37-41.
A minority of patients with Parkinson's disease (PD) develop an impulsive/compulsive disorder. Pathological gambling as well as other compulsive disorders may occur in up to seven per cent of PD patients if taking dopamine agonist therapy. Doctors Wong and Steiger discuss the possible causes of pathological gambling in patients with PD. There is no consensus on treatment, but recognising the problem and attempting to reduce dopaminergic therapy may be helpful. (KJ/RH)
ISSN: 0268201X
- 187/121 Searching for words: primary progressive aphasia; by Demi Onalaja, Bushra Rauf.
Geriatric Medicine, vol 37, no 9, September 2007, pp 35-37.
Primary progressive aphasia (PPA) is a more rare - or possibly underdiagnosed - condition often mistaken for frontotemporal dementia or Pick's disease. It is characterised by the gradual dissolution of language with the preservation of other cognitive functions and activities of daily living until late in the illness. First symptoms often present as the inability to grasp the appropriate

words in speech and as yet there is no known effective treatment. The authors explore this rare form of dementia to help clinicians differentiate it from Alzheimer's disease and other causes of dementia. (KJ/RH)
ISSN: 0268201X

MIGRATION

- 187/122 Health status and access to health care of British nationals living on the Costa Blanca, Spain; by Daniel La Parra, Miguel Angel Mateo.
Ageing and Society, vol 28, part 1, January 2008, pp 85-102.
A sample of 155 of those who spent more than three months a year living on the Costa Blanca in the province of Alicante, Spain were interviewed. The results for those aged 45+ were compared with those from the Health Survey for England 2003, the British Household Panel Survey (BHPS) 2004, the National Health Survey for Spain 2003, and the Spanish Household Panel Survey 2000. British national resident on the Costa Blanca appear to have a similar health profile to the Spanish and British populations and score higher than Spaniards and the British home population on some indicators. For example, they have fewer mobility problems and a more positive perception of their state of health. These findings are consistent with the "healthy migrant hypothesis". The Valencia Region Health Service provides health care services to 62% of this population. The total number of British residents' visits to a general practitioner (GP) is about the same as that of their Spanish neighbours. As for admissions to hospital, British residents on the Costa Blanca show trends similar to the population of the UK. However, compared to the Spanish and British populations, use of private health care is relatively high. (RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/ASO>

- 187/123 Migration trends at older ages in England and Wales; by Zoe Uren, Shayla Goldring.
Population Trends, no 130, Winter 2007, pp 31-40.
Information on the behaviour and characteristics of our rapidly growing older population is of increasing importance to policy makers, who want to ensure a good quality of life for older people. This article uses data from the Office for National Statistics Longitudinal Study (1971-2001) to illustrate trends in migration at older ages. It shows how the propensity to migrate differs by age, sex, marital status, living arrangements, economic resources and health in later life, amongst people aged 50 and over in England and Wales. Results show that moves at older ages are associated with changes in health and living arrangements, but also that these associations are inter-related with other factors such as age. (KJ/RH)
ISSN: 03074463
From : <http://www.statistics.gov.uk>

NURSING

- 187/124 Using the discrete choice experimental design to investigate decision-making about pressure ulcer prevention by community nurses; by Panos Papanikolaou, Patricia Lyne, Julie Ratcliffe.
Health and Social Care in the Community, vol 15, no 6, November 2007, pp 588-598.
This study investigates the preferences of senior community nurses who work as district nurse team leaders in selecting preventive care plans for elderly people at high risk of pressure ulcer formation. The discrete choice experiment (DCE) technique was used. Focus group work produced the following five attributes of nurse decision-making: ease of care plan management; impact of care plan on patient's lifestyle; speed of obtaining the equipment; affordability; evidence-based practice. These were incorporated into a self-administered questionnaire, posted to 102 nurses from two integrated acute/community NHS Trusts in Wales. A response rate of 55% was achieved. Respondents were asked to rate the importance of the selected attributes on a 5-point scale. They rated the first three attributes 'highly' whereas affordability was of less importance. However, regression analysis which is part of the DCE technique produced a somewhat different picture, with 'impact' being least and 'affordability' most statistically significant. The reasons for this apparent anomaly are discussed and the paper concludes that the DCE approach is capable of yielding important information, which is not produced by simple rating exercises. Such information is potentially of value in the context of modernisation and

service configuration. (KJ/RH)
ISSN: 09660410
From : <http://www.blackwellpublishing.com/hsc>

OLDER WOMEN

- 187/125 Understanding women's breast screening behaviour: a study carried out in South East London, with women aged 50-64 years; by Sarah Barter-Godfrey, Ann Taket.
Health Education Journal, vol 66, no 4, December 2007, pp 335-346.
The South East London breast screening programme was the first in London extend the upper age limit to 70. This cross-sectional study aimed to understand low uptake of breast cancer screening, by exploring the personal reasoning underlying women' attendance or non-attendance, and identifying differences between those who attend and those who decline. Participants were 306 women aged 50-64, resident in Lambeth, Southwark and Lewisham, who completed a questionnaire either by post, telephone or face-to-face. The decision to attend or decline screening is rational and personally justifiable, engaging factors linked to emotions and attitude. Attitudes about breast screening and perceived personal importance of breast screening are the strongest predictors of attendance and non-attendance. There are differences between ethnic groups in perceptions of breast screening. Regular attendance of screening is associated with ethnicity, although consistent avoidance of mammography is not. Inconvenience is an important factor in missing appointments, and tends to be prolonged rather than specific to the time or day of the pre-booked invitation. GP or health worker advice are good persuaders towards attendance. Pain and anxiety during mammography are notable dissuaders against re-attending. (RH)
ISSN: 00178969
From : <http://www.sagepublications.com>

PENSIONS AND BENEFITS

(See Also 187/77)

- 187/126 Do women teachers get a fair deal?: an assessment of teachers' pensions; by Liam Foster.
Social Policy & Society, vol 7, pt 1, January 2008, pp 41-52.
There has been considerable debate about the future of pension provision over recent years and, in particular, the precarious position of many female pensioners. However, scant attention has been given to women contributing to occupational pensions despite gender differences in levels of accumulation. This article uses evidence from interviews with twenty retired female teachers to outline the difficulties women in the teaching profession have faced in building up occupational pension entitlements. Finally, it highlights that pensions research needs to consider females with access to occupational pension provision to understand the situation of pensioners with a minimal pension income in retirement. (KJ/RH)
ISSN: 14747464
From : <http://www.journals.cambridge.org>
- 187/127 Exploring the relationships between provision of welfare benefits advice and the health of elderly people: a longitudinal observational study and discussion of methodological issues; by John Campbell, Rachel Winder, Suzanne H Richards (et al).
Health and Social Care in the Community, vol 15, no 5, September 2007, pp 454-463.
Provision of welfare benefits advice to maximise financial benefit uptake is a shared goal for social and health policy in the UK. This paper reports on a longitudinal postal survey in 2002-2003 of community-dwelling people aged 60+ referred for specialist welfare benefits advice within social services and who were followed up after 5 months. Outcome measures include the Short Form 36 (SF-36), the General Health Questionnaire 12 (GHQ-12) and the Barthel Index (postal version), along with questions about chronic illness. Of 233 people sent questionnaires, 77 (33%) returned a completed baseline questionnaire. Of the 156 who did not, 35 (22%) gave reasons of being 'too unwell' to participate. Between baseline and follow-up, 8 of the 77 respondents died; 52 of the 69 (75%) remaining participants completed follow-up questionnaires. Respondents (mean age 80.3) receiving welfare benefits advice usually reported the presence of a longstanding illness or disability, and the use of healthcare services. Whereas baseline SF-36

scores were extremely low and remained so at follow-up, there were significant improvements in GHQ-12 scores. Significant increases in benefit income were identified in 65% of respondents with complete financial data sets (mean increase £14.73 per week). Participants were very vulnerable in their health status (compared with normative data for older people); this may have contributed to the difficulty in engaging them in the research. There are methodological issues around establishing cause and effect in this type of study which cannot be readily designed on account of ethical issues. Extraction and analysis of financial status and benefit eligibility with a view to determining absolute changes in the material well-being of vulnerable individuals over time is a complex and challenging task. Use of suitable measures is essential. Innovative strategies are necessary to maximise survey response rates in vulnerable older populations.
ISSN: 09660410 From : <http://www.blackwellpublishing.com/hsc>

- 187/128 State pensions - your guide; by The Pension Service, Department for Work and Pensions - DWP. Northampton: The Pension Service, October 2007, 60 pp (PM2).
This guide gives information about the basic State Pension, the additional State Pension (also known as SERPS or State Second Pension) and further details about claiming the pension. It also includes changes to the rules and conditions for building up a state pension as enacted by the Pensions Act 2007. (KJ)
Price: FOC
From : The Pension Service, Freepost RLXH-JUEU-GZCH, Northampton NN3 6DF. Available in other formats, contact tel: 0845 7 31 32 33
Website: <http://thepensionservice.gov.uk>

PERSON CENTRED CARE

- 187/129 Ground control: [personalised care]; by Mark Ivory.
Community Care, issue 1690, 13 September 2007, pp 14-15.
Personalised care could deliver a long-held ambition for services users, by offering them an active role in organising their own support. There are fears, however, that this is a cost-cutting exercise. This article outlines developments and changes in terminology in the 14 years since since the NHS and Community Care Act 1990 was implemented. While In Control's project has enabled people to be in charge of their support and the money to pay for it, local authorities have had difficulties in selling the concept to many older people. Leading academics, Jon Glasby and Peter Beresford, share these suspicions. (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>

PETS

- 187/130 Maintaining affectional bonds: the significance and meaning of companion animals for pet owners living in homes for older people; by Susan Pooley.: Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, October 2007, pp 5-12.
PSIGE Newsletter, no 101, October 2007, pp 5-12.
Companion animals have been found to promote well-being in older people by an increasing number of researchers. However, few and limited theoretical explanations for why and how these benefits occur have been developed. By investigating the significance and meaning of companion animals for pet owners living in homes for older people, the aim of this research was to explore the consequences for pet owners of living with companion animals in homes for older people and to develop a theoretical model to explain the role of the human-animal bond in a specific context. An initial theoretical model describing how this context shapes the significance and meaning of the human-animal relationship was developed using a grounded theory approach. Data from nine interviews with pet owners, seven interviews with managers and observations showed that companion animals help to ameliorate the losses associated with living in homes for older people by enabling their owns to maintain affectional bonds. Pet owners' understanding of the relative importance of animals, pet characteristics and features of human-animal relationships influenced the degree to which companion animals could enable their owners to maintain affectional bonds. These results are discussed in relation to theoretical understandings of the human-animal bond. (KJ/RH)
ISSN: 13603671 From : <http://www.psiges.org.uk>

POVERTY

- 187/131 Give a voice to older people in poverty and social exclusion!; by Age/inc Project, AGE - The European Older People's Platform.: Electronic format only, September 2007, 24 pp.
The Age/inc Project (2005-2007) examined the role of older people confronted with poverty and social exclusion in the implementation of National Action Plans on social exclusion (NAPs). In order to facilitate older people's participation in the process, Age/inc Project developed a workshop tool-kit as a methodology for organising participatory meetings. This report outlines the Age/inc Project in its European Union (EU) context and its main objectives: strengthening participation of older people; further policy development in the social inclusion process; and enhancing relations with other processes related to social exclusion. Older people's perceptions on specific social issues in the partner countries, and whether or not they have worked, are listed. Recommendations for older people's organisations from Age/inc transnational conferences are summarised. The project received funding from the European Community under the Community Action Programme to Combat Social Exclusion 2002-2006. (RH)
From : Download from website (30/10/07): www.age-platform.org

PSYCHOLOGY

(See Also 187/10)

- 187/132 Motivational interviewing and the older population in psychiatry; by Tania Bugelli, Terrence R Crowther.
Psychiatric Bulletin, vol 32, no 1, January 2008, pp 23-25.
Motivational interviewing is a psychological intervention that could potentially give clinical staff working with older people a way of tackling ambivalence and/or resistance to change in therapy. In this paper, the authors discuss the four main principles of this intervention and some adaptations necessary to meet the needs of older people (those over 65 years). The aim is to raise awareness of a psychological technique that can be used in the day-to-day management of older patients who are having psychological difficulties. However, patients require the capacity to understand and retain new information in order to make use of this intervention, which limits its use to those with good cognitive functioning. The four principles are: express empathy; develop discrepancy; roll with resistance; and support self-efficacy. Further research may help identify those for whom it is likely to be beneficial. The authors wish to encourage the practice of motivational interviewing both as an intervention in its own right, but also in preparation for patients requiring more specific therapies such as cognitive behavioural therapy (CBT) or interpersonal psychotherapy. (KJ/RH)
ISSN: 09556036
From : <http://pb.rcpsych.org>
- 187/133 Neurocognition of centenarians: neuropsychological study of elite centenarians; by E Luczywek, T Gabryelewicz, A Barczak (et al).
International Journal of Geriatric Psychiatry, vol 22, no 10, October 2007, pp 1004-1008.
In this Polish study, 10 centenarians and a reference group of 20 people who started ageing (65 years) were examined with a sensitive set of neuropsychological tests and tasks in clinical-experimental assessment. As expected, the centenarians' cognitive functions differed from those of the subjects who started ageing, but not in all aspects. For instance, the former scored significantly lower in the area of linguistic function but the ability to plan and perform controlled complex visuospatial tasks with use of simultaneous and sequential strategies was preserved despite unfavourable symptoms of natural ageing such as performance attention as well as prolonged action time. The results suggest that the centenarians studied show a dominant right-hemispheric pattern functioning not only in relation to perception, but also in planning and executing complex activities. The study and description of preserved neurocognition was possible due to introducing a special procedure sensitive to the preserved functions. (RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com>

QUALITY OF LIFE

(See Also 187/34, 187/105)

- 187/134 Early days for POPP schemes; by Melanie Henwood.
Community Care, issue 1698, 8 November 2007, pp 34-35.
The Department of Health (DH) has funded 29 local authority-led Partnerships for Older People Projects (POPPs). This article reviews the projects to date, based on the interim report of progress produced by a National Evaluation Team from the University of Hertfordshire, the Personal Social Services Research Unit (PSSRU), University of Keele, John Moores University and University College London. It notes that promoting independence and tackling prevention in adult social care have become increasingly important since POPPs were introduced. On the report, the author is critical of the lack of detail that has emerged, which may prove insufficient given that a full evaluation must be made in October 2008. (RH)
ISSN: 03075508 From : <http://www.communitycare.co.uk>

RELIGION AND SPIRITUALITY

(See Also 187/21)

- 187/135 How the "not religious" experience and witness suffering and death: case studies; by Helen K Black. Binghamton, NY
Journal of Religion, Spirituality & Aging, vol 19, no 2, 2007, pp 67-86.
This article is based on a subset of an eight-site, 4-year research study exploring the cultural construction of dying and death in long-term care facilities. In open-ended interviews with residents and staff members, the author learned how four individuals describing themselves as "not religious" respond to queries about the meaning of suffering and death while working and living in long-term care. Case studies are presented of the two residents and two staff members from one of the sites - a secular, for-profit nursing home - who described themselves as not religious. The article offers a brief history of their lives and daily activities, and presents their responses to queries about death and dying. One finding is that the non-religious residents and staff members discussed here found significance in personal meaning systems developed through past, positive life events and present uncertainty about suffering and death. The self-described "not religious" provide another perspective on facing the end of life. (RH)
ISSN: 15528030
From : The Haworth Pastoral Press, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>
- 187/136 Implicit and explicit memory: implications for the pastoral care of persons with dementia; by Gail E Johnson, Richard H Johnson. Binghamton, NY
Journal of Religion, Spirituality & Aging, vol 19, no 3, 2007, pp 43-54.
Providing spiritual care for people with dementia is often challenging owing to the high reliance on explicit, language-based, declarative memory in typical religious organisations. Pastoral care providers can break through this barrier of memory, in part, by a thoughtful and deliberate use of techniques related to implicit memory. This involves using another form of memory that is primarily unconscious, diffused, symbolic, affective and non-language based. This article provides several suggestions of how to reach the implicit memory of people with dementia, thereby building relationships with them and providing effective pastoral care. (RH)
ISSN: 15528030
From : The Haworth Pastoral Press, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>
- 187/137 Older members, church home, and congregational change: "We worked and worshipped in this home for years and now you say we're not important ..."; by Susan L Wortmann, Susan L Schrader. Binghamton, NY
Journal of Religion, Spirituality & Aging, vol 19, no 2, 2007, pp 21-42.
Many Protestant congregations are changing worship styles to a "contemporary" format. This change holds special significance for older members with long-term affiliations who have come

to define the congregation as their home. This research examines older members' responses gathered during a time of congregational conflict over traditional and contemporary church services. A 1997 postal questionnaire was sent to 914 members of a midwestern Protestant congregation; 457 surveys were returned, and 99 respondents offered extensive open-ended comments. Thematic analysis of these comments reveal older members' discussion of attachment to and loss of church home through ownership, relationship, tradition and status. The authors suggest ways in which religious groups might conceptualise older members' relationships with their church home, to lessen conflict and to honour their long-term affiliations in times of congregational change. (RH)

ISSN: 15528030

From : The Haworth Pastoral Press, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

187/138

The road to Mecca: a medical perspective; by Aziz Sheikh, Sangeeta Dhama.

Geriatric Medicine, vol 37, no 9, September 2007, pp 17-24.

Journeying to the Sacred Mosque in Mecca (undertaking the Hajj which means "a great journey") is one of the defining moments of Muslim life. Many only find the means and opportunity to do so in their latter years. The authors consider some of the spiritual, social and physical benefits of the pilgrimage to Mecca and review the potential risks healthcare professionals need to be aware of as many can be mitigated with appropriate preparation; these can include heat stroke and dehydration, and infectious diseases. A pre-Hajj consultation with a healthcare professional is advised. (KJ/RH)

ISSN: 0268201X

187/139

Spirituality and well-being; by Janet Parker.

Working with Older People, vol 11, issue 3, September 2007, pp 13-16.

Are most churchgoers older because they are of a generation when religion had a larger role in people's lives? Or is it because of an increased sense of mortality as people age? Religion is not the same as spirituality. An individual can be spiritual but not follow a religion, and vice versa; but our stereotypes of older people do not place them under the 'spiritual' label. The author outlines findings from her research into spirituality in older people conducted with SCOP (the Spiritual Care of Older People Project of the Diocese of Oxford). (RH)

ISSN: 13663666

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

187/140

The value of spirituality as perceived by elders in long-term care; by Lori Schwarz, Rita P Fleming Cottrell.

Physical & Occupational Therapy in Geriatrics, vol 26, no 1, 2007, pp 43-62.

Spirituality is a context inherent in the individual that influences all aspects of life. This paper presents the results of a qualitative study that explored the perspectives of five elders regarding the integration of spirituality by their occupational therapist into their rehabilitation services. Multiple in-depth interviews were used to collect data. Although reflections on spirituality were unique to each person, there were commonalities in the narratives. Qualitative analysis identified six themes: meaning and purpose; coping and positive outlook; reliance and dependence; comfort and consolation; hope for recovery; and therapeutic rapport. Participants reviewed spirituality as pivotal during their rehabilitation. Implications for practitioners who consider this phenomenon in practice are presented. (RH)

ISSN: 02703181

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

<http://www.HaworthPress.com>

REMINISCENCE

187/141

Using reminiscence based approaches with older people; by Julie Heathcote.

Geriatric Medicine, vol 37, no 11, November 2007, pp 9-16.

Reminiscence is the name given to the process of accessing long-term memory and recalling past events, stories and experiences. It is an increasingly popular way of engaging older people and

particularly those with short-term memory problems. In this article the author, who is an approved Alzheimer's Society trainer, discusses the benefits of using such an approach for both older patients and their carers. (KJ/RH)
ISSN: 0268201X

RESIDENTIAL AND NURSING HOME CARE

(See Also 187/28, 187/30, 187/44, 187/83)

- 187/142 Promoting control and interdependence for those living in care homes by establishing 'friends of care home' groups; by Sheila Furness.
Quality in Ageing, vol 8, no 3, September 2007, pp 24-31.
In order to improve quality of life of older people - whether in care homes or at home - new strategies are required that will allow people to have greater control over their own lives as well as promote interdependence rather than dependence on their families and wider communities. The revised statutory regulatory framework for care homes in England introduces new ways of judging care services. Greater attention will be paid to service users' views about the service. Care home managers will be expected to supply annual quality assurance reports that include feedback from residents and their relatives. This paper advocates that care homes should establish 'friends of the care home' groups as one approach that will facilitate better communication, encourage participation and improve relations between staff, residents and their families and friends. Some of the mutual benefits for the manager and 'friends' are identified, and guidance on how to set up and sustain a group is offered. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

RURAL ISSUES

- 187/143 Delivering and receiving services in rural areas; by Social Care Institute for Excellence - SCIE. Community Care, issue 1697, 1 November 2007, pp 34-36.
The Social Care Institute for Excellence (SCIE) analyses research findings behind specific social work practices, in this case reports around access to welfare services in rural areas. This article identifies issues around social exclusion, costs of services, and stigmatisation as typifying the problems of rural areas. Three items relating to services for older people are outlined. Deirdre Heenan's article 'The factors influencing access to health and social care in the farming communities of County Down, Northern Ireland' (Ageing and Society, vol 26, pt 3, May 2006); Anthea Innes and colleagues' 'Service provision for people with dementia in rural Scotland: difficulties and innovations' (Dementia, vol 5, no 2, May 2006); and Age Concern England's 'Delivering for older people in rural areas: a good practice guide' (ACE, 2005). (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

SHELTERED HOUSING

(See Also 187/67)

- 187/144 Resident involvement in sheltered housing: a workshop: University of Sussex, Brighton, Wednesday 26 September 2007; by School of Social Sciences and Cultural Studies, University of Sussex; Sussex Gerontology Network; Sheltered Housing Group. Brighton: School of Social Sciences and Cultural Studies, University of Sussex, 2007, 7 pp.
Resident involvement (or tenant participation as it used to be called) has been an issue for a long time. This workshop included consideration of the Supporting People programme in providing housing-related support to enable people to live independently. Participants (including residents in sheltered housing) explored the dynamic processes involved in resident involvement and discussed ways in which involvement might be promoted. (RH)
Price: £3.00
From : Professor Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex, Brighton BN1 9SN. Make cheques payable to Sussex Gerontology Network.

SLEEP

- 187/145 Subjectively reported sleep quality and excessive daytime somnolence in Parkinson's disease with and without dementia, dementia with Lewy Bodies and Alzheimer's disease; by Frauke Boddy, Elise N Rowan, Debbie Lett (et al).
International Journal of Geriatric Psychiatry, vol 22, no 6, June 2007, pp 529-535.
Subjective sleep quality and excessive daytime somnolence (EDS) was compared in controls, Parkinson's disease with (pDD) and without dementia (PD), dementia with Lewy bodies (DLB) and Alzheimer's disease (AD). The researchers investigated whether sleep dysfunction and EDS associate with motor phenotype in PD, PDD and DLB. Patients and controls (research volunteers and spouses of patients) were recruited from dementia and movement disorder clinics in Newcastle and Sunderland. Assessments included the Epworth Sleepiness Scale (ESS) and Pittsburgh Sleep Quality Index (PSQI). EDS was more frequent in PD, DLB and PDD patients than in AD. PDD, PD and DLB patients also had worse sleep quality when compared to AD and controls. Baseline postural instability-gait difficulty (PIDG) motor phenotype in PDD was associated with a higher ESS score and frequency of EDS, but this association was lost at 2 years. PSQI scores did not differ between PIDG dominant and non-dominant PD, PDD and DLB patients. EDS and poor sleep quality are greater in PD, PDD and DLB compared with AD. The dissociation of EDS and motor phenotype suggests their pathophysiology is anatomically and/or temporally distinct. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

SOCIAL CARE

- 187/146 Putting people first: a shared vision and commitment to the transformation of Adult Social Care; by HM Government; Department of Health - DH; Local Government Association - LGA; Association of Directors of Adult Social Services - ADASS (et al).: Electronic format only, 10 December 2007, 8 pp.
Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity. This ministerial concordat establishes the collaboration between central and local government, the sector's professional leadership, providers and the regulator. It sets out the shared aims and values which will guide the transformation of adult social care, and recognises that the sector will work across shared agendas with users and carers to transform people's experience of local support and services. It concludes by noting the innovative work of organisations such as In Control, also the Individual Budget (IB), Partnerships for Older People (POPPs) and LinkAge Plus pilots. (KJ/RH)
From : Download from website:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
- 187/147 Right Care Right deal: the right solution for social care: [briefing pack]: Campaign statement; A vision for social care: principles for change; A charter for change; and Carers, employment and services: time for a new social charter?; by Counsel and Care; Carers UK; Help the Aged. London: Right Care Right deal, 2008, 4 items in pack.
Counsel and Care, Carers UK and Help the Aged introduce their campaign, Right Care Right deal, which aims "to achieve the right solution for social care in England". This briefing pack includes publications reflecting this aim from the three organisations. 'A vision for social care: principles for change' (Help the Aged) summarises the debate and what is required to meet older people's needs. In 'A charter for change: reforming care and support for older people, their families and carers', Counsel and Care outlines the evidence from their Advice Service, and presents 5 principles for reform and 10 tests for a new model of social care. 'Carers, employment and services: time for a new social charter?' by Sue Yeandle and Lisa Buckner summarises their analysis of the Carers, Employment and Services (CES) study conducted in 2006-7 at the University of Leeds, commissioned by Carers UK. A campaign statement by Right Care Right

deal calls for a care system that is "funded through a clear, simple and sustainable deal, entered into by the state, community, family and individuals". The pack also includes a press release, 'Two thirds of people won't put money aside for social care, according to new research'. (RH)
From : Right Care Right deal, 207-221 Pentonville Road, London N1 9UZ.
E-mail: info@rightcare.org.uk website: www.rightcare.org.uk

187/148 Staff pressured to deny services: [tighter eligibility criteria]; by Derren Hayes.
Community Care, issue 1697, 1 November 2007, pp 10-11.
Tighter eligibility criteria mean that frontline social workers are having to turn down clients' requests. This short article reports on a survey by Community Care of more than 300 professionals, which found that more than a third of social workers would be prepared to exaggerate clients' needs to ensure that they would receive services. More than half of social workers felt under pressure by managers to re-assess existing service users as being no longer eligible to receive services. For two-thirds of respondents, budget cuts and overspends were frequent topics of conversations in meetings. Full results of this survey are at www.communitycare.org.uk/findings. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

187/149 The state of social care in England 2006-07: presented to Parliament under section 129 1(b) of the Health and Social Care (Community Health and Standards) Act 2003; by Commission for Social Care Inspection - CSCI. London: Commission for Social Care Inspection - CSCI, January 2008, 206 pp (CSCI 221).
In this third annual report from the Commission for Social Care Inspection (CSCI) to Parliament, Part 1 and appendices present data and trends on expenditure, activity and outcomes for local authority social care service. Part 2 focuses on those people deemed not eligible for social care and those who fund their own care. It provides a national analysis of the numbers of people who fund their own care, eligibility levels and estimates of shortfalls in care; and presents finding from an in-depth study of the experiences of people who are 'lost' to the system. It notes a decrease in numbers of older people using services, from 867,000 in 2003 to 840,000 in 2006. Although the total number of support homecare hours has increased, fewer households are receiving supported homecare: 479,000 in 1997 compared to 358,000 in 2006. Among those receiving no services and no informal care are some 6,000 older people with a disability or impairment and high support needs; and about 275,000 with less intensive needs received. Some 450,000 older people in the current system, who do get support from family and friends - and may also be receiving some services - have a shortfall in their personal care. The Partnerships for Older People Projects (POPPS) which provide support to people with less intensive needs are available to relatively few people (23,699 between May 2006 and April 2007). (RH)
From : Weblink to sections of the report and associated documentation:
http://www.csci.org.uk/about_us/news/state_of_social_care_2007_ne-1.aspx

187/150 Transforming social care; by Department of Health - DH. London: Department of Health - DH, 17 January 2008, 27 pp (Local authority circular LAC (DH)(2008)1) (Gateway ref: 9337).
This Local Authority Circular sets out information to support the transformation of social care signalled in the Department of Health's social care Green Paper, 'Independence, well-being and choice' (Cm 6499; 2005) and reinforced in the White Paper, 'Our health, our care, our say: a new direction for community services' (Cm 6737; 2006). The approach was confirmed in the 'Putting people first' concordat (December 2007). There are four sections to this circular: Part 1, A personalised approach, looks at what needs to be done; Part 2 sets out how the DH and sector leaders propose to develop a sector led programme to support councils to deliver this agenda; Annexe A is a copy of the Social Care Reform Grant Determination; and Annexe B is a list of useful websites. This circular should be cancelled on 1 April 2009. (KJ/RH)
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_081934
Enquiries about document to: Helen.Tomkys@dh.gsi.gov.uk

SOCIAL EXCLUSION

(See Also 187/131)

- 187/151 Personal identification (PIN) numbers: a new cause of financial exclusion in older people; by Elizabeth L Sampson, Deborah Dover, Marc Mandell (et al).
International Journal of Geriatric Psychiatry, vol 22, no 5, May 2007, pp 492-493.
Since April 2003, the UK government has been phasing out paper pension books. The state pension is now transferred directly into a bank account and cash obtained using a bank card, keypad and a 4-digit personal identification number (PIN). While this system is more secure, people with dementia or early memory problems are likely to have difficulty in remembering a PIN. This short article reports a cross-sectional study with 35 consecutive attendees at a day hospital and a community centre in Hampstead, London. All were aged 65+ with no acute medical or psychiatric illness. They completed the Mini-Mental State Examination (MMSE), and were asked to identify a bank debit card, supermarket loyalty card, a PIN keypad and a pension book. They then generated a 4-digit PIN of their choice; immediate recall of this was checked, and again 2-4 hours later. Correct recall was hypothesised to correlate with an MMSE score of 25 or more. Two-thirds (64%) were able to enter their PIN correctly; but a score of less than 26 was significantly associated with inability to use a keypad. This result suggests that a significant number of older people will have difficulty in using a keypad and 'chip and PIN' systems. The 'hidden disability' of cognitive impairment may exacerbate financial exclusion. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

SOCIAL POLICY AND THEORY

- 187/152 Baby boomers and adult ageing: issues for social and public policy; by Simon Biggs, Chris Phillipson, Rebecca Leach (et al).
Quality in Ageing, vol 8, no 3, September 2007, pp 32-40.
This paper provides a critical assessment of academic and policy approaches to population ageing, with an emphasis on the baby boomer cohort and constructions of late-life identity. It is suggested that policy towards an ageing population has shifted in focus away from particular social hazards and toward an attempt to re-engineer the meaning of legitimate ageing and social participation in later life. Three themes are identified: constructing the baby boomers as a force for social change; a downward drift of the age associated with 'older people'; and a shift away from defining ageing identities through consumption back towards work and production. The paper concludes with a discussion of the implications for future social and public policy. (RH)
ISSN: 14717794 From : <http://www.pavpub.com>

STATISTICS

- 187/153 Social inequalities in adult male mortality by the National Statistics Socio-Economic Classification, England and Wales, 2001-03; by Chris White, Myer Glickman, Brian Johnson (et al).
Health Statistics Quarterly, no 36, Winter 2007, pp 6-23.
A previous article in Health Statistics Quarterly has noted premature mortality as a major public health concern. This article reports social inequalities in mortality in men aged 25-64 in England and Wales in the period 2001-2003 using linked data sources and 2001-2004 using linked data sources. It represents the first official analysis of the National Statistics Socio-Economic Classification introduced in 2001, and updates the tradition of decennial reporting of mortality by socio-economic status. These results set a benchmark for inequalities in mortality in men of this age, providing insights into the impacts of different social and occupational circumstances in the early 21st century and enabling future monitoring. The Office for National Statistics (ONS) intends to extend this work to examine inequalities in mortality in females of the same age in causes of death and by Government Office region. The sources used were the 2001 Census, the mid-year population estimates for 2001-2003, deaths of men occurring in 2001-2003, and ONS Longitudinal Study (LS). (RH)
ISSN: 14651645 From : <http://www.statistics.gov.uk>

SUICIDE

- 187/154 Effectiveness of interventions to prevent suicide and suicidal behaviour: a systematic review; by Maria Leitner, Wally Barr, Lindsay Hobby, Social Research, Scottish Executive. Edinburgh: Scottish Executive, 2008, 6 pp.
Research Findings, no 60, 2008, 6 pp.
This review was commissioned in 2005, and is published by the the Scottish Government as part of its strategic activity around 'knowing what works' in suicide prevention. The remit was to provide a comprehensive overview of the known effectiveness of interventions aimed at preventing suicide, suicidal behaviour and suicidal ideation, both in key risk groups and in the general population. (RH)
ISSN: 09502254
Price: FOC
From : Scottish Executive Social Research, 4th floor West Rear, St Andrew's House, Regent Road, Edinburgh EH1 3DG.
<http://www.scotland.gov.uk/socialresearch>

- 187/155 Elderly suicide in primary care; by George Tadros, Emad Salib.
International Journal of Geriatric Psychiatry, vol 22, no 8, August 2007, pp 750-756.
Primary care is probably the most suitable setting to start a suicide prevention strategy for older people, especially as more people are seen before committing suicide in primary care than in secondary care. This study examines the nature of complaints and timing of presentation to general practitioners (GPs) by suicide victims in their last GP consultation, comparing those aged 65+ with those aged 18-64. Details of all cases of suicide verdict and open verdict which were returned at inquests held at the Coroner's Court of Birmingham and Solihull between January 1995 and December 1999 were reviewed. Older people had more physical illness and were more likely to have seen their GP in the 6 months before suicide. Younger adults presented with more psychiatric symptoms, while older adults presented with physical symptoms. Complaints to the GP in the last consultation were significantly different between the two age groups. Older people are more commonly present with physical pain and depression. The study found that older suicide victims had different characteristics and attributes from those of younger adults presenting in primary care. This difference may have implications for suicide research, training of primary care staff and suicide prevention programmes. (RH)
ISSN: 08856230
From : <http://www.interscience.wiley.com>

WELL-BEING

- 187/156 Comparing predictors of positive and negative self-rated health between younger (25-54) and older (55+) Canadian adults: a longitudinal study of well-being; by Shahin Shooshtari, Verena Menec, Robert Tate.
Research on Aging, vol 29, no 6, November 2007, pp 512-554.
Age variations in predictors of positive and negative self-rated health are explored, and whether the determinants of positive and negative self-rated health are mirror images. Longitudinal data were used from the National Population Health Survey for a nationally representative cohort of 9371 Canadians aged 25+, to predict positive and negative self-rated health among younger (age 25-54) and older (age 55+) Canadian adults separately. Self-rated health was confirmed as a multidimensional concept. There were variations in determinants of positive and negative self-rated health for both age groups. Determinants of self-rated health include but are not limited to physical health and functioning. Self-rated health is a dynamic evaluation influenced by changes over time in individuals' physical and psychosocial health, genetic endowment, socioeconomic status and health behaviours. Determinants of positive and negative self-rated health are not mirror images. (RH)
ISSN: 01640275

CALENDAR OF COURSES AND CONFERENCES

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

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

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

3-4 March 2008

Managing New Realities 2008 : Making it personal - individual services in health, housing and social care

A two day conference to explore commissioning and delivering personalised care of health and social care services. Keynote address: Ed Miliband (Minister for the Cabinet Office).

Speakers: Chair: David Brindle (Guardian).

Speakers from a variety of organisations including the Department of Health; Robina Support Solutions and others.

Organised by: Pavilion and The Guardian in partnership with Care Services Improvement Partnership, CSIP (Dept of Health) and supported by others

Venue: Inmarsat Conference Centre

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

4-6 March 2008

National Care Homes Congress 2008

Organised by: Hawker Conferences

Venue: tba

Location : Birmingham, England

Details : Shital Patel, Culvert House, Culvert Road, London, SW11 5DH

Tel : +44 (0)20 7720 2108 x202

4 March 2008

'Pass the patient' : Streamlining the handover of care from hospital to community providers with better information

This event aims to cover all aspects of electronic patient-discharge summaries and focus on integration between community and hospital

services. In particular, it will give an up-to-date overview of current methods, examine some of the local and national difficulties that need to be overcome and consider ways in which major improvements can be made.

Organised by: BJHC Limited

Venue: Lakeside Conference Centre, Aston University

Location : Birmingham, England

Details : BJHC Events, 45 Woodland Grove, Weybridge, Surrey, KT13 9BR

Tel : +44 (0)1932 821723, *Fax :* +44 (0)1932

820305, A series of keynote presenters, case histories and practical sessions will, *discuss and review clinical pathways and information flows to provide truly joined-up, patient-centred care. , *examine realistic solutions from healthcare providers that are successfully using ICT to integrate and produce effective and timely electronic discharge summaries.

4-5 March 2008

The 2008 Annual Long Term Care Conference : Quality, choice and value: reality or impossible dream?

Speakers: Chair: Stephen Burke (Chief Executive, Counsel and Care).

Organised by: Laing & Buisson sponsored by Barclays, Castleoak, Wheale Thomas Hodgins plc

Venue: London Marriott Hotel, W1

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

5-6 March 2008

Ageing and Dementia

Two day workshop : To gain an understanding of the difficulty for people with dementia in carrying out Activities of Daily Living as a result of the ageing process and to identify how workers can improve the life experience of those they care for by acknowledging age-related change.

Speakers: Colin MacDonald (Workshop Leader)

Organised by: Dementia Service Development Centre (DSDC)

Venue: Iris Murdoch Building, University of Stirling

Location : Stirling, Scotland

Details : Conference Secretary, Dementia Services Development Centre, University of Stirling, Stirling, FK9 4LA, Scotland

Tel : +44 (0)1786 467740, *Fax :* +44 (0)1786 466846

6 March 2008

Mental Capacity Act in End of Life Care : Moving Forward

Speakers: Chaired by Simon Chapman (Ethics Advisor, NCPC)

Organised by: Healthcare Events

Venue: 4 Hamilton 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

7 March 2008

Commissioning for improved outcomes for older people

Organised by: Pavilion

Venue: ORT House Conference Centre

Location : London NW1, 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

12 March 2008

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

Keynote introduction : Falls prevention in older people - Ivan Lewis MP, Minister for Care Services (DH)

Speakers: Chaired by Professor Chris Todd.

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 March 2008

Mental Health and Capacity Law in Practice Conference 2008

A practical and comprehensive conference for all private client lawyers and mental health practitioners.

Speakers: Chair: Martin Terrell (Partner, Thomson Snell & Passmore).

Organised by: Jordans Publishing Limited

Venue: The Hatton, 51-53 Hatton Garden

Location : London, England

Details : Jordans Publishing Limited, FREEPOST (BS 8152), 21 St Thomas Street, Bristol, BS1 6JS
Tel : +44 (0)117 918 1490, *Fax :* +44 (0)117 925 0486

13 March 2008

Older People - Improving Wellbeing

This conference will examine the latest thinking on improving older people's wellbeing and best practice for integrating strategic services across councils. Speakers will include senior figures in central and local government, policy-makers, practitioners and representatives from older people's groups.

Speakers: Speakers include: Mervyn Eastman (Director, Better Government for Older People) and Professor Sir Cyril Chantler (Chairman, The King's Fund).

Organised by: London Councils

Venue: 59.5 Southwark Street

Location : London, England, Development Officer, Health & Social Care

Details : Susan Price, London Councils, 59.5 Southwark Street, London, SE1 0AL

Tel : +44 (0)20 7934 9807, *Fax :* +44 (0)20 7934 9867

13 March 2008

The BIG Event : give / get / grow inControl

The BIG Event is for everyone with an interest in Self-Directed Support.

Organised by: inControl

Venue: NEC, Birmingham

Location : Birmingham, England

Tel : +44 (0)121 708 3031

13 March 2008

The Mental Health Act 2007

This course has been planned and approved as mandatory training for psychiatrists. It is the first in a range of training events designed to enable mental health care professionals to practice legally and responsibly under the Mental Health Act 2007.

Organised by: The Royal College of Psychiatrists, College Education and Training Centre - CETC
Venue: tba

Location : Manchester, England

Details : Programme Administrator, CETC , 6th Floor, Standon House, 21 Mansell Street, London E1 8AA

Tel : +44 (0)20 7977 6652/57

17-20 March 2008

2008 Joint Conference of NCOA and the American Society on Ageing

Organised by: NCOA/ASA

Venue: Smith Center, Washington, D.C., District of Columbia

Location : Washington DC, USA

18-19 March 2008

Dementia Care Update 2008 : 10th Annual Scottish Conference

Organised by: The Journal of Dementia Care in association with Alzheimer Scotland

Venue: University of Edinburgh

Location : Edinburgh, Scotland

Fax : +44 (0)20 7498 3023

18 March 2008

Financial Planning for Elderly Clients Conference 2008

Speakers: Chair: Anne Edis (President, Solicitors for the Elderly).

Organised by: Jordans Publishing Limited

Venue: Holiday Inn Kensington Forum

Location : London, England

Details : Jordans Publishing Limited, FREEPOST (BS 8152), 21 St Thomas Street, Bristol, BS1 6JS

Tel : +44 (0)117 918 1490, *Fax :* +44 (0)117 925 0486

26 March 2008

Investing in Health and Care in Europe : Opportunities and Challenges

Speakers: Chair: Ken Anderson (MD, UBS Investment Bank)

Organised by: Laing & Buisson sponsored by GE

Healthcare Financial Services

Venue: Radisson SAS Portman Hotel, W1

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

31 March - 1 April 2008

AEA National Conference - Making Changes

Further details and a booking form can be obtained from the AEA website. Keynote speech by Ivan Lewis, Parliamentary Under-Secretary of State amongst others.

Organised by: AEA - Action Against Elder Abuse

Venue: University of Warwick

Location : Warwick, England, 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

1-2 April 2008

The Care Show

Speakers: Numerous speakers and over 100 exhibitor stands.

Organised by: sponsored by the Royal Bank of Scotland in association with Caring Business

Venue: Bournemouth International Centre

Location : Bournemouth, England

Details : The Care Show

6-8 April 2008

Geriatrics 2008

Organised by: Geriatrics Society, Turkey supported by IAGG, EUGMS and INIA.

Location : Antalya, Turkey

11 April 2008

Emotions at work in dementia care conference

Organised by: The Journal of Dementia Care in association with Dementia Care Matters; Divn. of Health and Social Care, Uni.of Surrey; Alzheimer's Society Quality Care Team

Venue: Austin Pearce Building, University of Surrey

Location : Guildford , Surrey

Fax : +44 (0)20 7498 3023

14-18 April 2008

Oxford Institute of Ageing Spring School : 'The Multi-disciplinary Toolkit for Global Ageing'

Deadline for applications: 15 January 2008

Speakers: tba

Organised by: Oxford Institute of Ageing, University of Oxford

Venue: tba

Location : Oxford, England

Details : Angelika Kaiser, Oxford Institute of Ageing, University of Oxford, Manor Road Building, Manor Road, Oxford OX1 3UQ
Tel : +44-1865-286196, The intent of the Spring School is to provide the next generation of researchers on Ageing with the tools they need to move into the 21st century. This forum will provide a unique opportunity for interaction between leading experts and emerging researchers in all aspects of bio-demographic, social and behavioural research into individual and population ageing. The schedule will consist of a combination of key note lectures, workshops and discussion groups on the themes of Demographic and Population Change , The Ageing Brain , and Institutions and Civil Society .
, Places are limited, and applications (application form and a CV plus a name of one reference) should be submitted by 15 January 2008. Costs for participation are 450 (without accommodation) or 650 (including 4 nights B&B).

23-25 April 2008

Volunteering England National Convention - Transforming passion into power : volunteering at the heart of social change

Organised by: Volunteering England

Venue: Hilton Newcastle

Location : Gateshead, England

Details : Regents Wharf, 8 All Saints Street, London, N1 9RL

Tel : +44 (0)20 7520 8928, *Fax :* +44 (0)20 7520 8910

24 April 2008

Depression in later life : An exploration of the issues

The levels of unmet mental health needs amongst older people are extremely high and more people in their later stages of life suffer from Depression than any other illness. It affects over 1 in 4 people over the age of 65 and is largely a neglected area. This huge, but largely unspoken issue is affecting society as a whole whether it is in terms of economic costs, such as the NHS and other healthcare providers, Housing and businesses, or in the lost contributions that people with depression are not making to

society, which equal over £250 billion. Depression is also the leading risk factor for suicide. It is an issue that needs to be urgently addressed and brought into the public domain, but at the moment is still kept buried. The UK inquiry launched in 2003 identified five main areas for action:

Speakers: John Holmes (Senior Lecturer in Liaison Psychiatry of Old Age, University of Leeds and DH Advisor on Depression in people in later life); Nadine Schofield (National Lead Older People's Mental Health, CSIP); Barbara Smith, (Service User - invited); Philip Hurst (Policy Manager, Age Concern - invited); Toby Williamson (Associate Head of Service Improvement & Workforce Development, Mental Health Foundation); Dr. Pauline Lane - invited

Organised by: Careandhealth Conference - Welcomed and supported by the National Older People s Mental Health Programme, Care Services Improvement Partnership, Department of Health
Venue: tba

Location : tba, England, Ending discrimination , Prioritising prevention , Enabling older people to help themselves

Details : Improving current services , Facilitating change.

30 April 2008

CrossReach International Dementia Conference
Workshops and keynote speakers including Shona Robison MSP, Minister for Public Health.

Organised by: CrossReach supported by Alzheimer Scotland

Venue: Crowne Plaza

Location : Glasgow, Scotland

Details : CrossReach Dementia Conference, Charis House, 47 Milton Road East, Edinburgh, EH15 2SR
Tel : +44 (0)141 338 6560

6 - 8 May 2008

1st International Conference: The Dementia Services Development Centre - Northern Ireland - Embracing the Challenge: Citizenship and Dementia

Northern Ireland has been innovative in its use of assistive technologies to support people with dementia. In addition to a specific symposia, we are calling for submissions, to showcase new technologies within a designated demonstration area throughout the duration of the conference.

Speakers: Chairpersons: Professor June Andrews and Maurice O'Connell.

Organised by: Dementia Services Development Centre (DSDC), University of Stirling

Venue: Stormont Hotel, Belfast

Location : Belfast, Northern Ireland
Details : Jemma Galbraith, The Dementia Services Development Centre , Iris Murdoch Building , University of Stirling , Stirling FK9 4LA
Tel : 01786 467740, *Fax* : 01786 466846, The Dementia Services Development Centre - Northern Ireland operates as branch of The Dementia Services Development Centre, University of Stirling., With several keynote speakers including Professor Sube Banerjee.

15 May 2008

Housing for Older People

The Government's National Strategy for Housing in an Ageing Society is due to be published at the end of 2007 and highlights the challenges facing Britain's support services. Shelter's courses can help you improve services to meet the health, housing and care needs of older people. Further date: 30 July in Manchester.

Organised by: Shelter Training

Venue: Shelter offices

Location : London, England

Details : Unit 13, City Forum, 250 City Road, London , EC1V 2PU

Tel : 0844 515 1155, *Fax* : 0844 515 2907

15 May 2008

Looking Forward to the End of Life Care Strategy : Improving the quality of end of life care

Speakers: Chaired by Thomas Hughes-Hallet (Advisory Board Member for the End of Life Care Strategy and CE of Marie Curie).

Organised by: Healthcare Events

Venue: Manchester Conference Centre, UMIST

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

22-25 May 2008

18th Alzheimer Europe Conference - Breaking Barriers

Location : Oslo, Norway

Tel : +47 231 200 42

29-30 May 2008

Health in Ageing - Achievements and Potential of Longitudinal Research

The Irish Longitudinal Study of Ageing (TILDA) (www.tilda.ie) is

Organised by: Irish Longitudinal Study of Ageing

Venue: Royal Hospital Kilmainham

Location : Dublin, Ireland, Research Fellow TILDA

Details : Hilary Cronin, University of Dublin, Trinity College, Lloyd Building, Room 336, Dublin 2, Republic of Ireland

Tel : +353 1 896 4120, organising a 2 day conference on the 29th and 30th May 2008 in the Royal, Hospital Kilmainham (www.rhk.ie). The conference is entitled "Health in, Ageing - Achievements and Potential of Longitudinal Research". Opening of Conference & Introduction by Rose Anne Kenny and Health Minister Mary Harney.

3-5 June 2008

NPC Pensioners' Parliament 2008

Organised by: National Pensioners Convention (NPC)

Venue: Winter Gardens, Blackpool

Location : Blackpool, Lancashire, England

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

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

12 June 2008

Welfare Benefits for People aged 60+

Organised by: Shelter Training

Venue: Shelter offices

Location : London, England

Details : Unit 13, City Forum, 250 City Road, London , EC1V 2PU

Tel : 0844 515 1155, *Fax* : 0844 515 2907

15 June 2008

World Elder Abuse Awareness Day

To commemorate World Elder Abuse Awareness Day, Action on Elder Abuse (AEA) is trying to involve as many people as possible to recognise the implications of the mistreatment of older people. AEA are organising a series of events across the country. AEA has the UK's only helpline providing guidance and advice for those concerned about abuse of an older person : 080 8808 8141

Organised by: AEA (Action on Elder Abuse) in conjunction with INPEA (International Network for the Prevention of Elder Abuse)

Location : England

Details : Maggie Evans

Tel : +44 (0)20 8765 7000

2-4 July 2008

PSIGE Annual Conference : Extending the Boundaries

Choice of workshops on one day and two days of four parallel academic streams. Keynote speaker: Steven Zarit, Professor of Human Development, Penn State University.

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

Venue: University of York

Location : York, England

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

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

7 July 2008

Sixth Annual Older People's Assembly

Distinguished keynote speakers and a choice of workshops.

Organised by: London Older People's Strategies Group (LOPSG)

Venue: City Hall, 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

28 August 2008

LOPSG Annual General Meeting

Organised by: London Older People's Strategies Group (LOPSG)

Venue: City Hall, 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

3-6 September 2008

Fifth Congress of the EUGMS : Geriatric medicine in a time of generational shift

Organised by: EUGMS - European Union Geriatric Medicine Society

Location : Copenhagen, Denmark

16-17 September 2008

Independent Health & Care Convention 2008

Second 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

Venue: The Brewery

Location : London EC1, 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

10-11 November 2008

INVOLVE 6th National Conference: Public involvement in Research, getting it right and making a difference

A unique forum for people who are interested in public involvement in research and development to debate current practice, future challenges and opportunities.

Organised by: INVOLVE (formerly: Consumers in NHS Research) supported by the Dept of Health

Venue: East Midlands Conference Centre

Location : Nottingham, England

Details : Professional Briefings, Registration Dept, 37 Star Street, Ware, Herts, SG12 7AA

Tel : +44 (0)1920 487672, *Fax :* +44 (0)1920 462730

16-19 March 2009

2009 Joint Conference of NCOA and the American Society on Ageing

Organised by: American Society on Aging & National Council on Aging

Location : Las Vegas, NV, USA