

# New Literature on Old Age

EDITOR

**Gillian Crosby**VOLUME  
**32**NUMBER  
**188****2008**

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## ABUSE

- 188/1 Abuse in care?: the identification of early indicators of the abuse of people with learning disabilities in residential settings; by Dave Marsland, Peter Oakes, Caroline White.  
The Journal of Adult Protection, vol 9, no 4, November 2007, pp 6-20.  
Although 'No Secrets' suggests that adult protection practices should seek to prevent abuse, it can be argued that such practice predominately focuses on pursuing effective responses to abuse that has already happened, rather than preventing the onset of abuse. This research sought to contribute to the prevention of abuse, through the identification of "early indicators". Early indicators were identified, and this knowledge has been applied to equip families and practitioners to report concerns at an early stage and seek protective responses. (KJ/RH)  
ISSN: 14668203  
From : Website: <http://www.pavpub.com>
- 188/2 Can you stop the person you care for from being scammed?: a guide for carers and care professionals; by Office of Fair Trading - OFT.: Office of Fair Trading - OFT, 2008, 11 pp (code: OFT972).  
A scam is a scheme to con someone out of their cash. Every year three million people fall victim to scams, losing an average of £850 each. This guide outlines what a carer can do to help protect the person they look after against such fraudulent actions. Anyone who thinks they have been the victim of a scam, or suspects a scam is being attempted, can contact Consumer Direct for clear, practical advice (tel: 08454 04 05 06) or visit website ([www.consumerdirect.gov.uk](http://www.consumerdirect.gov.uk)). (KJ/RH)  
Price: FoC  
From : Tel: 0800 389 3158
- 188/3 Multi-agency working and adult protection; by Melanie Henwood.  
Community Care, issue 1706, 24 January 2008, pp 32-33.  
The complexity of elder abuse is considered in the study by Kings College London and the National Centre for Social Research (NatCen), 'UK study of abuse and neglect'. Another report by researchers at the University of Sheffield and the Social Care Workforce Research Unit, Kings College London -  
'Partnership and regulation in adult protection: the effectiveness of multi-agency working and the regulatory framework in adult protection', by Bridget Penhale et al - highlights the operational challenges of joint working in addressing the issues. Melanie Henwood concludes that in their own ways, these contrasting reports demonstrate the incidence and experience of abuse and mistreatment, and how statutory agencies respond. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 188/4 A review of literature on effective interventions that prevent and respond to harm against adults; by Halina Kalaga, Paul Kingston, Scottish Government Social Research; Centre for Ageing and Mental Health, Staffordshire University.: Electronic format only, 16 November 2007, 73 pp.  
This report presents a review of literature on interventions relating to different types of harm against adults (physical; psychological; financial; sexual; discriminatory; and neglect), highlighting interventions used at 3 stages in relation to abuse (in brief: prevention, responding to allegations, and remedying harm), and falling within 2 broad categories of intervention - legal and welfare. (KJ)  
From : Download from website: <http://www.scotland.gov.uk/Resource/Doc/203554/0054266.pdf>
- 188/5 The role of the independent mental capacity advocate in adult protection; by Teresa Gorczyńska, David Thompson, Advocacy Partners.  
The Journal of Adult Protection, vol 9, no 4, November 2007, pp 38-45.  
The Mental Capacity Act 2005 introduced the role of the independent mental capacity advocate (IMCA). This is essentially a new safeguard for adults when they lack the capacity to make critical health and welfare decisions, particularly those without family or friends to represent them.

IMCAs can have a statutory role in adult protection cases that is detailed in this paper. Advocacy Partners (AP) was one of seven organisations piloting this service in England before its introduction nationally in April 2007. AP is now commissioned to provide the IMCA service in 10 local authorities in south-east England. Of the 270 cases referred to Advocacy Partners that have met the criteria for an IMCA since the Act was implemented, 38 were referred as part of adult protection proceedings. The early experience of IMCA involvement in adult protection cases is discussed. (RH)

ISSN: 14668203

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

## ACTIVE AGEING

- 188/6 Explaining about ... the benefits of active ageing; by Dawn Skelton, Susie Dinan.  
Working with Older People, vol 11, issue 4, December 2007, pp 10-14.  
Exercise not only keeps a healthy body, but prevents disease, maintains good mental health and can encourage social engagement. In this article, the authors examine the evidence supporting these claims and the importance of active ageing, believing that you are never too old to start exercising. Organisations that can help in this are featured. (KJ/RH)  
ISSN: 13663666  
From : <http://www.pavpub.com>
- 188/7 Growing old is no gradual decline; by Kate Rees.  
Working with Older People, vol 11, issue 4, December 2007, pp 28-31.  
An active later life that enhances our quality of life is what we all hope for. But what can be offered to the someone who is so physically disabled that participating in any activity is impossible - what quality of life can be given then? In this article, the author describes her mother's life in a nursing home. She concludes that a combination of good management, training and support for staff can contribute to those being cared for feeling valued and loved, despite their inability to be active. (KJ/RH)  
ISSN: 13663666  
From : <http://www.pavpub.com>
- 188/8 Making the community look at older people differently; by Carolyn Robertson.  
Working with Older People, vol 11, issue 4, December 2007, pp 23-27.  
Age Concern Kingston is one of the main partners in Kingston's active ageing strategy. This article describes the extent of the work of Age Concern's ActivAge Unit that works to promote older people's quality of life and well-being through a variety of initiatives. However, further joined-up thinking and the input of other agencies is needed so that more can be achieved for older people. Age Concern's ActiveAge Unit produces a variety of resources that can be downloaded from their website ([www.ageconcern.org.uk](http://www.ageconcern.org.uk)). (KJ/RH)  
ISSN: 13663666  
From : <http://www.pavpub.com>
- 188/9 Productive activity clusters among middle-aged and older adults: intersecting forms and time commitments; by Jeffrey A Burr, Jan E Mutchler, Francis G Caro.  
Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp S267-S275.  
Whereas most researchers have examined forms of productive activity as discrete behaviours, the approach in this study was to capture the reality that many people engage in more than one activity and commit varying degrees of time to these activities. Data for this study is from the Americans Changing Lives survey. The activities examined include formal volunteer work, informal help to others, unpaid domestic work, caregiving, and paid work. The authors describe the complex clusters of activities and time commitment to those activities using latent class cluster analysis. Their findings showed that middle-aged and older people fall into four clusters: helpers, home maintainers, worker/volunteers, and super helpers. They also show how individual

characteristics (e.g. age, gender, race) are associated with the likelihood of being in one of these four groups. This measurement strategy provides a foundation for future research into how experts can employ productive activity clusters to have a better understanding of well-being across the life course. This is important, because these results show that many activities do not occur independently, but rather are linked in patterned ways. (RH)

ISSN: 10795014

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

## **ADVOCACY**

188/10

A commentary on the emerging literature on advocacy for older people; by Peter Scourfield.

Quality in Ageing, vol 8, no 4, December 2007, pp 18-27.

This paper comments on emerging themes derived from recent official publications on older people's advocacy in the UK. There is an examination of relevant policy documents and the responses from service user groups. Discussion includes: clarity in defining advocacy services; the nature of the advocacy relationship; sustained and reliable financing of advocacy services; the uneven nature of provision; lack of inter-agency connectivity; the need to establish national standards for advocacy; problems of mental capacity; and advocacy for care home residents and for minority groups. The need for and direction of further research is proposed. (KJ/RH)

ISSN: 14717794

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

## **AGE DISCRIMINATION**

188/11

Developing anti-discrimination law in Europe : the 25 EU Member States compared: prepared by Mark Bell, Isabelle Chopin and Fiona Palmer for the European Network of Independent Experts in the non-discrimination field; by Mark Bell, Isaelle Chopin, Fiona Palmer, Unit G2, Directorate-General for Employment, Social Affairs and Equal Opportunities, European Commission; European Network of Independent Experts in the non-discrimination field. Luxembourg: Office for Official Publications of the EU, July 2007, 113 pp.

While anti-discrimination law in most EU Member States goes beyond the requirements of European law in some way, many of them still have considerable gaps. This report considers the different grounds of discrimination; the definition of discrimination (e.g. direct or indirect); the reasonable accommodation duty; exceptions to the principle of equal treatment and positive action; remedies and enforcement; equal treatment organisations; and implementation and compliance. Tables set out the general scope of the main relevant legislation in 25 EU Member States which transpose Directives 2004/43 and 2000/78. (RH)

From: [http://ec.europa.eu/employment\\_social/fundamental\\_rights/legis/legln\\_en.htm](http://ec.europa.eu/employment_social/fundamental_rights/legis/legln_en.htm)

Purchase: <http://bookshop.europa.eu>

188/12

Equality, human rights and good relations - the age dimension: an Age Concern briefing; by Age Concern England - ACE. London: Age Concern England - ACE, September 2007, 29 pp.

Age Concern England (ACE) aims to be a key partner to the new Commission for Equality and Human Rights (CEHR), and to support or challenge the Commission's work. This briefing sets out the areas ACE believes should be the priorities for such a partnership, by looking at each of CEHR's core areas, summarising the available evidence on ageing issues, and suggesting five potential objectives for each. Four core areas are examined: eliminating discrimination with fairer access to goods and services; reducing inequality, with skills and employment opportunities throughout the life course; promoting and protecting human rights through dignity, independence and control for older people; and securing good relations, by promoting understanding and inclusion across the generations. (RH)

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

188/13 Government plans on age discrimination: a short guide; by Help the Aged. London: Help the Aged, 2007, 8 pp (Just Equal Treatment campaign).  
In June 2007, the Government published the consultation document, 'A framework for fairness: proposals for a Single Equality Bill for Great Britain'. Help the Aged seeks to make age discrimination illegal for healthcare, social care, insurance and financial services, and for a duty to be placed on public bodies - for example transport providers - to eliminate unlawful discrimination. This guide and questionnaire relate to these proposals. (RH)  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. www.helptheaged.org.uk  
Email: info@helptheaged.org.uk

188/14 The impact of age discrimination legislation on the higher education sector: a literature review; by Emma Parry, Shaun Tyson, Cranfield University; Equality Challenge Unit (ECU):. Electronic format only, January 2007, unnumbered.  
This literature review was commissioned by Equality Challenge Unit (ECU) in response to the UK legislation regarding age discrimination. The purpose of the review is to examine the impact of age discrimination legislation within the Higher Education (HE) sector in a range of specific countries where such legislation has existed for some time: the UK, the Republic of Ireland, Australia, New Zealand, Canada and Finland. The specific question that the review aims to answer is: What lessons can be learned from the experience of other countries with regard to the implementation of age legislation in the UK HE sector? (KJ/RH)  
From: [http://www.ecu.ac.uk/publications/pubs\\_guidance.html#200701ImpactofAgeDiscrimination](http://www.ecu.ac.uk/publications/pubs_guidance.html#200701ImpactofAgeDiscrimination)

#### **ALCOHOL AND DRUG MISUSE**

188/15 Prescription drug abuse among older adults: a family ecological case study; by Martha Morgan, Whitney A Brosi.  
Journal of Applied Gerontology, vol 26, no 5, November 2007, pp 419-432.  
The issue of prescription drug abuse among the older population is multi-faceted. Such abuse has implications for the individual's health and his or her family relationships, and has other ecological dimensions. In this qualitative case study, one family's experience with prescription drug abuse is examined using human ecological theory as a guiding framework. Findings include the powerful role played by the medical community, influence of societal biases and family conflict. Implications for training physicians, developing clinical assessments, family treatment and future research are discussed. (KJ/RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>

#### **ARTS AND MUSIC**

188/16 Company of Elders: [a dance and performance group for older people]; by Fiona Ross.  
Working with Older People, vol 11, issue 4, December 2007, pp 37-40.  
Fiona Ross, Head of Connect at Sadler's Wells, explains the phenomenal success of the Company of Elders, a dance and performance group for older people based at Sadler's Wells in Islington, London. The Company of Elders is an offshoot of the theatre's arts appreciation club and is a diverse group of people from a variety of backgrounds and interests who have been dancing together for more than ten years. The benefits of dance for older people are also discussed. The Company of Elders perform at the Lilian Baylis Theatre (website: www.sadlerswells.com). (KJ/RH)  
ISSN: 13663666  
From : <http://www.pavpub.com>

188/17 Creative achievement through interactive theatre; by Chris Gage.  
Working with Older People, vol 11, issue 4, December 2007, pp 15-18.  
A new form of interactive theatre is offering creative achievement within care home and healthcare environments, with further benefits of increasing connections and sociability between residents, staff and visitors. Interactive theatre company, Ladder to the Moon, has pioneered this work. In



this article, the author discusses how theatre can function in a care environment, and what benefits it can bring to both residents and staff. Ladder to the Moon website is: (www.laddertothemoon.co.uk). (KJ/RH)

ISSN: 13663666

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

## ASSESSMENT

(See Also 188/112)

- 188/18 Capacity assessments on medical in-patients referred to social workers for care home placement; by Sian Ripley, Sarah Jones, Alastair MacDonald.  
Psychiatric Bulletin, vol 32, no 2, February 2008, pp 56-59.  
The aim was to investigate the feasibility of a clinical algorithm to assess capacity and examine the relationship between its results and the assessments of capacity by others involved in the decision of a patient to permanently enter a care home from a medical ward. A total of 23 patients out of 38 had some mention of capacity in any type of record (medical, social work or nursing). At formal assessment 47% of older patients lacked capacity. The clinical implications of the absence of any recorded assessment in at least a third of patients is regarded as "worrying", given the importance of the decision to the patients' lives and their financial status. It is to be hoped that the implementation of the Mental Capacity Act 2005 will rectify this situation. (KJ/RH)  
ISSN: 09556036  
From : <http://pb.rcpsych.org>
- 188/19 Comprehensive nursing assessment in the care of older people; by Jill Armstrong, Elizabeth Mitchell.  
Nursing Older People, vol 20, no 1, February 2008, pp 36-40.  
A comprehensive assessment is the first stage of the nursing process. In rehabilitation nursing, it provides the foundation for care that enables individuals to gain greater control over their lives and enhance their health status. The place of the older person and significant carers/family members in assessment cannot be overestimated, as each should be empowered to fulfil the role of imparting expert knowledge about the person's life experience and views. This article examines some pertinent issues in relation to nursing assessment and emphasises that identification of needs and the use of appropriate assessment tools, in conjunction with the knowledge, skills and clinical judgement of the practitioner, are required in assessment. (KJ/RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>
- 188/20 Factors associated with higher quality assessment tools in care homes; by Angela Worden, David Challis. London  
Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 79-91.  
The relationship is investigated between the quality of assessment tools used and the different characteristics of care homes and nursing homes in Manchester and Cheshire. Using both single variable comparisons and multivariate analyses, there are several home characteristics associated with the use of higher quality assessment tools. Higher quality assessment processes were associated with homes being larger, part of a group or chain, provision of staff training, and being run by a not-for-profit organisation or local authority. Poorer quality of assessment was associated with inspection reports indicating lower standards of management and staffing and generally poorer quality of the home. The findings raise the question as to whether government initiatives to improve assessment of older people should be extended to care homes, with a need to focus on certain types of home where assessment is less likely to be well developed. (RH)  
ISSN: 17501679  
From : <http://www.henrystewart.com>

## **ASSISTIVE TECHNOLOGY**

(See Also 188/47)

- 188/21      Telecare in Bedfordshire; by Helen Edwards. London  
Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 40-46.  
This paper details the background to, and reasons for, the development of the Bedfordshire telecare service. It describes individual telecare sensors, explaining how the system works and some ways in which sensors have been used to support older people in maintaining their independence. Examples of actual clients are given where certain sensors have proved particularly successful as well as where the system has not worked so well. Obstacles encountered are explained, giving details if solutions were found. Procedures for referral of new clients through to assessment and review are outlined, also details of how the service is monitored and evaluated, and concluding that there is scope to further develop the service. (RH)  
ISSN: 17501679  
From : <http://www.henrystewart.com>
- 188/22      Telehospice tools for caregivers: a pilot study; by George Demiris, Debra Parker Oliver, Karen L Courtney (et al).  
Clinical Gerontologist, vol 31, no 1, 2007, pp 43-58.  
This pilot study introduces videophones into the homes of elderly caregivers of dying patients, evaluating their usefulness as a communication tool. A total of 12 senior caregivers from two hospice agencies were recruited into the study. Portable videophones were installed allowing caregivers to conduct video-calls with hospice staff. Findings indicate that the anxiety scores significantly decreased for participants over time. Differences in quality of life scores were not statistically significant. Staff members at one of the participating hospice agencies were originally reluctant to recruit caregivers to the study. Videophones were perceived as easy to use by caregivers who overall saw benefit in the visual feedback during their communication with hospice staff. (KJ/RH)  
ISSN: 07317115  
From : Haworth Document Delivery Service, The Haworth Press Inc, 10 Alice Street, Binghamton, NY 13904-1580, USA.  
<http://www.HaworthPress.com>

## **ATTITUDES TO AGEING**

(See 188/97, 188/125)

## **BIOLOGY OF AGEING**

(See 188/113, 188/114)

## **BLACK AND MINORITY ETHNIC GROUPS**

- 188/23      Mixed heritage - identity, policy and practice; by Jessica Mai Sims (ed), Runnymede Trust. London: Runnymede Trust, 2007, 32 pp (Runnymede perspectives).  
There is not yet a consensus regarding people of mixed race and their identity, and even less agreement about the right policy or practice responses. This is a compilation of eleven articles by researchers, starting with analysis of key data from the 2001 Census, followed by discussions on diversity versus group experiences of 'mixedness'. Policy and practice is considered regarding educational needs, health and social care policy, and family policies. Three final papers reflect on the actions of community organisations, for example in community development and spaces for people to share their experiences of mixedness and mixing. The aim of the Runnymede Perspectives series is to engage with government and other initiatives through exploring the use and development of concepts in policymaking, and analysing their potential contribution to a

successful multi-ethnic Britain. (RH)

From : The Runnymede Trust, 7 Plough Yard, London EC2A 3LP. <http://www.runnymedetrust.org>

## CARERS AND CARING

(See Also 188/124)

188/24

Action for Carers and Employment: impact of the ACE partnership 2002-7; by Sue Yeandle, Madeleine Starr, University of Leeds; Carers UK. London: Carers UK, 2007, 34 pp (Carers, Employment and Services report series, no 5); in pack of 6 reports.

This is one of a series of studies compiled as part of the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. The findings reported are based on 1909 responses to a national survey targeting carers of working age, and 134 face-to-face interviews with carers aged 25-64 living in ten localities in England, Wales and Scotland. This report outlines the main purposes of Action for Carers and Employment (the ACE partnership): to raise awareness of the barriers facing carers who want to work; and to test the mechanisms that can support them in combining work and care. ACE was designed to support the mainstreaming of effective support for carers of working age, and the development of services which enable carers to work, with an emphasis on policy changes and reform. (RH)

ISBN: 1873747411

From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. E-mail: [mark.murphy@carersuk.org](mailto:mark.murphy@carersuk.org)

<http://www.acecarers.org.uk/Resources/PracticalResources/CarersEmploymentandServicesReportSeries>

188/25

Carers, employment and services: time for a new social contract?; by Sue Yeandle, Lisa Buckner, University of Leeds; Carers UK. London: Carers UK, 2007, 34 pp (Carers, Employment and Services report series, no 6); in pack of 6 reports.

This is one of a series of studies arising from the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. The findings reported are based on 1909 responses to a national survey targeting carers of working age, and 134 face-to-face interviews with carers aged 25-64 living in ten localities in England, Wales and Scotland. This report draws together the findings of the other five reports, to set out a new vision for carers for the 21st century. It highlights the implications of the study findings for the future policy agenda on cares of working age, setting out the rationale for developing better support for this group of carers at both local and national levels. The report calls for a "new social contract" between government, publicly funded agencies, employers, families and individuals that recognises the mutual obligations and expectations about providing and receiving care. Specifically, it makes recommendations relating to carers' health, economic and financial security, social inclusion and equal rights. (RH)

ISBN: 187374742X

From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. E-mail: [mark.murphy@carersuk.org](mailto:mark.murphy@carersuk.org)

<http://www.acecarers.org.uk/Resources/PracticalResources/CarersEmploymentandServicesReportSeries>

188/26

Carers, employment and services in their local context; by Sue Yeandle, Cinnamon Bennett, Lisa Buckner, University of Leeds; Carers UK. London: Carers UK, 2007, 34 pp (Carers, Employment and Services report series, no 4); in pack of 6 reports.

This is one of a series of studies arising from the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the

Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. The findings reported are based on 1909 responses to a national survey targeting carers of working age, and 134 face-to-face interviews with carers aged 25-64 living in ten localities in England, Wales and Scotland. This report summarises policy developments affecting working carers in the past 10-15 years according to where they live. It presents data about working carers from the 2001 Census and the CES study. It compares and contrasts strategy and policy implementation in the 10 localities: Hertfordshire, Leeds, Sandwell, Sheffield, Southwark, West Sussex, Anglesey, Swansea, East Ayrshire, Falkirk and Highlands. It considers how these local authorities have worked with other agencies and the voluntary sector in developing their approach; presents evidence about the resources made available to support carers; and highlights examples of local innovation and effective practice. (RH)

ISBN: 1873747403

From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. E-mail: mark.murphy@carersuk.org

<http://www.acecarers.org.uk/Resources/PracticalResources/CarersEmploymentandServicesReportSeries>

188/27

Carers, Employment and Services report series, nos 1-6; by Sue Yeandle, Cinnamon Bennett, Lisa Buckner (et al), University of Leeds; Carers UK. London: Carers UK, 2007, 6 reports in pack.

Given the rising demand for care, it is critical that the contribution of carers is recognised and that society understands how best it can support carers. These reports result from the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. The findings reported are based on 1909 responses to a national survey targeting carers of working age, and 134 face-to-face interviews with carers aged 25-64 living in ten localities in England, Wales and Scotland: Hertfordshire, Leeds, Sandwell, Sheffield, Southwark, West Sussex, Anglesey, Swansea, East Ayrshire, Falkirk and Highlands. The CES study was commissioned to strengthen the evidence base available to inform future public policy and service development on issues relating to carers and employment. The reports highlight the demographic and labour market contexts which have brought issues around carers and employment to the attention of social, economic and political agenda. (RH)

From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. E-mail: mark.murphy@carersuk.org

<http://www.acecarers.org.uk/Resources/PracticalResources/CarersEmploymentandServicesReportSeries>

188/28

Combining work and care: carers' decision-making in the context of competing policy pressures; by Hilary Arksey, Caroline Glendinning.

Social Policy & Administration, vol 42, no 1, February 2008, pp 1-18.

Issues related to paid work and care are of global importance, reflecting the twin pressures of population ageing and efforts to increase labour market participation. Informal carers of sick, disabled or older people can experience tensions between policies aimed at support for care and support for employment. This article discusses a study of carers' decision-making around work and care, drawing on evidence from interviews with 80 working-age carers in England. Carers are not homogeneous; their circumstances and needs differ reflecting age, gender, ethnicity, labour market participation, and the condition and/or needs of the person they support. This diversity is illustrated by contrasting rural and urban carers' decisions and experiences about work and care. Key factors that impact on carers' decisions are: current and anticipated financial need; the constraints arising from receipt of carers' and other means-tested income maintenance benefits; personal identity; job opportunities and scope for flexibility; social services provision; and carers' own health. Distance, travel times and transport are unique additional challenges for rural carers who (wish to) work. These difficulties are further intensified when they intersect with other factors such as the Carer's Allowance, the local labour market and social services provision. The findings

are evaluated in terms of the adequacy of current government policy measures. (KJ/RH)  
ISSN: 01445596

188/29

A competent, confident workforce; by Carole Wilkinson. London

Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 6-10.

This comment is based on a presentation given to the Annual Seminar of the Social Care Association (SCA) held in Scotland in March 2007. The theme of the conference was "Care to Innovate". The presentation set out the policy and key objectives of the UK Sector Skills Council's Skills for Care and Development. It described the workforce across the four countries, seeking to demonstrate the size and breadth of that workforce, its growth and its significance to the economy. There is much that is common across the UK in terms of the direction of social care policy, although this will be developed and interpreted differently in each of the devolved administrations. The emphasis upon user-led services, improving the standard and quality of services and expecting workers to work in multidisciplinary teams across professional boundaries, and to deal with an ever-changing and complex environment has implications for both employers and employees. Key to delivering improved services is a workforce that is well trained and supported, comprised of people who are prepared for their roles and responsibilities, having access to flexible and modern human resources policies, and feeling listened to, valued and rewarded. (KJ/RH)

ISSN: 17501679

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

188/30

Diversity in caring: towards equality for carers; by Sue Yeandle, Cinnamon Bennett, Lisa Buckner (et al), University of Leeds; Carers UK. London: Carers UK, 2007, 34 pp (Carers, Employment and Services report series, no 3); in pack of 6 reports.

This is one of a series of studies arising from the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. The findings reported are based on 1909 responses to a national survey targeting carers of working age, and 134 face-to-face interviews with carers aged 25-64 living in ten localities in England, Wales and Scotland. This report highlights new evidence about carers in all their diversity and about how different groups of carers experience their caring situation, especially in relation to their ability to combine caring with paid employment. It includes responses from ethnic minority carers, and extensive data about carers supporting someone living in a rural area, carers in difficult financial circumstances, and carers in poor health. The report illustrates the situation of these groups of carers with data from the qualitative interviews to explore how far carers with these characteristics have distinct needs or experiences, and explores how far these carers have needs which differentiate them from other carers. (RH)

ISBN: 187374739X

From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. E-mail: [mark.murphy@carersuk.org](mailto:mark.murphy@carersuk.org)

<http://www.acecarers.org.uk/Resources/PracticalResources/CarersEmploymentandServicesReportSeries>

188/31

The economics of caring; by Natalie Valios (ed).

Community Care, issue 1702, 6 December 2007, pp 26-33.

In this special section on carers, articles look at: issues of independent living for disabled people; Carers UK's research on the risk for carers of ill-health and unemployment; and the Minority Ethnic Carers of Older People Project (Mecopp) for Chinese and South Asian communities in Edinburgh and Lothian region. Lastly, Mike O'Brien, Minister of State for Pensions Reform at the Department for Work and Pensions (DWP), describes changes the government is making that will improve life for many carers. (RH)

ISSN: 03075508

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

- 188/32 In their own right: translating the policy of carer assessment into practice; by Diane Seddon, Catherine Robinson, Carla Reeves (et al).  
British Journal of Social Work, vol 37, no 8, December 2007, pp 1335-1352.  
Successive legislation has underscored the importance of assessments that are sensitive to the needs of carers and take into account their ability and willingness to continue caring. This paper synthesizes qualitative and quantitative findings from a continuing programme of carer-related research that began in 1993 and has continued in parallel with legislative changes. It considers the process and characteristics of carer assessment from the perspectives of carers for individuals with a range of health and social care needs, and practitioners. This paper explores the assessment of carer need over time and highlights the considerable and enduring gap between policy and practice. It considers practitioners' reluctance to offer separate carer assessments, identifies confusion relating to the interpretation of eligibility criteria, and documents the limited contribution of health service staff. The need for an evidence-based framework for good practice, that distinguishes between carer needs, service provision and carer outcomes, is highlighted. The paper concludes by identifying key changes that are necessary to promote future good practice, such as staff training and information strategies and the need for practitioners to engage with carers as partners in the care process. (KJ/RH)  
ISSN: 00453102  
From : <http://www.bjsw.oxfordjournals.org>
- 188/33 Managing caring and employment; by Sue Yeandle, Cinnamon Bennett, Lisa Buckner (et al), University of Leeds; Carers UK. London: Carers UK, 2007, 34 pp (Carers, Employment and Services report series, no 2); in pack of 6 reports.  
This is one of a series of studies arising from the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. This report is about how services are used by carers to support them in managing caring alongside paid employment. It explores the difficulties carers face when trying to combine work and care if services do not meet their needs or are not available. It considers the situation of carers who have had to give up work in order to care, or who are trying to return to paid work, after or during a period of caring. The report explores the situation of 812 carers aged 16-64 who were employees - 444 full-time and 368 part-time - and 56 carers who were self-employed. It also considers the circumstances and views of 400 carers who had left work to care, 50 unemployed carers who were actively seeking work, and more than 500 carers who were looking after their home and family as their full-time role. (RH)  
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From : Carers UK, 32-36 Loman Street, Southwark, London SE1 0EE. E-mail: [mark.murphy@carersuk.org](mailto:mark.murphy@carersuk.org)  
<http://www.acecarers.org.uk/Resources/PracticalResources/CarersEmploymentandServicesReportSeries>
- 188/34 Stages and transitions in the experience of caring; by Sue Yeandle, Cinnamon Bennett, Lisa Buckner (et al), University of Leeds; Carers UK. London: Carers UK, 2007, 28 pp (Carers, Employment and Services report series, no 1); in pack of 6 reports.  
This is one of a series of studies relating to the Carers, Employment and Services (CES) study conducted in 2007-7 at the University of Leeds, commissioned by Carers UK, lead partner in the Action for Carers and Employment partnership. The study was part-funded under the European Social Fund (ESF) EQUAL Community Initiative Programme. The findings reported are based on 1909 responses to a national survey targeting carers of working age, and 134 face-to-face interviews with carers aged 25-64 living in ten localities in England, Wales and Scotland. The report explores carers' situation in: the early stages of becoming a carer (the first 2 years); when caring has become a longer-term commitment (2 years or longer); and as caring at home comes to an end. It includes evidence about how carers who are in paid work access and experience the support and services they need, and how they can be helped to care and to have a life outside

caring too, in order to maintain their own health and well-being at different stages of caring. (RH)  
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188/35 We know the price but not the value: [economics of providing more support to long-term carers];  
by Mark Ivory.

Community Care, issue 1702, 6 December 2007, pp 26-27.

Recent research published by Carers UK indicates the problems for carers who are also in work; and if they were paid for their caring role, the cost to the state would be £87 billion a year. Sir Derek Wanless has estimated that £2 billion would be needed to fund carers. This article investigates current thinking among policymakers on the economics of providing more support to long-term carers. (RH)

ISSN: 03075508

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

188/36 Who cares for the carers?; by Stuart Shepherd.

Health Service Journal, vol 118, no 6094, 21 February 2008, pp 22-24.

People caring for a relative are a vital part of the health and social care system, but many feel isolated. A national strategy aims to help by making general practitioners (GPs) and community services more carer friendly. This article refers to 'Care in the UK', a series of programmes on BBC Radio 4 in January 2008; and the report, 'Valuing carers: calculating the value of unpaid care', by researchers at the University of Leeds commissioned by Carers UK. The article also includes the stories of four carers. (RH)

ISSN: 09522271

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

## CONTINENCE

188/37 National audit of continence care for older people: management of urinary incontinence; by  
Adrian Wagg, Jonathan Potter, Penny Peel (et al).

Age and Ageing, vol 37, no 1, January 2008, pp 39-44.

The Department of Health (DH) report, 'Good practice in continence services' highlights the need for proper assessment and management of urinary incontinence. The National Service Framework for Older People (NSF) required service providers to establish integrated continence services by April 2004. A national audit was conducted to assess the quality of continence care for older people and whether these requirements have been met. The audit was conducted across England, Wales and Northern Ireland, and studied incontinent individuals aged 65+. Each site returned organisational structure and the process of 20 patients' care. Data on the care of patients or residents with bladder problems were returned by 141/326 primary care trusts (PCTs), 159/196 secondary care trusts (involving 196 hospitals), and by 29/309 invited care homes. In all, 58% of PCTs, 48% of hospitals and 74% of care homes reported that integrated continence services existed in their area. Whilst basic provision of care appeared to be in place, the audit identified deficiencies in the organisation of services, and in the assessment and management of urinary incontinence in older people. The results of this audit indicate that the requirement for integrated continence services has not yet been met. Assessment and care by professionals directly looking after the older people were often lacking. There is an urgent need to re-establish the fundamentals of consumer care into medical and nursing staff practice, and action needs to be taken with regard to the establishment of truly integrated quality services in this neglected area of practice. (RH)

ISSN: 00020729

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

## DEMENTIA

(See Also 188/79, 188/81, 188/119, 188/145, 188/154)

- 188/38 Can people with mild to moderate dementia provide reliable answers about their quality of life?; by Richard Trigg, Roy W Jones, Suzanne M Skevington.  
Age and Ageing, vol 36, no 6, November 2007, pp 663-669.  
Cognitive limitations and lack of insight have been seen as barriers to self-reporting in quality of life (QoL) assessment of people with dementia. However, growing evidence suggests that people with mild to moderate dementia may be able to complete standardised questionnaire items and articulate feelings, providing reliable evaluations of their health and QoL. This study examined the reliability of the item pool of a new measure of self-reported QoL, the Bath Assessment of Subjective Quality of Life in Dementia (BASQID). 60 people with mild to moderate dementia were recruited from a memory clinic. Participants completed 44 items from an initial draft of the BASQID and 30 completed the items on a second occasion, 2 weeks later. Item analytic criteria, including item facility, score distributions, tests of internal consistency and reproducibility, were used to reduce the item pool and the reliability of the reduced pool was examined. 20 items were removed from the item pool. All retained items had at least moderate test-retest reliability, with 13 items displaying good to very good reliability. These 24 items were internally consistent and the total score had a good 2-week test-retest reliability with an intra-class correlation coefficient of 0.82. Participants were able to complete items relating to feelings and evaluations of a range of QoL domains. The consistency of responses over a 2-week period suggests that self-reported QoL assessments are feasible and appropriate for people with mild to moderate dementia. (KJ)  
ISSN: 00020729  
From : <http://www.ageing.oupjournals.org>
- 188/39 Can training community mental health nurses to support family carers reduce behavioural problems in dementia?: an exploratory pragmatic randomised controlled trial; by Esme Moniz-Cook, Christine Elston, Eric Gardiner (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 2, February 2008, pp 185-191.  
Community mental health nurses (CMHN) are the backbone of specialist mental health services in the UK. This study evaluated the effects of training CMHNs in a systematic psychosocial intervention (PSI) to help family carers manage behavioural change in their relative with dementia. 113 family carers received PSI support from a "trained" (experimental) or a "usual practice" (control) CMNH. Primary (day-to-day behaviour problems and management) and secondary (carer mood) outcome measures were obtained at baseline, and 6, 12 and 18 months. CMHN training and supervision commenced prior to, and continued throughout, the 18-month study. Patient cognition declined in both groups, but problem behaviour reduced in experimental group families. However, this effect was associated with the practice of some, not all, CMHNs. Care management and mood improved with PSI support. In contrast, by 18 months, families supported by conventional CMHNs reported reduced coping resources, increased problem behaviour and their level of depression worsened. Only two CMNHs adhered to the PSI protocol. Some, but not all, "trained" CMHNs used the PSI to help family carers reduce behavioural problems. A relatively long but not intensive PSI of 12-18 months was needed to moderate carer mood. Dementia-specific practice arrangements, training and sustained clinical supervision are important for the delivery of effective psychosocial interventions for dementia. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 188/40 A cluster randomised controlled trial to reduce the unmet needs of people with dementia living in residential care; by Martin Orrell, Geraldine Hancock, Juanita Hoe (et al).  
International Journal of Geriatric Psychiatry, vol 22, no 11, November 2007, pp 1127-1134.  
Older people with dementia living in residential care have complex unmet needs and decreased quality of life. A single blind, multicentre, cluster randomised controlled trial recruited 238 people aged 60+ with dementia living in 24 residential homes from three areas (10 London, 8 North Wales,



and 6 Manchester). Unmet needs were measured by the Camberwell Assessment of Needs for the Elderly (CANE) and quality of life using the Quality of Life in Alzheimer's Disease (QoL-AD). Homes were randomised to the control (care as usual) or the intervention, 1 hour per week liaison input per home to deliver a personalised intervention package over 20 weeks to meet the unmet needs. A single blind follow-up included 192 (61%) available participants. At follow-up, the total number of unmet needs was reduced in both groups, but analysing the groups by clusters there were no significant differences in either unmet needs or quality of life. The CANE can identify unmet needs; and while the assessment may have led to unmet needs being reduced at follow-up, the liaison intervention did not significantly reduce unmet needs relative to the control group. Unmet needs such as sensory problems, mobility, drugs, and psychological distress were especially reduced in the intervention group at follow-up. (RH)

ISSN: 08856230

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

188/41

Collective strength : the impact of developing a shared social identity in early-stage dementia; by Linda Clare, Julia M Rowlands, Rebecca Quin.

Dementia: the international journal of social research and practice, vol 7, no 1, February 2008, pp 9-30.

This exploratory, qualitative, internet-based study extending over two years explored the impact of developing a shared social identity among a group of people with early-stage dementia. The authors investigated the experience of belong to the self-help network Dementia Advocacy and Support International (DASNI), and its effect on self-concept and adjustment, from the perspective of DASNI members in order to understand more about the factors that promote self-help, and the effects of engaging in self-help, mutual support and advocacy in this context. Seven active members of DASNI with a dementia diagnosis volunteered to participate. Interviews were conducted via email, and Interpretative Phenomenological Analysis (IPA) was used to develop a thematic account. The challenges engendered by the onset of dementia were reflected in descriptions of loss, struggle and uncertainty. Participating in DASNI, in contrast, engendered a sense of collective strength and having something valuable to contribute, and made it possible to discover that there can be life after diagnosis. Belonging to DASNI help to counteract the challenges to self and identity posted by developing dementia, and creating the possibility of effecting social change. The development of DASNI, consistent with recent theoretical developments in conceptualising processes of social power and influence, offers significant potential for change. (KJ)

ISSN: 14713012

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

188/42

Comparing UK and Dutch Alzheimer Cafés against new quality control criteria; by Gemma Jones, Kandy Redwood, Jeremy W Harding (et al): Hawker Publications, Jan/Feb 2008, pp 34-38 (Research Focus).

Journal of Dementia Care, vol 16, no 1, Jan/Feb 2008, pp 34-38 (Research Focus).

An Alzheimer Café (AC) is a monthly gathering in a safe, pleasant environment to host a 'low threshold' (non-threatening) therapeutic group experience for people with dementia, their families, friends or neighbours, in the presence of healthcare professionals and members of the local Alzheimer's support group. The Alzheimer Café concept began in the Netherlands in 1997 and was the idea of Dr Bère Miesen. There are now 68 Dutch cafés which have been evaluated against Quality Control Criteria (QCC). These 33 QCC were developed in 2005 and the evaluation of the Dutch cafés were undertaken by Alzheimer Nederland for a national report (Meerveld 2006). In this article, two UK cafés are discussed and how they measure up to the 33 criteria and the adaptations they made to use the Alzheimer Café concept in the UK. (KJ)

ISSN: 13518372

- 188/43 Decision-making involvement of individuals with dementia; by Heather L Menne, Carol J Whitlatch.  
The Gerontologist, vol 47, no 6, December 2007, pp 810-819.  
Research underscores how autonomy and decision-making involvement may help to enhance older people's quality of life. However, individuals with dementia are often excluded from decision-making that is related to their daily functioning. The authors used a modified version of the Stress Process Model to consider the stress processes of individuals with chronic illness; and in particular to explore the predictors of decision-making involvement for 215 individuals with dementia and family caregiver dyads, for which hierarchical multiple regression analysis was used. Results indicate that individuals who report more decision-making involvement are younger, female, have more education, have a non-spouse caregiver, have fewer months since diagnosis, exhibit fewer problems with activities of daily living (ADLs) and fewer depressive symptoms (based on caregiver report), and place more importance on autonomy / self-identity. The authors discuss the importance of autonomy and impairment levels for understanding the decision-making involvement of people with dementia. (RH)  
ISSN: 00169013  
From : <http://www.geron.org>
- 188/44 The dementia care garden: part of daily life and activity; by Garuth Chalfont.: Hawker Publications, November/December 2007, pp 24-27.  
Journal of Dementia Care, vol 15, no 6, November/December 2007, pp 24-27.  
In the first of two articles, a landscape architect specialising in care environments for people with dementia discusses the benefits to them of everyday contact with gardens and the natural world. He gives guidance on how care homes can make engaging with nature a normal, regular aspect of daily life that is also therapeutic. His design criteria are based on research evidence and practice-based knowledge. (RH)  
ISSN: 13518372
- 188/45 Effects of combined intervention programmes for people with dementia living at home and their caregivers: a systematic review; by Carolien H M Smits, Jacomine de Lange, Rose-Marie Dröes (et al).  
International Journal of Geriatric Psychiatry, vol 22, no 12, December 2007, pp 1181-1193.  
Electronic databases and key articles were searched for effect studies of combined programmes published between January 1992 and February 2005. The resulting 52 reports were scored according to set inclusion criteria. 25 reports relating to 22 programmes met the inclusion criteria. Various aspects of caregivers' mental health and burden were studied. Best results were obtained regarding general mental health. Other aspects often showed modest and varying results. Less often addressed was caregivers' competence. The effects on the cognitive and physical functioning behavioural problems and survival of people with dementia were modest and inconsistent, whereas their mental health is positively affected and admission to long-stay care is often delayed. Combined programmes may improve some but not all aspects of functioning for caregiver and person with dementia. Care professionals must define their programme goals and target groups before advising their clients on a combined programme. Research may focus on the effects of programmes that were introduced fairly recently and on sub-groups of caregivers (female caregivers, depressed caregivers, and people with dementia and minorities). (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 188/46 Entering the dialogue: marriage biographies and dementia care; by Judie Davies, David Gregory.  
Dementia: the international journal of social research and practice, vol 6, no 4, November 2007, pp 481-488.  
Classic research and care traditions concerned with dementia (biomedical, psychological and sociological) have mainly focused on the person with dementia and his/her spousal caregiver as individuals living in parallel. That is, couples are not really considered as living-in-relationship. Researchers, for example, have examined the relative impact of burden and stress on people with

dementia and their spouses. People living with dementia and their partners as care providers, however, are fundamentally living-in-relationship. In general, it is the historical and contextual bond found in the marital relationship, and in particular the commitment to the marriage, that influences how dementia is encountered and lived by couples. Relationships, as articulated in the marriage biography, allow us to understand dementia and its effect on the interaction of partners and families as a potentially important resource. A couple's marriage biography can potentially provide an understanding of the interaction between marital relationship (its quality) and dementia. The impact of dementia on the person/spouse and the marital relationship, as well as the impact of the marital relationship on the dementia experience, should be of central concern to researchers and health care providers. (KJ/RH)

ISSN: 14713012

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

- 188/47 Evaluation of an enabling smart flat for people with dementia; by Nina Evans, Roger Orpwood, Tim Adlam (et al.): Hawker Publications, November/December 2007, pp 33-36 (Research focus).  
Journal of Dementia Care, vol 15, no 6, November/December 2007, pp 33-36 (Research focus).

The authors summarise a 1-year evaluation of an autonomous smart home for people with dementia installed in one of Housing 21's ExtraCare housing flats in Deptford, London. They describe the background to the work, and the structure of the evaluation programme. They discuss the impact of the technology on the tenant, which was assessed using three outcome measures: a questionnaire-based measure; recorded interviews with the tenant and his family carer; and behaviour data logged by the installed technology. (RH)

ISSN: 13518372

- 188/48 Favorite music and hand massage: two interventions to decrease agitation in residents with dementia; by Sandee L Hicks-Moore, Bryn A Robinson.  
Dementia: the international journal of social research and practice, vol 7, no 1, February 2008, pp 95-108.

Agitation in individuals with dementia living in the nursing home environment affects care and quality of life. Relaxation techniques such as music and massage are showing promise to decrease agitation and improve quality of life in individuals with dementia. Using an experimental 3x3 repeated measures design, 41 residents with mild to moderate dementia participated in a study to test the effectiveness of favourite music (FM) and hand massage (HM) in reducing agitated behaviours. Agitated residents were randomly assigned to either the treatment or control groups. Residents in the treatment group received each of three treatments, HM, FM, and HMF, with each treatment lasting 10 minutes. Residents in the control group received no treatment. Agitation was measured using the Cohen-Mansfield Agitation Inventory (CMAI) at three different intervals. The results suggest that FM and HM individually and combined are effective in significantly decreasing agitation immediately following the intervention and also one hour post intervention. (KJ)

ISSN: 14713012

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

- 188/49 Firearms and dementia : a smoking gun?; by C A Lynch, M Moran, B A Lawlor.  
International Journal of Geriatric Psychiatry, vol 23, no 1, January 2008, pp 1-6.

This editorial notes that the literature regarding guns and dementia is limited: the focus tends to be on access to firearms of people with psychiatric illness. Nonetheless, it outlines firearms legislation and the identification of relevant medical or psychiatric conditions in the UK, the Republic of Ireland, Canada, and Queensland, Australia. It notes findings of studies on risks of gun ownership and firearm related injuries. A suggested approach to the clinical assessment of people with cognitive impairment seeking access to firearms is offered as a decision tree, along with some clinical guidelines. (RH)

ISSN: 08856230

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

- 188/50 Nurses making a diagnosis of dementia: a potential change in practice?; by S Page, K Hope, P Bee (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 1, January 2008, pp 27-33.  
Of 484 consecutive referrals following home-based nurse assessments to a memory clinic in North West England over an 18-month period, 175 (43.3%) were diagnosed by the multidisciplinary team (MDT) as having dementia. 73 (41.5%) were classified as Alzheimer's disease (AD), 81 (46%) of mixed sub-type, and 20 (11.4%) of vascular origin. Together, two nurses were able to detect dementia with 94% accuracy; sensitivity was 92% and specificity was 96%. The positive and negative predictive values of their judgements were 94% and 98% respectively. Nurses were able to sub-diagnose dementia with 80% accuracy. In this study, structured initial diagnosis by a specialist nurse was shown to be an accurate method of determining a diagnosis of cognitive impairment, when compared to formal MDT judgement. The principle benefit of this approach was that signposting to subsequent care pathways was expedited. Arguably, such distributed responsibility affords a viable option in the future detection of early dementia. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 188/51 Public attitudes to life-sustaining treatments and euthanasia in dementia; by Nia Williams, Charlotte Dunford, Alice Knowles (et al).  
International Journal of Geriatric Psychiatry, vol 22, no 12, December 2007, pp 1229-1234.  
A cross-sectional survey was conducted to elicit the views of the general public on euthanasia and life-sustaining treatments in the face of dementia. 725 members of the public completed a questionnaire throughout London and South East England. In the face of severe dementia, less than 40% of respondents would wish to be resuscitated after a heart attack, nearly three-quarters wanted to be able to die passively, and almost 60% agreed with doctor assisted suicide. Respondents were more likely to be in favour of life-sustaining treatment for their partner than for themselves, and the opposite was true for euthanasia. White respondents were significantly more likely to refuse life-sustaining treatment and to agree to euthanasia compared with Black and Asian respondents. This survey suggests that a large proportion of the UK general public do not wish for life-sustaining treatments if they were to become demented, and the majority agreed with various forms of euthanasia. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>
- 188/52 Strengthening the involvement of people with dementia: a resource for implementation; by National Older People's Mental Health Programme, Care Services Improvement Partnership - CSIP, Department of Health - DH.: Electronic format only, February 2008, 30 pp.  
This toolkit contains advice and examples of positive practice which can facilitate the active and meaningful involvement of people who have dementia in the planning, delivery and evaluation of health, social care and other support services. This toolkit augments the section 'Involving service users and their carers' in 'Everybody's Business - a service development guide' (DH 2005). (KJ/RH)  
From:<http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/strengthening-the-involvement-of-people-with-dementia.pdf>
- 188/53 Taking on the dementia challenge; by June Andrews.  
Professional Social Work, October 2007, pp 18-19.  
Concerns about poor service provision for people with dementia in the Forth Valley area of Scotland have prompted a major change programme aimed at identifying and tackling poor service provision, by drawing on the views of those who work alongside people with dementia. Interventions have included education, communication and information, leadership and development work. An evaluation of this 12-month programme will inform future work and services. Professor Andrews writes in her capacity as the Director of the Dementia Services Development Centre (DSDC) at the University of Stirling. (KJ/RH)  
ISSN: 13523112 From : <http://www.basw.co.uk>

188/54 Telephone-based cognitive behavioral intervention for distressed rural dementia caregivers: initial findings; by Robert L Glueckauf, Dinesh Sharma, W Shuford Davis (et al).  
Clinical Gerontologist, vol 31, no 1, 2007, pp 21-42.

Despite the growing use of telecommunication technologies in delivering psychological interventions for family caregivers (CGs) of older adults with dementia, this development has been restricted primarily to large metropolitan areas. 20% of dementia CGs live in small rural communities where internet transmission services do not exist or are difficult to obtain. The purpose of the present study was to conduct a preliminary evaluation of the efficacy of telephone-based cognitive-behavioural (CB) intervention versus routine education and support (ES) in reducing CGs' psychological distress and subjective burden, as well as improving their perceived self-efficacy and specific caregiving-related problems. Although the results are preliminary, partial support was obtained for the differential benefits of CB intervention over ES for this population. (KJ/RH)

ISSN: 07317115

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

<http://www.HaworthPress.com>

188/55 Using the Senses Framework to achieve relationship-centred dementia care services : a case example; by Tony Ryan, Mike Nolan, David Reid (et al).

Dementia: the international journal of social research and practice, vol 7, no 1, February 2008, pp 71-94.

This article describes the development of a new service for people with dementia and their carers in a large post-industrial city in the north of England, UK. The service arose in response to the perceived inadequacies of existing respite care provision and has proved very successful in meeting the needs of people with dementia and their family carers, and in providing high levels of job satisfaction for staff. The success of the initiative can be understood using the Senses Framework and relationship-centred care as an analytic lens to identify key attributes of the service. The article also discusses implications for the development of support services more generally. (KJ)

ISSN: 14713012

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

## **DEPRESSION**

(See 188/115, 188/143)

## **DIGNITY**

188/56 The dignity challenge: [Dignity in Care campaign]; by Elaine Cass.

Professional Social Work, February 2008, pp 20-21.

The author from the Social Care Institute for Excellence (SCIE) sets out the research findings that underpin efforts to improve practice in the care of older people, with a specific focus on dignity. Supporting the Government's Dignity in Care campaign, SCIE urges specific measures to ensure privacy and autonomy for older people, as well as efforts to improve communication and boost the self esteem of vulnerable care users. Examples of promoting dignity in care are given, and these include the Evergreen Unit at St Pancras Hospital development of 'life story' books to support and inform the care it gives to its patients; the Southampton University Hospital NHS Trust's Essence of Care Group audit on dignity carried out to identify where further work was needed; and the United Bristol Healthcare NHS Trust which has introduced a range of initiatives to improve nutrition and dignity at mealtimes. The Department of Health (DoH) Dignity in Care campaign has celebrated its first year. SCIE has produced an Adults' Services Practice Guide (number 9), "Dignity in care" (2006; with revisions) which can be downloaded from their website. (KJ/RH)

ISSN: 13523112 From : <http://www.basw.co.uk> <http://www.scie.org.uk>

## **DISABILITY**

(See Also 188/132)

- 188/57      Disability and psychosocial outcomes in old age; by Constança Paúl, Salma Ayis, Shah Ebrahim. *Journal of Aging and Health*, vol 19, no 5, October 2007, pp 723-741. Psychosocial variables associated with illness and age-related losses during old age are explored. This study used data from the UK Economic and Social Research Council (ESRC) and Medical Research Council (MRC) Health Services Collaboration Quality of Life Survey, a cross-sectional survey of 999 people aged 65+. Variables included health problems and limitations, self-perceptions of health, optimism, and quality of life. In general, those aged 80+ show high prevalence of health problems and disability, good self-perception of health, and quality of life. However, among this oldest age group, those in better health were more optimistic, but more problems meant lower self-perception of health, quality of life and optimism. This does not fully confirm the disability paradox (high disability and high optimism and self-perception of quality of life). The dual process coping model helps us to understand the results of this study. First is an attempt to avoid losses; afterward, people lower their goals and standards to meet constraints and foster adaptation. (RH)  
ISSN: 08982643  
From : <http://www.sagepublications.com>
- 188/58      Dual sensory impairment in older people; by Social Care Institute for Excellence - SCIE. *Community Care*, issue 1701, 29 November 2007, pp 34-35. The Social Care Institute for Excellence (SCIE) reviews some research published in the last ten years regarding the effects of dual sensory impairment on older people - that is being deafblind or having vision and hearing impairment. Dual sensory impairment is certain to become increasingly prevalent as people live longer, and therefore will be encountered by non-specialist social care and health workers, carers and family members. Sources of web-based information are also suggested. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 188/59      Identification of deafblind dual sensory impairment in older people; by Diane Roberts, Thomas Scharf, Miriam Bernard (et al), Social Care Institute for Excellence - SCIE. This briefing focuses on issues relating to the identification of people over the age of 60 in the UK who have dual sensory loss in the form of a combined hearing and sight impairment (deafblind). Five key messages are cited which focus on simple interventions that can be effective in improving the quality of life of people with dual sensory impairment. However, a more specialist assessment may be required and the use of the single assessment process as part of this process should be instigated. (KJ/RH)  
From : Download from website: <http://www.scie.org.uk/publications>

## **EMPLOYMENT**

- 188/60      Ready for work : full employment in our generation: presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, 2007, 146 pp (Cm 7290). 'Ready for work' responds to and summarises responses to the consultation on the Green Paper, 'In work, Better off' (Cm 7130, July 2007), which sought comments on the goal of an 80% employment rate. It discusses principles for reforming the benefits system, and sets out intentions on two reform principles: a stronger framework of rights and responsibilities to move claimants from being passive recipients to being active jobseekers; and a personalised responsive approach that will support people in finding work. It looks at employment for lone parents, jobseekers, disabled people, and people with health conditions. Older people are included in a chapter on "other disadvantaged people", which notes as policies improving back to work help for the over

50s; improving training opportunities for the over 50s; and improving recruitment and retention opportunities for the over 50s via employer intervention. The roles of Jobcentre Plus, local communities and Local Employment Partnerships in delivering employment are outlined. (RH)

Price: £25.75

From : TSO, PO Box 29, Norwich NR3 1GN.

Website: <http://www.dwp.gov.uk/welfarereform/readyforwork/>

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

(See 188/127)

## **ENVIRONMENTAL ISSUES**

188/61

Designing environments suitable for older people; by E Burton, J Torrington.

CME Journal, Geriatric Medicine, vol 2, no 2, 2007, pp 39-45.

This is a review of design guidance and empirical research in environments for older people. Buildings and places need to take account of physical and cognitive frailty to be appropriate for an ageing population. Design principles are discussed, and the detailed requirements for indoor and outdoor environments are summarised. It is concluded that the interaction between older people and their environment has a disproportionate impact on them because of their often restricted mobility; appropriately designed buildings would enhance their quality of life and there is a need for more research in this area. (KJ)

ISSN: 14751453

## **EPIDEMIOLOGY**

188/62

Survival of parents and siblings of supercentenarians; by Thomas Perls, Iliana V Kohler, Stacy Andersen (et al).

Journals of Gerontology: Series A, Biological Sciences and Medical Sciences, vol 62A, no 2, September 2007, pp 1028-1035.

Given previous evidence of familial predisposition for longevity, it was hypothesised that the siblings and parents of supercentenarians (those aged 110+) were predisposed to survive to very old age, and that relative to their birth cohorts, their relative survival probabilities (RSPs) are even higher than what has been observed for the siblings of centenarians. Mean age at death conditional upon survival to ages 20 and 50 and survival probabilities from ages 20 and 50 to higher ages were determined for 50 male and 56 female siblings and 54 parents of 29 supercentenarians. These estimates were contrasted with comparable estimates based on birth cohort-specific mortality experience for the US and Sweden. Conditional on survival to age 20, mean age at death of supercentenarians' siblings was 81 years for men and women. Compared with respective Swedish and US birth cohorts, these estimates were 17% to 20% (12-14 years) higher for the brothers and 11%-14% (8-10 years) higher for the sisters. Sisters had a 2.9 times greater probability and brothers had a 4.3 greater probability of survival from age 20 to age 90. Mothers of supercentenarians had a 5.8 times greater probability of surviving from age 50 to age 90. Fathers also experienced an increased survival probability from age 50 to age 90 of 2.7, but it failed to attain statistical significance. The RSPs of siblings and mothers of supercentenarians revealed a substantial survival advantage and were most pronounced at the oldest ages. The RSP to age 90 in siblings of supercentenarians was approximately the same as that reported for siblings of centenarians. It is possible that greater RSPs are observed for reaching even higher ages such as 100 years, but a larger sample of supercentenarians and their siblings and parents is needed to investigate this possibility. (RH)

ISSN: 10795006

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

## **ETHICAL ISSUES**

(See 188/145)

## **EUTHANASIA**

(See 188/51)

## **EXTRA-CARE HOUSING**

(See 188/86, 188/93, 188/95)

## **FALLS**

- 188/63 Falls education for practitioners: auditing a three-tier learning approach; by Eileen Mitchell, Helen Lawes.  
Nursing Older People, vol 20, no 1, February 2008, pp 27-30.  
In line with National Institute for Clinical Excellence (NICE) guidelines (2004), practitioners in West Dorset are developing and maintaining their basic professional competence in falls assessment and prevention. Local 'falls champions' have been appointed to assist in the education of all staff who work in older people's services, in order to raise awareness and promote best practice. A three-tier style of education has been developed, to allow staff to learn skills of assessment and intervention in relation to falls prevention. Evaluation over a two-year period clearly demonstrates how primary care trust staff are beginning to meet the requirements of the NICE recommendation on 'education and information-giving', while choosing their own style of learning. (KJ/RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>

- 188/64 Fear of falling: measurement strategy, prevalence, risk factors and consequences among older persons; by Alice C Sheffer, Marieke J Schuurmans, Nynke van Dijk (et al).  
Age and Ageing, vol 37, no 1, January 2008, pp 19-24.  
Fear of falling (FOF) is a major health problem in older people living in communities, present not only in those who have fallen but also in older people who have never experienced a fall. This study's aims were to: study methods to measure FOF; study the prevalence of FOF among fallers and non-fallers; identify factors related to FOF; and investigate the relationship between FOF and possible consequences for community-dwelling older people. A systematic review identified 28 relevant studies from a systematic search of several databases and by cross-checking selected articles for other relevant publications. Due to the many different kinds of measurements used, the reported prevalence of FOF varied between 3% and 85%. The main risk factors for developing FOF are at least one fall, being female, and being older. The main consequences were identified as a decline in physical and mental performance, an increased risk of falling, and progressive loss of health-related quality of life (HRQoL). This review shows that there is great variation in the reported prevalence of FOF in older people, and that there are multiple associated factors. Knowledge of risk factors may be useful in developing multidimensional strategies to decrease FOF and improve quality of life. However, the only identifiable risk of FOF is a previous fall. In order to measure the impact of interventions, a uniform measurement strategy for FOF should be adopted, and follow-up studies should be conducted. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oupjournals.org>

## **FAMILY AND INFORMAL CARE**

- 188/65 A new strategy for carers: better support for families and carers of older people: Counsel and Care policy discussion paper 3; by Caroline Bernard, Counsel and Care. London: Electronic format, October 2007, 34 pp.  
The Government's Comprehensive Spending Review (CSR) in 2007 promised a "radical rethink" of social care for older people. 'A new strategy for carers' offers ideas for making life easier for those with caring responsibilities. It looks at the policy context and evidence, and argues that despite the 1999 Strategy for Carers and the Carers Act 2004, carers are still at a disadvantage and



not adequately recognised. Drawing on the experiences of callers to the Counsel and Care advice line and findings from the Wanless review, it offers solutions to improving holistic support for families and carers, for example advice, advocacy, respite breaks and support. It reviews progress on the commitments made in the 2006 White Paper, "Our health, our care, our say" (Cm 6737), and makes recommendations as to what a new carers strategy should look like. (RH)

From : Counsel and Care, Twyman House, 16 Bonny Street, London NW1 9PG. Website: <http://www.counselandcare.org.uk> Advice Line: 0845 300 7585

188/66

Virtue is its own reward?: support-giving in the family and loneliness in middle and old age; by Jenny de Jong Gierveld, Pearl A Dykstra.

Ageing and Society, vol 28, part 2, February 2008, pp 271-287.

Gerontologists have emphasised that older people are not only recipients of support but also important support providers. Using data from the first wave of the Netherlands Kinship Panel Study of 727 middle-generation adults aged 45-79, the authors examined the association between loneliness and giving support up, across and down family lineages. Overall, the findings were consistent more with an altruistic perspective, that giving brings rewards, than with an exchange perspective which emphasises the costs of giving support. The results showed an inverse relationship between the number of generations supported and loneliness, and that those engaged in balanced exchanges with family members in three generations (parents, siblings and children) were generally less lonely. As regards the direction of support giving, the findings showed that the association between giving support and loneliness was insignificant if the support was for parents, negative for support for siblings, and positive for support for children. Imbalanced support exchanges were differentially associated with loneliness, and depended on the type of family relationship involved. Non-reciprocated support made parents more vulnerable to loneliness, whereas non-reciprocated giving in sibling ties was associated with low levels of loneliness. Imbalanced support giving in relationships with parents was not associated with loneliness. (RH)

ISSN: 0144686X

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

#### **GOVERNMENT AND POLICY**

188/67

The age agenda 2008: public policy and older people; by Policy Unit, Age Concern England - ACE. London: Age Concern England - ACE, 2008, 128 pp.

The Age Agenda is Age Concern England's annual report on and assessment of public policy on ageing and older people. It describes public policy developments and trends in 2007 and looks ahead to likely developments in 2008. The focus is on UK government policy. While it does not cover the devolved administrations in Scotland, Wales and Northern Ireland, the report does refer to the impact of 10 years of devolution on older people. The report discusses the following policy areas: income and finance; equality and human rights; health and health care; care and care services; social inclusion; housing; and work and learning. Many of these themes are covered in a set of 28 key indicators demonstrating the impact of public policy on older people. ACE offers its assessment of 'A sure start in later life: government action plan', and lists the Public Service Agreements (PSAs) for 2004 and 2007. (RH)

Price: £10.00

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

188/68

Health in Europe : a strategic approach: response to the European Commission's discussion document for a health strategy; by Julia Levy, Alliance for Health & the Future, International Longevity Centre. London: Alliance for Health & the Future, February 2007, 9 pp.

The discussion document referred to is 'Healthy ageing: keystone for a sustainable Europe - EU policy in the context of demographic change' (European Commission, January 2007). The Alliance for Health & the Future considers that a 'life course' approach - from when we are born, continuing through childhood, and progressing into adult life - is required. It believes that the EU has an important role in achieving a healthier and more active society by: defining health indicators and

providing data (metrics); encouraging a multi-factorial approach involving individuals, employers and people working in health care; and supporting Member States' efforts to fund health care effectively. The EU's anti-age discrimination legislation should be of help in supporting older people's well-being. (RH)

From:<http://ns1.siteground169.com/~healthan/healthandfuture/images/stories/Documents/alliance%20response%20to%20eu%20communication%20on%20health%20strategy.pdf>

188/69

Health policy futures. Engaging with care : a vision for the health and care workforce of England: Background paper 2 : The social context relevant to the demand, supply and reconfiguration of care : trends and implications; prepared by Zoë Morris; edited by Sandra Dawson, Beth Altringer and Will Erickson; by Zoë Morris, Sandra Dawson, Beth Altringer, Will Erickson, Judge Business School, Cambridge University Health; Nuffield Trust.: Electronic format only, February 2007, 43 pp.

This is one of ten background papers providing detailed analysis and support for the report, Engaging With Care: A Vision For The Health And Care Workforce Of England, published by the Nuffield Trust in September 2007. The report, together with the set of background papers, provides an analysis of current policies and trends and identifies routes for future action. The report identifies trends and challenges that can help define the common ground in health and care policy, while allowing for different policy directions at national and local levels. This paper sets out the major trends in diseases, lifestyle choices, changes in society, anticipated demographic change, and changing expectations of health and care services. It also presents a picture of the wider context within which social changes occur, namely changes in the UK economy and labour force, and trends in health technologies. (RH)

From : Judge Business School, Trumpington Street, Cambridge, CB2 1AG.

Download from website: <http://www.jbs.cam.ac.uk/research/health/polifutures/publications.html>

188/70

Left on the shelf: Why does social care now have such a low profile among influential MPs?; by Helen Mooney.

Community Care, issue 1706, 24 January 2008, pp 14-15.

Under David Hinchliffe's chairmanship from 2002 until 2005, the House of Commons Health Committee did much to scrutinise a wide range of social care issues, most notably elder abuse. In contrast, since then, with Kevin Barron as chairman, there is concern that the Committee's work has focused on health care issues to the exclusion of social care issues. This article looks at possible reasons: only three out of 11 of Committee's original members remain; the health care lobby holds more sway; and the importance of issues such as health inequalities. The forthcoming Green Paper, the personalisation agenda, the impact of the separation of adult and children's services, and quality of care delivered to people with learning disabilities may yet influence the Committee's agenda. (RH)

ISSN: 03075508

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

## **HEALTH CARE**

(See Also 188/138, 188/155)

188/71

Improving quality and value in healthcare for frail older people; by James George, Ian Sturgess, Sarbjit Purewal (et al).

Quality in Ageing, vol 8, no 4, December 2007, pp 4-9.

This article reports an important multi-centre practice-based review that identifies good practice and an ideal pathway for the healthcare of frail older people, which, if replicated nationally, could result in improved quality of care and better value for money for the NHS. Data on healthcare resource groups (HRGs) in England were examined as a marker for the management of elderly people through the healthcare system. Care pathways in several different NHS trusts were explored via staff interviews. A high variation in treatment outcomes across centres was found. Principles of best practice were identified and include: comprehensive geriatric assessment; the availability of specialist geriatric teams and wards; and shared assessment and co-ordination

between care agencies. (KJ/RH)  
ISSN: 14717794  
From : <http://www.pavpub.com>

188/72

A review of free personal and nursing care: prepared for the Auditor General for Scotland and the Accounts Commission; by Audit Scotland; Accounts Commission.: Audit Scotland, January 2008, 68 pp.

Free personal and nursing care (FPNC) was implemented in Scotland in July 2002, through the Community Care and Health (Scotland) Act 2002. Local councils lead the implementation of free personal care for older people living at home and FPNC for those living in care homes. By March 2007, some 72000 older people in Scotland were receiving personal care services free of charge; however, this provision varies between councils. This review evaluates the robustness of financial planning, monitoring and reporting arrangements for FPNC nationally and locally; examines the current costs and funding allocations for FPNC across councils in Scotland; and identifies the financial impact of FPNC on older people, the Scottish Government and councils. This report presents key messages and recommendations regarding: the clarity and consistency of the legislation and supporting guidance; the costing of the FPNC policy; financial planning and monitoring by councils; and the policy's impact on older people. This study complements an independent review by Lord Sutherland (Chairman, Royal Commission on Long Term Care), whose report is due in March 2008. (RH)

From : Download from website: <http://www.audit-scotland.gov.uk> Audit Scotland, 110 George Street, Edinburgh EH2 4LH.

## **HEALTH SERVICES**

(See Also 188/68, 188/69)

188/73

Community matrons: a conduit for integrated working?; by Helen Lyndon.

Journal of Integrated Care, vol 15, issue 6, December 2007, pp 6-13.

This article demonstrates how the role of the community matron has developed in Cornwall over the past three years, and how this role can be understood as the lynchpin of an integrated approach to the care and management of patients with complex needs and multiple long-term conditions. In recent years there has been growing recognition that current models of care delivery would be likely to struggle to meet the future demands of an ageing population. Cornwall's approach is to build on the introduction of the community matron service, and to support a new model of care delivery which will encompass use of assistive technology as an additional tool to support those with long-term conditions. The article will demonstrate the current effectiveness of the service in terms of savings for the health and social care community, and presents a case study to show how integrated working can be used to facilitate improved outcomes for patients. (KJ/RH)

ISSN: 14769018

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

188/74

Community matrons: documenting the specialist contribution of the role (part 6); by Abigail Masterson.

Nursing Older People, vol 19, no 9, November 2007, pp 37-40.

This is the final article of a series of six which draw on the content of some masterclasses organised and funded by the Department of Health (DH) for community matrons during summer 2006. It highlights the twofold importance of evaluation in promoting and supporting successful embedding of the role. Firstly, evaluation approaches that post-holders and their managers might use to demonstrate the value of the community matron role in order to ensure its propagation are suggested. Secondly, insights are gleaned from existing evaluations of new nursing roles to suggest factors that are likely to encourage or hinder the successful establishment of the community matron role. (KJ/RH)

ISSN: 14720795

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

188/75 Effectiveness of paramedic practitioners in attending 999 calls from elderly people in the community: cluster randomised controlled trial; by Suzanne Mason, Emma Knowles, Brigitte Colwell (et al).  
British Medical Journal, vol 335 no 7626, 3 November 2007, pp 919-922.  
The South Yorkshire Ambulance Services developed the paramedic practitioner in older people's support (PPOPS) scheme to deliver patient-centred care to older people who call the emergency services with minor injury or illness, treating them in the community. The authors conducted a cluster randomised controlled trial to evaluate the effectiveness of this new service. Participants were aged 60+ (1549 intervention, 1469 control). Overall, patients in the intervention group were less likely to attend an emergency department or require hospital admission within 28 days, and experienced a shorter total episode time (235 vs 278 minutes). Patients in the intervention group were more likely to report being highly satisfied with their healthcare episode. There were no significant differences in 28-day mortality. Paramedics with extended skills can provide a clinically effective alternative to standard ambulance transfer and treatment in an emergency department for older patients with acute minor conditions. (RH)  
ISSN: 09598138  
From : <http://www.bmj.com>

188/76 NHS learning disability services: implications of the Cornwall report; by John Dow.  
The Journal of Adult Protection, vol 9, no 4, November 2007, pp 34-37.  
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 July 2006 following an investigation into services for people with learning disabilities in Cornwall. This article considers the implications of the recommendations in the context of the requirements of the Care Standards Act 2000. (RH)  
ISSN: 14668203  
From : Website: <http://www.pavpub.com>

#### **HISTORY OF AGEING**

188/77 The long life; by Helen Small. Oxford: Oxford University Press, 2007, 360 pp.  
This is the first major consideration of old age in Western philosophy and literature since Simone de Beauvoir's 'The coming of age'. The book, which defines "old age" as the later years of a long life, has been written against the backdrop of concern about "the greying of Western societies". The author argues that if we want to understand old age, we have to think more fundamentally about what it means to be a person, to lead a good life, and to be part of a just society. Each chapter is set in perspective with quotes from philosophical or literary texts, ranging from Plato and William Shakespeare, to poems by Philip Larkin and Stevie Smith, and novels by Saul Bellow, Philip Roth, J M Coetzee, Margaret Drabble and Michael Ignatieff. (RH)  
Price: £25.00  
From : OUP, Great Clarendon Street, Oxford OX2 6DF.  
<http://www.oup.com>

#### **HIV AND AIDS**

188/78 Knowledge and attitudes about HIV/AIDS among community-living women: re-examining issues of age and gender; by Jennifer Hillman.  
Journal of Women & Aging, vol 19, nos 3/4, 2007, pp 53-68.  
Although older women face unique risks related to HIV/AIDS, little empirical data is available regarding HIV/AIDS among women over the age of 65. In the present study, 160 community-living older women and men completed questionnaires regarding knowledge and attitudes about HIV/AIDS. Findings showed that although older women were less likely to talk to their physician about HIV than men, they maintained greater knowledge and generally dispelled myths about viral transmission. However, most older women believed that HIV/AIDS had limited personal relevance,

possessed virtually no knowledge of age and gender specific risk factors, and professed HIV-associated stigma. These findings highlight the need for gender and age specific prevention programmes. (KJ/RH)

ISSN: 08952841

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

<http://www.HaworthPress.com>

## **HOME CARE**

188/79

An evaluation of a specialist multiagency home support service for older people with dementia using qualitative methods; by Ian Rothera, Rob Jones, Rowan Harwood (et al).

International Journal of Geriatric Psychiatry, vol 23, no 1, January 2008, pp 65-72.

Standard home care support in the UK for people with dementia has been criticised in statutory inspection reports, and may lead to unnecessary crises and admission to hospital or care homes. A qualitative study in two demographically similar areas of Nottingham - one served by a specialist home care team, the other by standard services - aimed to establish which provided better quality of care, and how any improvements were achieved.

Participants were 27 service users, 176 family carers, 17 home care workers and 20 health or social care professionals across both services. The specialist service demonstrated greater flexibility and responsiveness to the particular needs and circumstances of services users and family carers, who were encouraged to participate in routine decision-making and activities. By sharing responsibilities, the specialist service helped reduce carer stress and prevent crises. These outcomes depend on the configuration of the service, including multidisciplinary health and social services input, care worker autonomy and independence, continuous reassessment of clients' circumstances and preferences, and the capacity to develop long-term relationships through care worker continuity. The standard service, which used a task-oriented approach, lacked these characteristics. The study provides evidence of the benefits of a specialist multi-agency home support service over standard home care, in the opinion of service users, carers and care workers, and defines the operational model to achieve this. Findings confirm best practice recommendations, based on models of dementia care which emphasise respect for "personhood". (RH)

ISSN: 08856230

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

## **HORTICULTURAL THERAPY**

(See 188/44)

## **HOSPITAL SERVICES**

(See Also 188/99, 188/143)

188/80

Ageing and the gut; by Maggie Banning.

Nursing Older People, vol 20, no 1, February 2008, pp 17-21.

Rising infection rates with pathogens such as Clostridium difficile have seen UK hospitals undergo a 'deep clean', to make sure wards do not harbour diseases. Age-related changes in gut physiology and microflora are explained, as well as the changing immune system, both of which make the older person more susceptible to infections which require treatment. This article explains why older people are particularly at risk. (KJ/RH)

ISSN: 14720795

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

188/81

Demented versus non-demented very old inpatients: the same comorbidities but poorer functional and nutritional status; by Dina Zekry, François R Herrman, Raphael Grandjean (et al).

Age and Ageing, vol 37, no 1, January 2008, pp 83-89.

In this prospective study of very old inpatients, demented patients, non-demented patients, and patients with MCI had similar levels of comorbidity. However, demented patients had poorer functional and nutritional status. Health was poorest in those with vascular dementia (VaD). This study was carried out in the Rehabilitation and Geriatric Hospital (HOGER) of Geneva University. Subjects were 340 patients (mean age 85.2; 76% women): 161 were cognitively normal (46.1%), 37 with MCI (10.6%), and 151 were demented (43%). 61 had Alzheimer's disease (AD), 62 mixed dementias (MD), and 17 VaD. Activities of daily living (ADL), instrumental ADL (IADL), FIM and MNA scores on admission decreased with cognitive status, regardless of type of dementia. Functionality at discharge remained significantly lower in demented patients than in other patients. Those with VaD had poorer health than other patients, with a higher than average comorbidity score, more frequent hypertension, stroke and hyperlipidaemia. Special efforts should be made to deal with existing comorbidities and to detect unreported problems in demented patients. Improvements in the detection and treatment of comorbid diseases should improve outcomes for these patients. (RH)

ISSN: 00020729

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

- 188/82 National evaluation of Partnerships for Older People Projects [POPP]: interim report of progress: Briefing paper : Cost-effectiveness : Measuring effects : emergency bed-day use; by National Evaluation Team - University of Hertfordshire; Personal Social Services Research Unit - PSSRU; University of Keele; John Moores University; University College London.: Department of Health - DH, October 2007, 7 pp.

The 29 POPP (Partnerships for Older People Projects) pilot sites potentially bring benefits by reducing the inappropriate use of hospital bed-days. Benefits accrue from the savings that could be released from a reduced use of hospital services and also from better outcomes people might experience from being cared for within their own homes. In this analysis, data from the 19 first round sites (activity from May 2006) concentrate on the cost savings. However, at this point in the evaluation, insufficient data limits any assessment of the outcome effects. (RH)

From:[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079422](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079422)

- 188/83 The war on the wards: [bed blocking and emergency readmissions]; by Amy Taylor. Community Care, issue 1703, 13 December 2007, pp 26-28.

The decline in "bed blocking" is encouraging, but emergency readmission rates continue to rise. This article considers the "power battles" that are taking place in many hospital wards, while citing a case study of social workers and matrons in Liverpool working together to try and reduce numbers of emergency re-admissions. (RH)

ISSN: 03075508

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

## **HOUSING**

(See Also 188/61)

- 188/84 Checklist of essential features of age-friendly cities; by World Health Organization - WHO.: Electronic format only, 2007, 4 pp (WHO/FCH/ALC/2007.1).

This checklist of essential age-friendly city features is based on the results of the WHO Global Age-Friendly Cities project consultation in 33 cities in 22 countries. The checklist is a tool for a city's self-assessment and a map for charting progress. This brief checklist focuses on the following features: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community and health services. More detailed checklists of age-friendly city features are to be found in the World Health Organization (WHO) publication, 'Global age-friendly cities: a guide.' (KJ/RH)

From: [http://www.who.int/ageing/publications/Age\\_friendly\\_cities\\_checklist.pdf](http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf)

- 188/85 Comparing models of housing with care for later life; by University of York; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, October 2007, 4 pp.  
Findings, 2158, October 2007, 4 pp.  
Interest is growing in the role of housing schemes for older people that combine independent living with relatively high levels of care. This longitudinal comparative study of seven schemes in England examines different models of housing with care for older people. The full report, 'Comparative evaluation of models of housing with care for later life' by Karen Croucher, Leslie Hicks, Mark Bevan and Diana Sanderson, is published by JRF and available as a download from ([www.jrf.org.uk](http://www.jrf.org.uk)). (KJ/RH)  
ISSN: 09583084  
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>
- 188/86 Extra care housing: a concept without a consensus; by Anthea Tinker, Hannah Zeilig, Fay Wright (et al).  
Quality in Ageing, vol 8, no 4, December 2007, pp 33-44.  
Extra care housing has developed from sheltered housing and has increasingly been seen as a popular option by policy-makers for a number of reasons. These include the inability of conventional sheltered housing to be an adequate solution for a growing population of very old people, the decline in popularity and high costs of residential care, and perceived problems with older people staying in mainstream housing. There is, however, no agreed definition of extra care housing, even though a growing number of government grants are become available for this type of housing. This is causing confusion for providers and for older people and their families who are not sure exactly what is provided. This lack of clarity means that this form of housing has become an erratic and piecemeal form of provision. (KJ/RH)  
ISSN: 14717794  
From : <http://www.pavpub.com>
- 188/87 The grey matter: [housing needs of UK's ageing population]; by Joey Gardiner.: Haymarket, 9 November 2007, pp 20-22.  
Regeneration & Renewal, 9 November 2007, pp 20-22.  
The Government plans to oversee the building of three million new homes by 2020; but has it considered the housing needs of our ageing population? Types of design and design issues are discussed in this brief article. (KJ)  
From : Website: <http://www.regen.net/>
- 188/88 Housing choices and aspirations of older people: research from the New Horizons Programme; by Karen Croucher, Centre for Housing Policy - CHP, University of York; Department for Communities and Local Government - DCLG. London: Department for Communities and Local Government, February 2008, 60 pp.  
Researchers at the Centre for Housing Policy (CHP), University of York have been commissioned by the Department for Communities and Local Government (DCLG) to undertake a project to inform development of the National Housing Strategy for Housing in an Ageing Society. As part of this wider project, eight focus groups composed of 'younger' older people (aged 48-64) and older people (aged 65+) were convened to explore influences on their housing decisions. This report details the outcomes of these discussions, which covered what influences decisions to move; future intentions; and housing options for older people. It also reports findings in relation to black and minority ethnic (BME), lesbian, gay, bisexual and transgender (LGTB), and disabled participants respectively. Groups were located in different parts of England, including rural, urban and suburban areas: Cornwall, Newcastle (2 groups), Sheffield, York, Bradford (older people from African-Caribbean community)), London (disabled) and Manchester (LGTB). There is a growing body of literature on older people's housing choices and aspirations, which is briefly reviewed in an appendix. (RH)  
From : Communities and Local Government Publications, PO Box 236, Wetherby, West Yorkshire LS23 7NB. For alternative formats:, e-mail: [alternativeformats@communities.gsi.gov.uk](mailto:alternativeformats@communities.gsi.gov.uk) Download link at: <http://www.communities.gov.uk/housing/housingmanagementcare/housingolder/>

- 188/89 Let's paint the town green; by Mark Ivory.  
Community Care, issue 1704, 10 January 2008, pp 24-25.  
The government plan to build 10 "eco-towns" offers opportunities for a revival of community social work. Among other things, the author notes that one aim of eco-towns will be to promote good health among older people, through well-being centres that keep people fit which should lead to "only a modest requirement for residential care". (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 188/90 Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society; by Department for Communities and Local Government - DCLG; Department of Health - DoH; Department for Work and Pensions - DWP. London: Department for Communities and Local Government, February 2008, 175 pp.  
The ageing of the population will be one of the greatest challenges of the 21st century for housing. Housing and ageing are seen as a cross-government priority, and this strategy sets out government's response to this challenge, and its plan to create lifetime homes in lifetime neighbourhoods. It outlines plans for ensuring that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services. The document explains why change is needed, and notes that there will be increased funding for the Disabled Facilities Grant (also improving the means test). Lifetime Homes will be key, as they provide the flexibility required for people's housing needs as they get older. The aspiration is that all new housing will be built to Lifetime Homes Standards by 2013, or by 2011 for public housing. Further aims are improving joined up assessment, service provision and commissioning across housing, health and care services, along greater personalisation through the development of Personal Budgets. (RH)  
From : Communities and Local Government Publications, PO Box 236, Wetherby, West Yorkshire LS23 7NB. For alternative formats; e-mail: [alternativeformats@communities.gsi.gov.uk](mailto:alternativeformats@communities.gsi.gov.uk) Download link at: <http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods>
- 188/91 The missing link: helping older people with small home repairs and adaptations; by Care & Repair England; Age Concern England; Foundations; Help the Aged. Nottingham: Care & Repair England, 2007, 4 pp.  
Paying for small home repairs, getting help with adaptations, and finding a trustworthy builder are real worries for a growing number of older people. This pamphlet summarises how handyperson services can help. (RH)  
Price: FoC  
From : Care & Repair England tel: 0115 950 6500  
[www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)
- 188/92 Models of housing in later life care; by Alison Petch.  
Community Care, issue 1700, 22 November 2007, pp 36-37.  
Choosing the most suitable care accommodation for older people is an exacting task, one in which research that compares models of care can assist. The author reviews one such example, 'Comparative evaluation of models of housing with care for later life' by Karen Croucher and colleagues at the Centre for Housing Policy (CHP) and the Social Work and Development Unit, University of York, published by the Joseph Rowntree Foundation (JRF). For the residents of the seven schemes studied, the benefits outweighed any disadvantages. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 188/93 More choice, greater voice: a toolkit for producing a strategy for accommodation with care for older people; by Nigel Appleton, Department for Communities and Local Government - DCLG; Housing Learning and Improvement Network - Housing LIN, Care Services Improvement Partnership - CSIP, Department of Health - DoH. London: Housing LIN, February 2008, 51 pp.  
This document provides a toolkit for undertaking work that will support a whole system approach



to planning and developing accommodation and care. It is good practice rather than mandatory and has been prepared specifically to accompany 'Lifetime homes, lifetime neighbourhoods', the government's national housing strategy for an ageing society, to offer guidance for commissioners and providers (local authorities, registered social landlords (RSLs), and the private sector) to enable them to produce accommodation and care strategies for older people. The document includes material that would be helpful to preparation of a local study: guidance, briefing notes, tools for completing particular elements of the study, good practice examples, and draft material that can be incorporated in a local study. It includes techniques such as finding indicators of potential need, and mapping existing local provision. The document's basic assumption is that accommodation - whether in general housing or in some form of specialist accommodation - is crucial in providing a context to maintaining or restoring independence and ensuring quality of life. (RH)

From : <http://www.icn.csip.org.uk/housing/index.cfm?pid=520&catalogueContentID=2545>

188/94 Older persons' housing design: a European good practice guide; by Wel\_Hops - Welfare Housing Policies for Senior Citizens.: Wel\_Hops - Welfare Housing Policies for Senior Citizens, 2007, 131 pp (+appendices)(+DVD and CD-ROM resource pack).

A project part-funded by the European Union (EU) over the last two years has looked at more than 40 housing schemes across Europe, to identify those design features that contribute to helping older people remain independent in their own homes, enabling them to be a part of the community and promoting a high quality of life. This guide has been designed to be non-technical and jargon free, to help bridge the gap in understanding and communications between older people and those responsible for funding, designing and developing housing, and also as a learning resource for aspiring professionals. The guide is accompanied by a short film on DVD featuring best practice from UK and Italian award winning schemes. It has been packaged with a CD-ROM that has an electronic copy of the guide and more than 50 factsheets and toolkits on older peoples housing provided by the Department of Health's Care Services Improvement Partnership (CSIP). (KJ/RH)

From : Housing Strategy, Brighton & Hove City Council, 4th Floor, Bartholomew House, Bartholomew Square, Brighton BN1 1JP.

Website: <http://www.welhops.net>

188/95 Remodelling sheltered housing and residential care homes to extra care housing: advice to housing and care providers; by Anthea Tinker, Julienne Hanson, Fay Wright (et al), King's College London; University College London - UCL. London: King's College London; University College London, October 2007, 19 pp (summary 4 pp).

A multi-disciplinary team of 2 social gerontologists, 2 architects, a rehabilitation engineer, an occupational therapist and an economist carried out this research, which was funded by the Engineering and Physical Sciences Research Council (EPSRC grant no EP/C532945/1). The aims were to: examine how a sample of 10 local authority and housing association sheltered housing and residential care homes had been remodelled to become extra care; audit buildings to see how the remodelling schemes have been adapted; identify social and architectural problems resulting from the remodelling; explore tenants' experiences of living in a remodelled extra care scheme; and elicit the view of care and support staff of how well a remodelled extra care scheme works in practice. Most of the 19-page document comprise advice to policy makers, housing and service providers, built environment professionals, occupational therapists, rehabilitation engineers, funders and commissioners. There is also advice on accessibility issues. The 4-page summary gives an outline of the study and its aims, and findings on these key points: architecture, assistive technology (AT), social issues, and costings. (RH)

188/96 Towards lifetime neighbourhoods: designing sustainable communities for all: a discussion paper; by Ed Harding, International Longevity Centre UK - ILC-UK; Department for Communities and Local Government - DCLG. London: Department for Communities and Local Government, November 2007, 34 pp.

Lifetime neighbourhoods are those which offer everyone the best possible chance of health, well-being, and social economic and civic engagement, regardless of age. They should be viewed

as sustainable communities that offer a good quality of life for all generations. They should aim to be: accessible and inclusive; aesthetically pleasing and safe (in terms of both traffic and crime); easy and pleasant to access; and a community that offer plenty of services, facilities and open space. This paper uses case studies and statistical sources to illustrate how lifetime neighbourhoods would contribute to a sustainable future. It considers planning issues, and what lifetime neighbourhoods would mean for the planning process. Key concepts that emerge are access, innovation, and co-operation between service providers and planners. The paper is informed by a jointly hosted ILC-UK and Department for Communities and Local Government (DCLG) roundtable discussion in June 2007, co-chaired by Baroness Greengross (Chief Executive, ILC-UK) and Baroness Andrews (Parliamentary Under-Secretary of State, DCLG). It was produced as part of the development work for the forthcoming National Strategy for Housing in an Ageing Society. (RH)

From : Communities and Local Government Publications, PO Box 236, Wetherby, West Yorkshire LS23 7NB.

### **IMAGES OF AGEING**

188/97

Perceptions of negative stereotypes of older people in magazine advertisements: comparing the perceptions of older adults and college students; by Tom Robinson, Bob Gustafson, Mark Popovich.

Ageing and Society, vol 28, part 2, February 2008, pp 233-251.

Negative stereotypes not only affect how older people feel about themselves, but also how younger people feel about old age and their prospect of growing old. The research reported in this paper has examined the negative and potentially harmful stereotypes of older people portrayed in magazine advertisements in the US, as perceived groups of older and young people. Q-methodology sorts of 40 advertisements with negative images of older people, along with personal interviews, were used to probe older people's and college students' feelings and attitudes about images. The subjects were placed in four categories: 'moralists', 'objectors', 'ageing moralists', and 'resentfuls'. Regardless of whether stereotypes were used, the older people liked the advertisements that showed them as being clever, vibrant and having a sense of humour. Neither the older people nor the students liked advertisements that ridiculed or poked fun at older people, or presented them as being out of touch with reality and unattractive. Both groups rated the stereotypes dealing with the real problems associated with ageing as inoffensive. The comparison of the two age groups showed a strong consensus about which images were acceptable and which offensive. (RH)

ISSN: 0144686X

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

### **INDEPENDENT LIVING**

(See Also 188/85)

188/98

Independent living: a cross-government strategy about independent living for disabled people; by Office for Disability Issues (ODI), Department for Work and Pensions - DWP; Department for Transport - DfT; Department of Health - DH; Department for Communities and Local Government - DCLG; Department for Innovation, Universities and Skills - DIUS. London: Office for Disability Issues, 2008, 136 pp.

This Independent Living Strategy sets out a strategy to improve disabled people's experiences and life chances. It brings together initiatives - across Government departments - which will enable more people to have choice and control over the support they receive, remove barriers to independent living, and improve access to services. This main report on the Strategy outlines the rationale and intended consequences (with examples) on the following commitments: promoting independent living; action and learning site and regional initiatives; maximising disabled people's housing opportunities; transport and mobility; health; employment and economic well-being; personalisation, choice and control; support, information, advocacy and brokerage; joined-up approaches for independent living for older people, young disabled people and disabled parents;

and monitoring progress. Use of Public Service Agreements (PSAs) and other frameworks in measuring progress is outlined. Views are sought on implementing the strategy and the involvement of older people in the consultation which runs until 20 June 2008. (RH)

**From** : Office for Disability Issues, 6th Floor, Adelphi, 1-11 John Adam Street, London WC2N 6HT.  
E-mail: [office-for-disability-issues@dwp.gsi.gov.uk](mailto:office-for-disability-issues@dwp.gsi.gov.uk) Website: [www.officefordisability.gov.uk/publications](http://www.officefordisability.gov.uk/publications)

188/99

National evaluation of Partnerships for Older People Projects [POPP]: interim report of progress; by Karen Windle, Richard Wagland, Kathryn Lord (et al), National Evaluation Team - University of Hertfordshire; Personal Social Services Research Unit - PSSRU; University of Keele; John Moores University; University College London.: Department of Health - DH, October 2007, 8 pp. There are early indications that the 29 POPP (Partnerships for Older People Projects) pilot sites are having a significant effect on reducing emergency hospital bed-day use when compared to non-POPP sites. This report provides interim findings and key lessons learnt to date from the Department of Health (DH) POPP programme. It notes older people's involvement within the projects, and issues around the cost-effectiveness and sustainability of POPPs. The report will therefore be of interest to localities implementing strategies to promote independence for older people. The evaluation is due to present further findings in October 2008. A website ([www.changeagentteam.org.uk/POPP](http://www.changeagentteam.org.uk/POPP)) has further information about POPPs. (RH)

**From**: [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079422](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079422)

#### **INFORMATION AND COMMUNICATION TECHNOLOGY**

188/100

Community and communication in the third age: the impact of internet and cell phone use on attachment to place in later life in England; by Chris Gilleard, Martin Hyde, Paul Higgs.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp S276-S283.

The authors investigated the question, Would access to and use of domestic information and communication technology (ICT) affect people's attachment to place in later life? They measured the association between access to such technology and self-rated attachment to one's neighbourhood, by drawing on data on ownership of mobile phones and use of Internet or e-mail from the English Longitudinal Study of Ageing (ELSA). There was a significant negative association between attachment to place and ownership and use of ICT at home, particularly the Internet. This association remained after taking account of age/cohort differences, as well as the influence of gender, disability, socioeconomic status of the neighbourhood, differences in income and educational status, and length of residence in the area. The results suggest that ownership and use of domestic ICT home reduces the sense of attachment to the local neighbourhood for people aged 50+ in England. However, it does not influence the perceived sense of trust or perceived friendliness of people in the neighbourhood. The authors suggest that domestic ICT may be more liberating of neighbourhood boundaries than destructive of social capital. (RH)

ISSN: 10795014

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

188/101

ICT in the elderly and dementia; by C D Nugent.

Aging & Mental Health, vol 11, no 5, September 2007, pp 473-476.

Information and communication technology (ICT) is increasingly being used with older people and people with dementia, whether to connect them with the outside world via the Internet and e-mail, or as a way of providing services. This editorial reviews some of the literature published since 2002, and introduces the three articles in this special section. Two papers report on the use of computing and the Internet from the perspectives of training and psychological impact, or as a means of reducing loneliness (Fokkema and Knipscheer; Shapira et al). A third paper (Mate-Kole et al) presents details of an investigation into the effects associated with using computer assisted courses in conjunction with reducing cognitive decline. (RH)

ISSN: 13607863

**From** : <http://www.informaworld.com/CAMH>

- 188/102 Promoting older adults' well-being through internet training and use; by N Shapira, A Barak, I Gal. *Aging & Mental Health*, vol 11, no 5, September 2007, pp 477-484.  
The psychological impact of learning how to use a computer and the Internet in old age was tested, by hypothesising that such activities would contribute to older people's well-being and personal sense of empowerment. Using a quasi-experimental research design, the authors offered a course conducted in small groups, in computer operation and Internet browsing to 22 older Israelis (mean age 80) who went to day care centres or lived in nursing homes. A comparison group of 26 participants (similar in all major respects) was engaged in other activities. Both groups were administered measures of physical functioning, life satisfaction, depression, loneliness, and self-control at pre- and post-intervention 4 months later. Individual semi-structured interviews were conducted with participants who finished the computer course. ANOVA was used for controlling the effects of control variables and pre-intervention differences on participants who completed the activities. Results showed a significant improvement among participants in the intervention group in all measures except physical functioning, whereas deterioration in all measures was detected in the comparison group. Computer and Internet use seems to contribute to older people's well-being and sense of empowerment by affecting their interpersonal interactions, promoting their cognitive functioning and contributing to their experience of control and independence. (RH)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>

#### **INSPECTION AND REGULATION**

- 188/103 Inspecting for improvement in Scotland; by Bill Duncan. London  
*Journal of Care Services Management*, vol 2, no 1, October-December 2007, pp 17-27.  
This paper examines significant changes to the inspection methodology for regulated care services which are being introduced by the Scottish Care Commission (formal title Scottish Commission for the Regulation of Care) from April 2008. It examines how the changes aim to promote greater involvement of service users and carers, self-assessment by service providers and the publication of quality grades for services. It examines how such changes will be delivered in a targeted and proportionate way and how they aim to encourage service improvement. (KJ/RH)  
ISSN: 17501679  
From : <http://www.henrystewart.com>

- 188/104 RDB star rating; by Sue Brand. London  
*Journal of Care Services Management*, vol 2, no 1, October-December 2007, pp 47-53.  
Providing and demonstrating "quality care" is now the key to the future survival of every care home in the UK. With the introduction by the Commission for Social Care Inspection (CSCI) of "quality ratings", the Annual Quality Assurance Assessment and the change in frequency of inspections, the challenge to providers is how effectively they can demonstrate the "quality care" they provide. This paper looks at the RDB Star Rating System which is an independent, rigorous, annual programme in client-focused assessment. It looks at how local partnerships are developed and how quality homes can receive additional quality premiums. It gives an insight into how the model and system work, the feedback the homes receive, and the benefits to the different parties. (RH)  
ISSN: 17501679  
From : <http://www.henrystewart.com>

#### **INTERGENERATIONAL ISSUES**

(See 188/162)

#### **INTERNATIONAL AND COMPARATIVE**

(See 188/42, 188/49, 188/66, 188/68, 188/94, 188/122, 188/123, 188/124, 188/141, 188/161)

## **INVOLVEMENT**

(See 188/52)

## **LEARNING DIFFICULTIES**

(See Also 188/76)

- 188/105      Development of a multidisciplinary support pathway for people with learning disabilities with complex needs and/or whose behaviour challenges services; by Anna Gaughan. London  
Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 54-78.
- This paper describes the process undertaken by local partner organisations across a health and social care economy, to develop and agree a multidisciplinary support pathway for the local inpatient assessment and treatment unit for people with learning disabilities whose behaviour challenges current services. It provides a brief overview of how the social care and health system defines "challenging behaviour" and how this affects the way in which services are being developed for this group of people. The paper attempts to highlight the place in a system-wide pathway for "assessment and treatment services" within the context of an underpinning philosophy of enabling each individual to live an ordinary life within their local community, irrespective of the level of behaviour that presents a challenge. The paper also emphasises the need to set the development of local support pathways in the context of "whole system" working effectively together. This requires effective partnership working and leadership behaviour across all parts of the local system, including commissioning, provider development, and mainstream and specialist services. It also requires a gradual and supported transfer of skills and competence from "specialist services" to mainstream services, such that local capacity and capability can be developed to enable people to remain in their own homes and communities. Early results from discussions with the local partners involved in this initiative highlight the usefulness of the process, leading to the development of an integrated care pathway approach from a number of different perspectives. This paper highlights some of the critical challenges for both commissioners and providers as they develop system-wide capacity and capabilities, and reminds them that developing this pathway is only one small part of the jigsaw. (RH)
- ISSN: 17501679  
From : <http://www.henrystewart.com>

## **LIFE-LONG LEARNING**

- 188/106      How do mature learners learn?; by Anita Pincas.  
Quality in Ageing, vol 8, no 4, December 2007, pp 28-32.
- The University of London Institute of Education (IoE) is conducting research exploring the social and individual backgrounds to older learning, also leisure education, professional retraining and academic study. The IoE is also launching a new short part-time on-line course, Issues in Educating and Training Mature Adults (50+) (information at [www.ioe.ac.uk/courses/ietma](http://www.ioe.ac.uk/courses/ietma)). This article outlines findings from the first phase of the research, based on an on-line questionnaire to 124 students, which suggests that these older learners prefer flexible ways of learning, and most prefer independent work, but are comfortable also with group work and collaborative or practical activities. The author notes that other universities - Strathclyde and Lancaster - are interested in involving older people, while Oxford and Sheffield have centres devoted to the study of ageing. She comments on her IoE findings in the context of the European Commission (EC) Communication, 'Adult learning: it is never too late to learn', and the Department for Work and Pensions (DWP) 'Opportunity age' (Cm 6466; TSO, 2005). (RH)
- ISSN: 14717794  
From : <http://www.pavpub.com>

188/107

Informal adult learning: shaping the way ahead; by Department for Innovation, Universities and Skills - DIUS. London: Department for Innovation, Universities and Skills, January 2008, 34 pp (Ref IAL2008).

This consultation paper is designed to stimulate debate and shape future Government policy on both formal and informal adult learning. It includes examples of informal adult learning activities offered across the public, voluntary, self-directed and private sectors, but also admits to and seeks to fill gaps in what is available and/or accessible to different learner groups. It sets out related policies and initiatives funded by other government departments (e.g. Opportunity Age); and describes current DIUS-funded informal adult education in England. It reviews issues about ensuring equality of access to learning, also the contribution of broadcasting and new technologies. The consultation runs until 15 May 2008, and responses may be made by visiting [www.adultlearningconsultation.org.uk](http://www.adultlearningconsultation.org.uk) or sent to Informal Adult Learning Consultation, DIUS, 4th Floor, Kingsgate House, 66-74 Victoria Street, London SW1E 6SW. The intention is to have a wide-ranging debate involving learners, potential learners and special interest groups; and for a policy paper on informal adult learning in the 21st century to be published later in 2008. (RH)

From : DIUS Publications: Tel 0845 60 222 60; Fax 0845 60 333 60; Textphone 0845 60 555 60; E-mail: [dfes@prolog.uk.com](mailto:dfes@prolog.uk.com) Website: [www.dius.gov.uk](http://www.dius.gov.uk)

### **LONELINESS**

(See 188/66)

### **LONG TERM CONDITIONS**

188/108

Support for self care for patients with chronic disease; by Anne Kennedy, Anne Rogers, Peter Bower.

British Medical Journal, vol 335 no 7627, 10 November 2007, pp 968-970.

The authors argue that effective self care requires fundamental changes in professional attitudes and the way health care is delivered. Current interventions have only modest effects on patients' health and use of health services. One possible explanation is that interventions tend to focus solely on the patient. Interventions need to reflect the ways in which patients and professionals respond to long-term illness. Approaches need to target patients, professionals and healthcare organisations. (RH)

ISSN: 09598138

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

### **MEDICATION**

188/109

Advice to use topical or oral ibuprofen for chronic knee pain in older people: randomised controlled trial and patient preference study; by Martin Underwood, Deborah Ashby, Pamela Cross (et al).

British Medical Journal, vol 336 no 7636, 19 January 2008, pp 138-142.

Participants were people aged 50+ with knee pain: 282 in randomised trial and 303 in preference study, who were advised to use either topical or oral ibuprofen for chronic knee pain. Changes in WOMAC (Western Ontario McMaster Universities) osteoarthritis index scores at 12 months were equivalent; and there were no differences in major adverse effects in the trial or study. The only significant differences in secondary outcomes were in the randomised trial: the oral group had more respiratory adverse effects (17% vs 7%), and more participants changed treatments because of adverse effects. In the topical group, more participants had chronic pain grade III or IV at 3 months, and more participants changed treatment because of ineffectiveness. Advice to use oral or topical preparations had an equivalent effect on knee pain over one year, and there are more minor side effects with oral non-steroidal anti-inflammatory drugs (NSAIDs). Topical NSAIDs may be a useful alternative to oral NSAIDs. (RH)

ISSN: 09598138

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

188/110 Influences on older people's decision making regarding choice of topical or oral NSAIDs for knee pain: qualitative study; by Dawn Carnes, Yasir Anwer, Martin Underwood (et al).  
British Medical Journal, vol 336 no 7636, 19 January 2008, pp 142-145.  
As part of a randomised controlled trial and patient preference study comparing advice to use oral or topical oral non-steroidal anti-inflammatory drugs (NSAIDs) for knee pain, 30 people aged 50+ with knee pain at one general practice participated in this qualitative study. Participants' decision-making was influenced by their perceptions of the associated risk of adverse effects, presence of other illnesses, nature of their pain, advice received, and practicality. Although participants' understanding of how medication worked was sometimes poor, their decision making about the use of NSAIDs seemed logical and appropriate. Participants' models for treatment was to use topical NSAIDs for mild, local and transient pain, and oral NSAIDs for moderate to severe, generalised and constant pain (in the absence of other more serious illness or risk of adverse effects). Participants showed marked tolerance and normalisation of adverse effects. Participants had clear ideas about the appropriate use of oral and topical NSAIDs. Taking such views into account when prescribing may improve adherence, judgment of efficacy, and the doctor-patient relationship. Tolerance and normalisation of adverse effects in these patients indicate that closer monitoring of older people who use NSAIDs might be needed. (RH)  
ISSN: 09598138  
From : <http://www.bmj.com>

### **MENTAL HEALTH**

(See Also 188/5)

188/111 'I don't look ill enough': [adults with Asperger's syndrome]; by Natalie Valios.  
Community Care, issue 1708, 7 February 2008, pp 26-27.  
Adults with Asperger's syndrome face a dearth of services as often they do not meet mental health or disability teams' criteria. This article outlines two models of care provision. First, the multi-agency Liverpool Asperger Team - established in 2003 and funded by the local authority and Central Liverpool Primary Care Trust - has received more than 400 referrals. Second, Oldham Council has invested in multi-agency autism training and is a pilot for the In Control scheme, helping autistic adults to use their budgets to buy support services and to be supported by the vulnerable adults team. The National Autistic Society (NAS) I Exist campaign (at [www.think-differently.org.uk](http://www.think-differently.org.uk)) focuses on how the needs of autistic people are being ignored: 45% of local councils have no process for managing how autistic adults receive support. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

188/112 Assessing mental capacity: the Mental Capacity Act; by Timothy R J Nicholson, William Cutter, Matthew Hotopf.  
British Medical Journal, vol 336 no 7639, 9 February 2008, pp 322-325.  
Assessing mental capacity is an important part of a clinician's role, and the recent Mental Capacity Act can help doctors when making such decisions. The Act has resulted in increased formalisation of capacity law and assessment, and has also increased expectations that healthcare workers should be competent in assessing capacity. The Act has also increased the need for training and education, especially awareness and understanding of the code of practice, independent mental capacity advocates, and advance directives. (RH)  
ISSN: 09598138  
From : <http://www.bmj.com>

188/113 Charlie Brown versus Snow White: the effects of descriptiveness on young and older adults' retrieval of proper names; by Kethera A Fogler, Lori E James.  
Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp P201-P207.  
The non-descriptive nature of proper names has been suggested as one reason that people experience particular difficulty learning and recalling names. This experiment tested whether the

exacerbated difficulty experienced by older people in retrieving proper names is partly due to names' non-descriptive quality. Young (age 18-23) and older (age 63-81) participants named pictures of well-known cartoon characters that have descriptive names (e.g. Snow White, Big Bird) or non-descriptive names (e.g. Charlie Brown, Garfield). Older people were particularly impaired in retrieving non-descriptive names. Results indicate that theories of name memory must represent the non-descriptive nature of names and account for the decreased retrieval difficulty for descriptive compared with non-descriptive names in ageing. (RH)

ISSN: 10795014

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

188/114 Effects of emotion on memory specificity in young and older adults; by Elizabeth A Kensinger, Rachel J Garoff-Eaton, Daniel L Schacter.

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 4, July 2007, pp P208-P215.

To examine how emotional content affects the amount of visual detail remembered, young and older adults studied neutral, negative and positive objects. At retrieval, they distinguished same (identical) from similar (same verbal label, different visual details) and new (non-studied) objects. A same response to a same item indicated memory for visual details (specific recognition), whereas a same or similar response to a same or similar item signified memory for the general sort of object (general recognition). Both age groups showed enhanced specific recognition for negative (not positive) objects. Young adults' general recognition advantage also was restricted to negative objects, whereas older adults showed enhanced general recognition for positive and negative objects. Negative (not positive) content enhanced the visual specificity of memory in both ages, but positive content conferred a general memory advantage only for older adults. (RH)

ISSN: 10795014

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

188/115 An evaluation of two self-report screening measures for mood in an out-patient chronic heart failure population; by J E Haworth, E Moniz-Cook, A L Clark (et al).

International Journal of Geriatric Psychiatry, vol 22, no 11, November 2007, pp 1147-1153.

88 of 203 older people with confirmed chronic heart failure (CHF) responded to a postal survey and participated in a face-to-face interview. The Geriatric Depression Scale 15-item (GDS-15) and the Hospital Anxiety Depression Scale (HADS) were compared to diagnoses from the Structured Clinical Interview for DSM-IV (SCID-I), using a receiver operating characteristic (ROC) analysis of positive and negative predictive values, sensitivity and specificity for cut-off points. The GDS-15 and HADS were both found to be valid scales for detecting depression in older CHF out-patients. However, use of the HADS requires reduced cut-points to ensure that patients with mood disorder are not missed in this population. (RH)

ISSN: 08856230

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

188/116 A personal guide to living with progressive memory loss; by Sandy Burgener, Prudence Twigg. London: Jessica Kingsley, 2007, 158 pp.

Memory loss can create problems in every aspect of a person's life; and the challenge of communicating thoughts and feelings can be made even harder by other people's negative perceptions of dementia. The authors provide practical guidance for coping with progressive memory loss. They highlight both good and bad ways of dealing with the problems that arise, and include examples of people who have faced similar challenges, which is useful for describing the experiences of memory loss to friends and family. They suggest ways of maintaining physical and mental health by staying active and engaged in society, and offer techniques for improving communication, preserving self-esteem and overcoming the stigma associated with memory loss. (RH)

Price: £12.99

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



## MENTAL HEALTH SERVICES

(See 188/39, 188/111)

## MIGRATION

- 188/117 Migration and aging: the case of Zimbabwe; by Andrew C Nyanguru.  
Journal of Aging & Social Policy, vol 19, no 4, 2007, pp 57-86.  
This paper is based on a study in Zimbabwe of older people over 60 living in Harare, Mutare and villages up to 50 km from these two cities. The major areas studied were the types of migrants, preferred residence and their overall life satisfaction. Interviews were carried out by unemployed school dropouts from the two cities, especially trained for the job. The results showed that the rural-urban migrants constituted the largest group, while returnee migrants were the smallest. Among the respondents were also foreign, rural-rural and non-migrants. There were significant differences by location and gender. Three-quarters of the respondents preferred to live in a village than in a city. Returnee migrants were consistently the most satisfied, and the least were those who had not migrated. Policy implications are discussed. (KJ/RH)  
ISSN: 08959420  
From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>
- 188/118 Western retirees in Thailand: motives, experiences, wellbeing, assimilation and future needs; by Robert W Howard.  
Ageing and Society, vol 28, part 2, February 2008, pp 145-163.  
Westerners increasingly retire outside their home countries, and some venture to developing nations. A growing number go to Thailand, usually after working there or after many tourist visits. The present study examined currently and formerly resident Western retirees in Thailand, with a focus on their reasons for migrating to Thailand, their well-being and perceived assimilation, the reason why some leave, and their long-term welfare needs. The principal data source was an online survey of 152 current and former retirees in Thailand. The major reported motives were low living costs, a warm climate, to escape a disliked home nation, liking the Thai lifestyle and culture, and the availability of attractive sexual partners. Most survey respondents had a Thai spouse or live-in partner. The move apparently works out well for most, at least initially. They report positive well-being and feel assimilated, but most live with visa insecurity and their assimilation may be partly illusory, as many reported socialising mainly with other foreigners. The major long-term concerns of Western retired men in Thailand are their health-care and welfare needs, income problems, increasingly negative local reactions to the influx of Westerners, and the possibility of visa cancellation that would enforce a move elsewhere. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/ASO>

## NURSING

(See 188/19)

## OCCUPATIONAL THERAPY

- 188/119 Community occupational therapy for older patients with dementia and their care givers: cost effectiveness study; by Maud J L Graff, Eddy M M Adang, Myrra J M Vernooij-Dassen (et al).  
British Medical Journal, vol 336 no 7636, 19 January 2008, pp 134-138.  
Community occupational therapy improves daily functioning in patients with dementia and reduces the burden on caregivers. From April 2001 to January 2005, the authors recruited 135 patients aged 65+ with mild to moderate dementia and their primary caregivers from the memory clinic and day clinic of a department of geriatrics. Patients randomly assigned to the intervention received 10 sessions of occupational therapy over 5 weeks, including cognitive and behavioural interventions, to train patients in the use of aids to compensate for cognitive decline and

caregivers in coping behaviours and supervision. The intervention cost Ç1183 (£848) to Ç1239 (£808) per patient and primary caregiver at 3 months. Visits to general practitioners (GPs) and hospital doctors cost the same in both groups, but total mean costs were Ç1748 (£1279) lower in the intervention group, with the main cost savings in informal care. There was a significant difference in proportions of successful treatment at 3 months. Community occupational therapy interventions for patients with dementia and their caregivers is successful and cost-effective, especially in terms of informal caregiving. (RH)

ISSN: 09598138

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

188/120

Occupational therapy for patients with problems in personal activities of daily living after stroke: systematic review of randomised trials; by Lyn Legg, Avril Drummond, Jo Leonardi-Bee (et al). *British Medical Journal*, vol 335 no 7626, 3 November 2007, pp 922-925.

A systematic review was conducted to test the hypothesis that occupational therapy aimed at encouraging people to participate in personal activities of daily living (ADLs) after stroke will improve the recovery of ability to perform such activities. The search strategy developed for the stroke group of the Cochrane collaboration was followed. Trials were included if they evaluated the effect of occupational therapy focused on practice of personal activities of daily living or where performance in such activities was the target of the occupational therapy intervention in a stroke population. Original data were sought from trialists. Two reviewers independently reviewed each trial for methodological quality. Nine randomised controlled trials including 1258 participants met the inclusion criteria. Occupational therapy delivered to patients after stroke and targeted towards personal ADLs increased performance scores and reduced the risk of poor outcome (death, deterioration or dependency in personal ADLs). For every 100 people who received occupational therapy focused on personal ADLs, 11 would be spared a poor outcome. For these reasons, focused occupational therapy should be available to everyone who has had a stroke. (RH)

ISSN: 09598138

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

188/121

Older adults and carers' perceptions of pre-discharge occupational therapy home visits in acute care; by A Atwal, A McIntyre, C Craik (et al).

*Age and Ageing*, vol 37, no 1, January 2008, pp 72-76.

Pre-discharge occupational therapy (OT) home visits are an integral part of the discharged process for older people in acute care. There is limited quality research demonstrating that these pre-discharge visits enhance older people's health and well-being. This paper outlines a qualitative study based on semi-structured interviews of the perceptions of 15 older people and 7 carers of the home visit process from the exploratory phase of an ongoing research project. While the older people are not fully prepared to undertake home visits, carers offer them reassurance about the discharge process. Whereas for carers, the home visit process appeared to eradicate anxiety, some older people perceived the process as demoralising, daunting and increasing their anxiety. Older people were often reluctant to accept changes or to have valued occupations stopped. The findings suggest that the current model of pre-discharge occupational therapy home visits does not promote health and well-being. (RH)

ISSN: 00020729

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

#### **OLDER MEN**

188/122

Bridging the gap: the creation of continuity by men on the verge of retirement; by Orit Nuttman-Shwartz.

*Ageing and Society*, vol 28, part 2, February 2008, pp 185-202.

The aim of this study is to examine the means by which men on the verge of retirement create continuity or bridges between their past and present in their autobiographical narratives. Based on Whitbourne's 1985 'lifespan construct model of adaptation', 56 Israeli men on the verge of retirement were asked to relate their 'life stories' and 'life scenarios' (their vision of the future).

Their bridging strategies were examined using qualitative structural analyses, focusing on the 'crossovers' to the future in the 'life stories' and those of the past in their 'life scenarios'. The findings show three main bridging patterns to the life stories and three in the life scenarios. Each was associated with differences in the ways that the men were coping emotionally with the transition to retirement, and pointed to the different ways by which they used community to cope with the anxieties aroused by their impending retirement. After trying to account for the greater frequency of bridging attempts in the 'scenarios' than the 'life stories', the discussion elaborates on the differing bridging strategies and their associated features. The findings suggest that the identification of crossover patterns in life stories and life scenarios may be a useful tool for assessing a person's coping abilities and adjustment to difficult transitions. (RH)

ISSN: 0144686X

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

188/123 Keeping the thread: older men's social networks in Sydney, Australia; by Cerdic Hall, Anthony Brown, Suzanne Gleeson (et al).

Quality in Ageing, vol 8, no 4, December 2007, pp 10-17.

The objective of this study was to find out more about older men's experience of social activities including their preferences for creating and maintaining satisfying social connections and to identify barriers and enablers to their participation in social activities. Men aged 65 and older living in Central Sydney Area Health Service (CSAHS) were recruited for five focus groups (n=29). The men were asked about their experience of social interaction, with the transcripts of the groups analysed thematically. Results showed that strategies employed to combat life's challenges, e.g. divorce, health changes, retirement, widowhood, included : a positive attitude, physical and mental activity and involvement in meaningful activities. Participants outlined their preferences for socialising within activities and suggested these differed from women. Activities that men saw as meaningful helped them cope with challenging events. Older men have preferred ways of maintaining social well-being and constructing social networks that may be influential in developing services. (KJ/RH)

ISSN: 14717794

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

188/124 Older male carers and the positive aspects of care; by Oscar Ribiero, Constança Paúl.

Ageing and Society, vol 28, part 2, February 2008, pp 165-183.

Older men are becoming more visible in care-giving research, but there are still few studies that focus expressly on the extent to which care-giving has made positive contributions to their life and has been rewarding. Drawing data from in-depth personal interviews, this Portuguese study analyses the positive statements in the personal descriptions of the care-giving experience of 53 older men who were caring for chronically-ill wives. It also explores the differences between the positive references made by the men who were caring for a wife who had dementia and those made by men whose wives had physical impairments. Using open coding and content analysis, positive aspects were identified in 32 of the 53 caregiving situations. The most prevalent themes were 'satisfaction' and 'perceived social honour'. The findings show that positive returns from the caring experience and role were strongly associated with previous good marital relationships and the husband's good self-rated health, and manifested in both specific and coping strategies and global and situational meaning-making processes. The study demonstrates that much more can be learnt about the positive dimensions of care in older men's lives, and that such understanding can inform and strengthen formal and therapeutic support. (RH)

ISSN: 0144686X

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

#### **OLDER WOMEN**

188/125 Non-surgical cosmetic procedures: older women's perceptions and experiences; by Laura Hurd Clarke, Robin Repta, Meridith Griffin.

Journal of Women & Aging, vol 19, nos 3/4, 2007, pp 69-88.

This paper analyses findings from in-depth interviews with 44 women aged 50-70 regarding their

perceptions of and experiences with non-surgical cosmetic procedures such as Botox injections, laser hair removal, chemical peels, microdermabrasion, and injectable fillers. Whilst 21 of the women had used a range of non-surgical cosmetic procedures, 23 women had not. The data are discussed in light of feminist theorizing on cosmetic surgery which has tended to ignore the experiences of older women and has been divided in terms of the portrayal of cosmetic surgery as either oppressive or liberating. It was found that some of the women used the procedures to increase their physical attractiveness and self-esteem, others viewed the procedures as excessively risky, and still others argued that the procedures stemmed from the social devaluation of later life. Treatments that involved the alteration of the surface of the body tended to be viewed as less risky than the injection of foreign substances into the body. (KJ/RH)

ISSN: 08952841

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

<http://www.HaworthPress.com>

188/126

Promoting older women's health and well-being through social leisure environments: what we have learned from the Red Hat Society; by Julie S Son, Deborah L Kerstetter, Careen M Yarnal (et al).

Journal of Women & Aging, vol 19, nos 3/4, 2007, pp 89-104.

Sue Ellen Cooper founded the Red Hat Society in 1998, with a mission to use age as a licence to be "silly" and build up relationships with other women. While this international organisation has no restrictions, it has a dress code: those aged 50+ are encouraged to attend events wearing red hats and purple outfits, while under 50s wear pink hats and lavender outfits. This study describes ways in which participation in this leisure organisation contributes to middle aged and older women's health and well-being. The authors analysed 1593 members' responses to a query about meaningful experiences garnered through participation in the Society. Results suggest that older women's lives have been enriched and changed by their experiences, with the women in this study citing multiple psychological health benefits from their participation in the Society. Main themes encapsulating these health benefits were creating happy moments, responding to transitions and negative events, and enhancing the self. These findings are related to research on positive psychology, social support and coping, transformative leisure processes, and social identity formation. Suggestions are made for applying these findings to leisure and health promotion programmes to enhance women's health and well-being. (RH)

ISSN: 08952841

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

<http://www.HaworthPress.com>

### **PALLIATIVE CARE**

188/127

Exploring the palliative and end-of-life care needs of those affected by progressive long-term neurological conditions; by Eleanor Wilson, Jane Seymour. London

Journal of Care Services Management, vol 2, no 1, October-December 2007, pp 92-102.

Currently, there is a new policy focus on the palliative and end-of-life care needs of people with progressive long-term neurological conditions (PLINC). Perhaps because of the comparative rarity of these diseases - which often have long and unpredictable trajectories - little dialogue has taken place to date about the associated care needs. This paper reviews some of the key challenges raised in providing care for people with PLINC, highlighting the complex problems faced by people affected by these conditions and the challenges these pose for care delivery in the community. In reviewing the literature and policy documents, it is clear that there is wide scope for further research. The authors conclude with an overview of a study currently being undertaken at the University of Nottingham to explore these issues further. The aim of the study is to work collaboratively with health and social care professionals working with service users with advanced neurological conditions (especially Huntington's disease) and their carers to develop recommendations for best practice and insights into the applicability of interventions to enhance palliative and end-of-life care within this client group. (RH)

ISSN: 17501679

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

188/128

Focus on neurology : Addressing palliative care for people with neurological conditions; by Lucy Sutton (comp), Neurological Conditions Policy Group, National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2007, 31 pp.

The Neurological Conditions Policy Group of NCPC was established to: identify the palliative care needs of people with neurological conditions; map and assess the adequacy of current provision; identify good practice; and identify service models to meet these needs. This study describes existing access to specialist palliative care (SPC) services for people with long-term neurological conditions (LTNC); identifies gaps in service provision; identifies the views of consultants in the specialities of palliative medicine, rehabilitation and neurology regarding their own and other specialities' roles, access to services and any gaps; and determines how their services should interact to meet the needs of people with LTNC. The publication has been produced with support from the Parkinson's Disease Society and Big Lottery Fund. (RH)

Price: £15.00

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.

<http://www.ncpc.org.uk>

188/129

Minimum data sets for specialist palliative care: project update including 2006-07 data; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2007, 7 pp.

In 1995, the NCPC in collaboration with the Department of Health (DH) developed a minimum data set (MDS) for palliative care. A standard data collection questionnaire was developed and used in England, Wales and Northern Ireland. After twelve years of using this questionnaire, in 2005/06 NCPC commissioned the Marie Curie Palliative Care Institute Liverpool to review the minimum data set questionnaires, to examine whether current data items are still relevant and appropriate, and what new data should be collected. This bulletin updates the review work undertaken so far, which has led to a revision of the questionnaires used to produce the MDS. The new updated MDS for 2008/9 are now available from the NCPC website and should be used from April 2008. This bulletin also includes the findings from the 2006-7 National Data Collection and gives comparison with previous years. These findings relate to data received from inpatient units, day care units, home care services, hospital support services, and out-patient services in response to a questionnaire (80% response rate). (KJ/RH)

Price: £10.00

From : NCPC, The Fitzpatrick Building, 188-194 York Way, London N7 9AS.

<http://www.ncpc.org.uk>

#### **PERSON CENTRED CARE**

188/130

Does the patient-centred approach help identify the needs of older people attending primary care?; by Fiona Smith, Martin Orrell.

Age and Ageing, vol 36, no 6, November 2007, pp 628-631.

The objective was to investigate the effect of a general practitioner's "patient centredness" on identification of unmet needs in older adults. A correlational questionnaire based study with a descriptive element was designed for two south London general practice surgeries. The participants were 67 patients aged 65+ visiting their general practitioner (GP) for a new episode of care. The main outcome measures were assessment of unmet needs and patients' perceptions of GP patient centredness. Results showed that having one or more unmet need on the Camberwell Assessment of Need for the Elderly (CANE) was not associated with evaluations of GP patient centredness. After their GP consultation, 35 (52.2%) participants still had at least one unmet need on the CANE. The most common unmet needs were information (13, 19.4%), eyesight/hearing (11, 16.4%) and benefits (11, 16.4%). A large proportion of the patient sample (28, 41.8%) who perceived their problems were dealt with by the consultation, had unmet needs on the CANE. The patient-centred approach was highly valued but was not linked to reduced unmet needs. Many older people tolerate unmet needs and seem reluctant to acknowledge them or

mention them to the GP. (KJ/RH)  
ISSN: 00020729  
From : <http://www.ageing.oupjournals.org>

- 188/131 East Anglia Group edition : Celebrating our 10-year journey with person centred care and dementia care mapping in Norfolk; by Sally Stapleton, Judith Farmer, Siobhan Smyth (et al): Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society, January 2008, (whole issue).  
PSIGE Newsletter, no 102, January 2008, (whole issue).  
In this issue of PSIGE Newsletter, the articles focuses on Dementia Care Mapping (DCM) and person-centred care dementia services in East Anglia, and progress made since the mid-1990s when DCM was pioneered in the area. Among topics featured are: the Cambridge Care Homes Project; the Sunshine Garden; vascular dementia (VaD); and the use of cognitive analytic therapy. The articles are written by a range of professional staff based throughout Cambridgeshire, Norfolk and Suffolk healthcare trusts and academic staff at the University of East Anglia (UEA). (KJ/RH)  
ISSN: 13603671 From : <http://www.psige.org.uk>

### **PERSONALISATION**

- 188/132 Direct payments and disabled people in the UK: supply, demand and devolution; by Mark Priestley, Debbie Jolly, Charlotte Pearson (et al).  
British Journal of Social Work, vol 37, no 7, October 2007, pp 1189-1204.  
Direct payments have brought new opportunities for self-determination and independent living for disabled people in the UK, featuring prominently in government strategy and the 2006 White Paper, 'Our health, our care, our say'. However, ten years after direct payments legislation, take-up remains low and implementation varies greatly. Rates of take-up in England remain more than double those in other parts of the UK, raising questions about devolution and equity. This paper presents data from a national study to examine some of the mechanisms underlying uneven outcomes for disabled people in different parts of the UK, with particular reference to the politics of devolved governance. The analysis focuses on scope for interpretations of policy; resources for information and training; the impact of mandatory duties and targets; extensions to new user groups; and the role of support organisations and disability activism. The evidence suggests that local variations have been produced not only by "local" factors, but also by different opportunity structures for policy development in England, Scotland, Wales and Northern Ireland. This raises questions about the impact of devolution on equity and opportunity for disabled people in the UK. (RH)  
ISSN: 00453102 From : <http://www.bjsw.oxfordjournals.org>

- 188/133 Making it personal; by Charles Leadbeater, Jamie Bartlett, Niamh Gallagher, Demos. London: Demos, 2008, 105 pp.  
A participative approach to services, self-directed services, is advocated in this report. Self-directed services allocate budgets to individuals so that they can have the support and services that are personalised to their needs for social care, education and health. The authors contend that self-directed services would be the best way of delivering the personalised approaches to care as set out in the concordat between government, the Local Government Association (LGA), the NHS and the Association of Directors of Adult Social Services (ADASS), 'Putting people first' (December 2007). They compare the merits of self-directed services with those of a traditional service model; and set out the benefits to individuals and for public services as a whole. They discuss the risks: will people spend their money wisely, or is this an inappropriate use of public money; and would such a system work for everyone (e.g. those living in rural areas)? Examples of the In Control and Individual Budgets pilots are used to indicate the extent to which "scaling up" to serve a mass market might work in practice. Appendices include comparisons of the cost of a care package before and after a personal budget in contrasting local authorities. (RH)  
Price: £10.00  
From : Demos, Magdalen House, 136 Tooley Street, London SE1 2TU. Website: [www.demos.co.uk](http://www.demos.co.uk)

- 188/134 Personalisation : an agreed understanding: Service Development Change Programme; by Service Development Group, Social Work Scotland.: Electronic format only, July 2007, 5 pp.  
Personalisation is seen as a key driver in shaping public services in Scotland; Changing Lives, the report of the Scottish review of social work services highlights this and recognises the challenge ahead to design and deliver such support and services. In taking forward its work, the Programme already indicated that the key theme will be that of personalisation : what it is, embedding this principle in practice, looking at approaches to delivery, considering constraints and contributing to how these might be overcome. This draft paper aims to help establish a shared understanding of what personalisation is about and the issues it raises. (KJ)  
From : Download from website - [www.socialworkscotland.org.uk](http://www.socialworkscotland.org.uk)
- 188/135 Putting service users in control: [personalisation in social care user-led organisations (ULO)]; by Bob Hudson.  
Community Care, issue 1710, 21 February 2008, pp 34-35.  
The success of personalisation in social care will depend in part on the strength of user-led organisations (ULOs). This article reviews research which looked at the effectiveness and sustainability of ULOs, and the factors inhibiting or facilitating OLU. The research described is 'Mapping the capacity and potential for user-led organisations in England: a summary of the main findings from a national research study commissioned by the Department of Health', carried out by Sue Maynard Campbell, Alice Maynard and Maggie Winchcombe. This article outlines the study's main conclusions on current availability of ULOs, success factors, barriers to success, and future development. The research is available in a range of formats at [www.tinyurl.com/3dtvoq](http://www.tinyurl.com/3dtvoq).(RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 188/136 The road ahead: [personalisation of social care]; by Melanie Henwood, Bob Hudson.  
Community Care, issue 1699, 15 November 2007, pp 32-33.  
The personalisation of social care will require a new contract between staff, service users and the state. Melanie Henwood and Bob Hudson conducted a review for the Department of Health (DH), 'Here to stay? Self-directed support: aspiration and implementation'. They discuss the changes and preparations that are demanded of local health and social services, and whether there is sufficient finance to implement the policy. The cited research is available in a range of formats at [www.tinyurl.com/2rue2e](http://www.tinyurl.com/2rue2e) - along with other reports from the Individual Budgets pilot programme of the Care Services Improvement Partnership (CSIP) (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- PETS**
- 188/137 Are pets a source of support or added burden for married couples facing dementia?; by Cathleen M Connell, Mary R Janevic, Erica Solway (et al).  
Journal of Applied Gerontology, vol 26, no 5, November 2007, pp 472-485.  
In studies that have explored pet ownership in families affected by dementia, reported benefits have ranged from improvements in patient behaviour to reduction in caregiver blood pressure. In this exploratory study, the impact of dementia on relationships among pets, caregivers, and care recipients was examined using content analysis of open-ended questions included in a telephone survey. Female spouse caregivers who owned pets were asked how their relationship with their pets changed since they started caring for their spouse. Most caregivers reported that they felt closer and more attached to their pets than previously. However, some caregivers reported that their pets created an additional burden and they and their spouse had less time to care for the pets since the onset of illness. Findings highlight the need for further research to explore the unique benefits and burdens of owning a pet for families affected by dementia. (KJ/RH)  
ISSN: 07334648  
From : <http://jag.sagepub.com>

## **POVERTY**

- 188/138 The global impact of income inequality on health by age: an observational study; by Danny Dorling, Richard Mitchell, Jamie Pearce.  
British Medical Journal, vol 335 no 7625, 27 October 2007, pp 873-875.  
The apparent impact of income inequality on health has been shown for wealthier nations, and is now explored as to whether this impact is replicated worldwide and varies by age. The authors outline an observational study of 126 countries for which complete data on income inequality and mortality by age and sex were available around the year 2002 (including 94.4% of the world population). Data on mortality were from the World Health Organization (WHO), and income data were taken from the annual reports of the United Nations Development Programme (UNDP). At ages 15-29 and 25-39, variations in income inequality seem more closely correlated with mortality worldwide than do variations in material wealth. This relation is especially strong among the poorest countries in Africa. Mortality is higher for a given level of overall income in more unequal nations. Income inequality seems to have an influence worldwide, especially for younger adults. Social inequality seems to have a universal negative impact on health. This article is an abridged version of a paper that was published on bmj.com on 22 October 2007. (RH)  
ISSN: 09598138 From : <http://www.bmj.com>

## **PREVENTION**

- 188/139 Predicting who will need costly care: how best to target preventive health, housing and social programmes; by Geraint Lewis, King's Fund; Department for Communities and Local Government - DCLG; Department of Health - DoH. London: King's Fund, 2007, 54 pp.  
This is an independent report commissioned by the Department for Communities and Local Government (DCLG) as part of its National Strategy for Housing in an Ageing Society. The brief was to explore the feasibility of developing tools that use routinely collected computerised data to predict which individuals are at risk of needing intensive care social care, which could be used to improve the targeting of preventive interventions. Such tools would be analogous to the successful algorithms recently developed for the National Health Service (NHS) that forecast those at risk of unplanned hospital admission in the forthcoming 12 months. This report explains the relevance to social care of predictive risk modelling. It presents and appraises five types of predictive models for forecasting such need: admissions to care homes from hospital; admissions to care homes; critical status on FACS (fair access to care services); social care costs; and combined NHS and social care costs. (RH)  
From : King's Fund, 11-13 Cavendish Square, London W1G 0AN.

## **PSYCHOLOGY**

- 188/140 The joint effects of life stress and negative social exchanges on emotional distress; by Kristin J August, Karen S Rook, Jason T Newsom.  
Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 5, September 2007, pp S304-S314.  
Negative social exchanges detract considerably from older people's emotional health, but little is known of the specific factors that make some more vulnerable than others to such exchanges. This study examined whether stressful life experiences compound the impact of negative social exchanges on emotional distress. As part of the Later Life Study of Social Exchanges, in-person interviews were conducted with a representative sample of 916 non-institutionalised older people. Linear and non-linear models were examined for three classes of stressful life experiences: relationship losses, disruptive events, and functional impairment. There was a linear pattern for loss events and functional impairment, and a non-linear pattern for disruptive events. Negative social exchanges and stressful life experiences can jointly affect emotional distress, but the particular nature of the joint effects varies by type and level of stress. Negative social exchanges appear to have more severe effects in the context of some stressors, but less severe in other contexts. (RH)  
ISSN: 10795014 From : <http://www.geron.org>



## **PUBLIC SERVICES**

- 188/141 Private lives and public programs: an Australian longitudinal study of the elderly; by John McCallum, Leon A Simons, Judith Simons.  
Journal of Aging & Social Policy, vol 19, no 4, 2007, pp 87-104.  
Major late life events, reported in the Dubbo, New South Wales longitudinal study of older Australians, are used to examine the interaction of private lives with public programmes. First, the data indicate strong supportive effects of publicly-funded income, health, and aged care programmes in reducing family burdens from major life changes. In particular, financial crises were rarely mentioned, directly or indirectly, as major threats. Next, the central role of informal social support in these events is demonstrated, as in previous studies, family support was responsive to risky events and to ageing itself. In new findings, one-third of surviving elderly respondents coped with the burdens of family crises as a substantial proportion of the 'major' life changes that occurred over 13 years of the study. Within the security and support provided by the Australian welfare system, and with strong social networks, families with older persons in the Dubbo study manage multiple, major life changes. With rapid population ageing, the development of more and more easily accessible services for a growing population of older people is a priority. The critical challenge will be to harmoniously grow public financing, private funding and informal caregiving to deal with the growing burden arising from an ageing society. (KJ/RH)  
ISSN: 08959420  
From : Haworth Document Delivery Service, The Haworth Press, Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA. <http://www.HaworthPress.com>

## **QUALITY OF LIFE**

(See 188/7, 188/38, 188/57, 188/61)

## **RELIGION AND SPIRITUALITY**

- 188/142 Cross-national variations in the correlation between frequency of prayer and health among older Europeans; by Karsten Hank, Barbara Schaan.  
Research on Aging, vol 30, no 1, January 2008, pp 36-54.  
The relationship was investigated between individuals' present frequency of prayer and various dimensions of older people's physical and mental health in nine European countries: Sweden, Denmark, Germany, the Netherlands, Switzerland, Austria, Italy, Spain and Greece. The authors used data from the 2004 Survey of Health, Ageing and Retirement in Europe (SHARE) to estimate pooled and regional multivariate logistic regression models for four dependent variables: self-perceived general health, general physical health, functional limitations and mental health. The results show that the frequency of prayer in people aged 50+ was negatively correlated with all four health outcomes in the analysis. Moreover, only minor cross-national variations were detected in the prayer-health nexus within continental Europe. Although the cross-sectional nature of the data prohibits any statements about causal relationships underlying the observed correlations, the evidence presented suggests that religion should be considered a potentially relevant factor in future studies of older European health. (RH)  
ISSN: 01640275
- 188/143 Religiosity of depressed elderly inpatients; by Vahid Payman, Kuruvilla George, Bridget Ryburn.  
International Journal of Geriatric Psychiatry, vol 23, no 1, January 2008, pp 16-21.  
In-patients with a DSM-IV diagnosis of major depression were interviewed on admission to the psychogeriatric unit of a geriatric centre in Melbourne, Australia. Information collected included patient demographics, intrinsic and extrinsic religiosity, cognitive function, severity of depression, number of chronic illnesses, physical function, and numbers and quality of social support. Pearson correlation and multivariate analysis using a standard regression model were used to examine the relationship between the religious and other variables. Of the 86 patients completing the assessment, 25% attended church regularly and 37% prayed, meditated or read the Bible at

least once a day. Just over half rarely or never engaged in such behaviours. Three in eight patients were "intrinsically" religious. Religious patients expressed higher levels of social support; physically disabled patients were more likely to be religious. Depressed older in-patients are less religious than their North American counterparts. Nevertheless, religion remains important for a large minority of such individuals. Clinicians need to be aware that such individuals may turn to religion when depressed, especially to cope with the presence of physical disability. (RH)

ISSN: 08856230

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

188/144

Spirituality, ethics and care; by Simon Robinson. London: Jessica Kingsley, 2008, 208 pp.

The author argues that strong connections between moral meaning and spirituality are not often reflected in health and social care literature. He examines the relationship between spirituality and ethics, and provides guidance on how to integrate them in professional and voluntary care. Using case studies and examples from everyday situations - such as end-of-life decisions, heart conditions, social work, mental health and emergency care practice - he provides a practical framework for incorporating spirituality into ethical decision-making and care. (RH)

Price: £16.99

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

<http://www.jkp.com>

### **REMINISCENCE**

(See 188/46)

### **RESEARCH**

188/145

Ethical issues in social research involving people with dementia; by Chris Sherratt, Tony Soteriou, Simon Evans.

Dementia: the international journal of social research and practice, vol 6, no 4, November 2007, pp 463-480.

Involving people with dementia in research raises many ethical and practical issues for people with dementia, carers and family members, researchers and care professionals. Internationally, the legal, governance and the ethical framework for such research is rapidly changing, and there is considerable debate about how these changes will affect social research that needs to involve people with advancing dementia. This article is based on challenges that the authors faced when trying to develop a follow-up research proposal that would have involved people with advancing dementia, and consequential loss of capacity, in social research. It explores a range of issues and concerns, including accessing data to identify potential participants, assessing mental capacity, obtaining consent and the role of gatekeepers. These issues are discussed in the context of emerging governance in social care research and current and new legislation in the UK, the rest of Europe and beyond. The existing processes of ethical review are outlined and the implications for research of the Mental Capacity Act 2005, recently implemented in England and Wales, are considered. The difficult balance between protecting vulnerable individuals, recognising the importance and benefits to society of research and maintaining an individual's right to take part in research is discussed. The article concludes with recommendations for researchers planning to undertake projects that may include people with reduced capacity as participants. (KJ/RH)

ISSN: 14713012

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

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

(See Also 188/1, 188/20, 188/40, 188/93, 188/95)

188/146

Does functionally based activity make a difference to health status and mobility?: a randomised controlled trial in residential care facilities (The Promoting Independent Living Study, PILS); by Kathryn Peri, Ngaire Kerse, Elizabeth Robinson (et al).

Age and Ageing, vol 37, no 1, January 2008, pp 57-63.

Older people experience decline in physical activity after entry into residential care. A cluster randomised controlled trial with 149 residents (mean age 84.7) in five care homes in Auckland, New Zealand was conducted to determine whether a repetitive activities of daily living (ADLs) activity programme improved their health status, life satisfaction and mobility. Trained research staff worked with residents in the intervention group to set a goal, completed a functional assessment for each resident, and designed an individualised activity programme based on ADL for care home staff to implement as part of residents' daily activity. Mobility (timed-up-and-go, TUG), life satisfaction (Late Life Satisfaction Index, LSI-Z), and health status (SF-36) were assessed at baseline, and 3 and 6 month follow-up. In the intervention group, the SF-36 total Physical Component Summary (PCS) score improved at 3 months compared to the control group. There were no differences between groups on mobility measures at any time, nor any measures after 6 months. Significant contamination is likely to have affected the 6-month follow-up measures. A repetitive ADL exercise programme may improve health in the short term for frail people living in residential care. (RH)

ISSN: 00020729

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

188/147

Helping older people in residential care remain full citizens; by Peter Scourfield.

British Journal of Social Work, vol 37, no 7, October 2007, pp 1135-1152.

Older care home residents are services users, but as people, they should not be reduced to this role only. They are also citizens in the broadest sense and should not be cut adrift from debates on issues that concern them. This paper examines how moves to bring older people into deliberative democratic processes have tended to focus on those in their "Third Age". Those in institutional settings, being in the "Fourth Age", occupy a much more marginal position. This effective disenfranchisement is yet another reason why, for many, the move in to residential care - a difficult transition for a variety of reasons - becomes regarded as the "last refuge". It contributes to the sense of loss of identity, lowering of self-esteem and a reduced sense of personhood. This paper accepts that there should be more effective involvement of care home residents in decision making about their personal care. However, there are dangers in adopting a too narrowly consumerist approach. This can reinforce a reductionist view of care home residents simply as "service users" - a form of "othering" in itself. As citizens and members of a wider community, they should be included in consultations about any community and wider political debates that affect them. Such a proposal implies a widening and deepening of advocacy services available to this group. As most older people in residential care are there following the intervention of a social care professional, then ensuring that they have access to advocacy must surely be a key task. This paper argues that this is frustrated by the lack of suitable services. Without significant investment by the Government in independent advocacy services, not only is the social work task with one of social care's core client groups rendered impossible, but the Government cannot deliver on its own agenda of empowerment, active citizenship and inclusion. (RH)

ISSN: 00453102 From : <http://www.bjsw.oxfordjournals.org>

188/148

My Home Life : the bulletin for care home staff: Issue 1 : Managing transitions; by Tom Owen, Gill Rowley (eds), City University London; National Care Forum - NCF; Help the Aged.: Help the Aged, November 2007, 6 pp.

My Home Life : the bulletin for care home staff, November 2007, issue 1 -, November 2007, 6 pp. My Home Life is a UK initiative aimed at improving the quality of life of those who are living, dying, visiting and working in care homes for older people. It celebrates existing best practice in care homes and promotes care homes as a positive option for older people. Led by Help the Aged, the National Care Forum and City University, it is a collaborative programme bringing together organisations that reflect the interests of care home providers, health and social care commissioners, regulators, care home residents and relatives. This issue focuses on the move by an older person into a residential care home. (KJ)

From : Download from website: <http://www.myhomelife.org.uk>

Help the Aged telephone: 020 7239 1946

- 188/149 My home life: quality of life in care homes: a review of the literature; prepared for Help the Aged by the National Care Homes Research and Development Forum; by Help the Aged; National Care Homes Research and Development Forum - NCHRDF; National Care Forum - NCF. London: Help the Aged, 2007, 192 pp.  
 Help the Aged commissioned this review from the National Care Homes Research and Development Forum (NCHRDF) as part of its policy work relating to improving quality of care for older people, more specifically those in care homes. The review builds on earlier work by Sue Davies, 'The care needs of older people and family caregivers in continuing care settings', a chapter in 'Working with older people and their families' by Mike Nolan, Sue Davies and Gordon Grant (2001). The literature review is arranged in three parts. Part 1, on context and concepts, also considers quality of life and quality of care. Part 2, on care home life, has six sections: transitions into a care home; working to help residents maintain identity; creating a sense of community; shared decision-making in care homes; health and healthcare services; and end-of-life care. Part 3, enhancing quality of life in care homes, examines keeping the workforce fit for purpose, and promoting positive culture in care homes. The contributors review and collate research and experiential evidence from a range of stakeholders regarding these specific practices or factors that affect the quality of life experienced by older people in care homes. (RH)  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.  
 Download: <http://www.myhomelife.org.uk/Resources.htm>
- 188/150 Relationship-centred care and the "Senses" framework; by Mike Nolan, Sue Davies, Tony Ryan (et al.): Hawker Publications, Jan/Feb 2008, pp 26-28.  
 Journal of Dementia Care, vol 16, no 1, Jan/Feb 2008, pp 26-28.  
 The Senses Framework has been developed over the last 20 years, to help create enriched environments for all living and working in care homes. In this article, the origins of the relationship-centred care (RCC) model is considered and how it applies using the Senses Framework. The Senses Framework comprises 'six senses' that capture important subjective and perceptual aspects of care that should be experienced by both residents and staff if high quality care is to be achieved. Originally the Six Senses were described as: A sense of security; continuity; belonging; purpose; fulfillment and significance. This framework has undergone extensive further development in several major studies exploring the quality of care for older people, in a range of care environments and embracing staff, family carers and students, as well as residents/patients. As a result, a Sense of Fulfillment was replaced by a Sense of Achievement; and acknowledgement that achieving the Senses also requires sufficient resources, a good physical environment and consistent staff. The Six Senses Framework has been explicitly recognised in Help the Aged's "My home life" initiative (Owen et al 2006). (KJ)  
 ISSN: 13518372
- 188/151 Restraints on fair care; by Mark Hunter.  
 Community Care, issue 1709, 14 February 2008, pp 28-29.  
 The author reports on the reactions of care home owners and care charities to the Commission for Social Care Inspection (CSCI) report, 'Rights, risks and restraints - an exploration into the use of restraint in the care of older people'. One of the report's main findings was that care homes are often tacitly reluctant to acknowledge that any form of restraint occurs at all. (RH)  
 ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 188/152 Throwing away the dusty silk flowers and helping people to live life: [coordinated activities in residential settings]; by Sally Knocker.  
 Working with Older People, vol 11, issue 4, December 2007, pp 32-36.  
 Co-ordinated activities are gradually becoming an integral part of nursing and residential care home life. The author outlines findings from NAPA's recent examination of attitudes and practice related to the provision of activity in care homes; the survey was completed by nearly 400 homes. She states the case for taking activity seriously and argues that we still have a long way to go with such provision. The NAPA website has a range of resources which can be downloaded, as

well as a summary of the survey under discussion, "Activity and wellbeing in care settings - a national survey of care homes attitudes and practice in regard to activity provision": (www.napa-activities.co.uk). (KJ/RH)

ISSN: 13663666

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

188/153

Volunteers in care homes for older people: an underused opportunity?; by Rose Heatley, Relatives & Residents Association - R&RA. London: Relatives & Residents Association - R&RA, 2007, 32 pp.

Although volunteering works successfully in areas of health and social care such as hospices and services for older people in their own homes, little is known about volunteering in care homes. This study attempts to find out more about roles played, amount of input, the benefits and disadvantages of using volunteers, how volunteers are managed, the potential for expansion, and barriers. The study notes the need for befriending and more activities in care homes, with which volunteers could help. The correlation between types of care home (for-profit, not-for-profit) and the prevalence of volunteers is explored. Whereas in the 1970s, volunteers appear to have been common in local authority homes, today they appear most commonly in not-for-profit homes with a tradition of volunteering. Appendices include the activity organisers' questionnaire, questions by telephone to head offices of care home providers, and a list of volunteer roles encountered during the project. This study was submitted for the Diploma in Gerontology at the Faculty of Continuing Education, Birkbeck College, University of London in May 2006. (RH)

Price: £7.50

From : The Relatives & Residents Association, 24 The Ivories, 6-18 Northampton Street, London N1 2HY.

<http://www.relres.org>

#### **RESPITE CARE**

188/154

Creative models of short breaks (respite care) for people with dementia: CSIP fact sheet; by Care Services Improvement Partnership - CSIP, Department of Health - DH.: Electronic format only, February 2008, 15 pp.

The aim of this fact sheet is to provide commissioners, providers and planners with information on a variety of innovative models of short breaks for people with dementia and their carers. It also aims to inform commissioning decisions in four ways. First, stimulating debate and understanding of the concept of short breaks in the context of the current policy agenda to provide 'personalised' services. Second, reviewing available evidence on short breaks services. Third, suggesting principles that will enable the outcomes specified by service users and their carers to be met. Lastly, providing information on a range of innovative models of care, as alternatives to the traditional 'one or two weeks in a care home' model. (KJ/RH)

From: <http://www.olderpeoplesmentalhealth.csip.org.uk/silo/files/short-breaks-pdf.pdf>

#### **RETIREMENT**

(See Also 188/122)

188/155

Smoking cessation and transition into retirement: analyses from the English Longitudinal Study of Ageing; by Iain A Lang, Neil E Rice, Robert B Wallace (et al).

Age and Ageing, vol 36, no 6, November 2007, pp 638-643.

Transitions such as retirement may represent points at which changes in health behaviour occur. This study is part of the English Longitudinal Study of Ageing (ELSA), and aimed to assess whether transition into retirement is associated with increased rates of smoking cessation. The design was a population-based prospective cohort study in England, with 1712 smokers aged 50+ who were followed up for 5 to 6 years. Work status (working/retired) and smoking status (non-smoker/smoker) at baseline and follow-up were measured. Results showed at baseline, 381 (22.2%) of respondents had retired, 444 (25.9%) were working and remained in work at follow-up, and 167 (9.8%) transitioned from work to retirement; 724 (42.1%) had some other status. 42.5% of

those who retired quit smoking; for those remaining in employment this figure was 29.3%, and for those already retired it was 30.2%. In adjusted regression analyses, those aged 55-70 who retired were more than twice as likely to quit smoking as those who continued to work. Results were robust when those who retired for reasons of ill-health were excluded. The results suggest individuals who undergo the transition into retirement are more likely to quit smoking than those who do not. Interventions should be developed to specifically target those who are retiring, or soon to retire, and those who are due to retire should be helped to incorporate smoking cessation into their retirement planning. (KJ/RH)

ISSN: 00020729

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

## **SHELTERED HOUSING**

(See 188/93, 188/95)

## **SOCIAL CARE**

(See Also 188/29, 188/72, 188/105)

188/156

Advancing opportunity: older people and social care; by Neil Churchill (ed), Smith Institute. London: The Smith Institute, 2008, 144 pp.

Named after the late John Smith, Labour Party leader 1992-94, the Smith Institute is an independent think tank that looks at issues arising from the changing relationship between social values and economic imperatives. This book comprises twelve chapters by eminent contributors on aspects of social care policy and older people. Melanie Henwood looks at the social care debate since the Royal Commission on Long Term Care, while David Brindle asks what consumers want from care. Alison Macadam sets out a rights-based approach to improving older people's life chances; and Gordon Lishman considers the need to improve quality, referring to respect and dignity. Anne McDonald gives a local government perspective on initiatives such as individual budgets and Partnerships for Older People (POPPs). Stephen Hadrill proposes measures to broaden the private market for care insurance; Jill Manthorpe asks about the workforce needed to deliver social care; and Richard Berthoud and Ruth Hancock review disability benefits and paying for care. Stephen Burke suggests that better provision of information, advice and advocacy services could empower older people. The reform agenda is examined by Caroline Glendenning in terms of the lessons from other countries; Lord Bruce-Lockhart asks about the kind of services needed, and the funding required in response to demographic change and change in service demand; and Sir Derek Wanless sums up the projects for reform, in the light of his King's Fund report, 'Securing good care for older people'. (RH)

ISBN: 1905370318

Price: £9.95

From : The Smith Institute, 3rd Floor, 82 Grosvenor Gardens, London SW1W 0AW. Website: [www.smith-institute.org.uk](http://www.smith-institute.org.uk)

188/157

Progress and problems in developing outcomes-focused social care services for older people in England; by Caroline Glendenning, Susan Clarke, Philippa Hare (et al).

Health and Social Care in the Community, vol 16, no 1, January 2008, pp 54-63.

Social care services for adults are increasingly required to focus on achieving the outcomes that users aspire to, rather than on service inputs or provider concerns. This paper reports a study aimed at assessing progress in developing outcomes-focused services for older people and the factors that help and hinder this. It describes the current policy context and discusses the social care service outcomes desired by older people. It then reports on a postal survey that identified over 70 outcomes-focused social care initiatives across England and Wales, and case studies of progress in developing outcomes-focused social care services in six localities. The study found progress in developing outcomes-focused services was relatively recent and somewhat fragmented. Developments in intermediate care and re-ablement services, focusing on change outcomes, were marked; however, there appeared to be a disjunction between these and the

capacity of home care services to address desired maintenance outcomes. Process outcomes were addressed across a range of re-ablement, day care and residential services. The paper concludes by discussing some of the challenges in developing outcomes-focused social care services. (KJ/RH)

ISSN: 09660410

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

188/158

Social care must prepare for the effects of climate change; by Jean Lambert.

Community Care, issue 1704, 10 January 2008, p 29.

Jean Lambert is London's Green MEP and this short article focuses on the need to prepare for hotter summers which put at risk vulnerable people. UK social service departments should prepare action plans similar to those in place in France, amongst other European countries, following a very hot summer in 2003 which saw many thousands of premature deaths amongst old, often isolated people. Jean Lambert advocates that the "development and delivery of social care services address the future challenges". The Carbon Trust can offer advice and help about reducing carbon emissions ([www.carbontrust.co.uk](http://www.carbontrust.co.uk)) (KJ/rh)

ISSN: 03075508

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

188/159

A testing future for care services: [future challenges for personalised care by social workers]; by Denise Platt.

Professional Social Work, November 2007, pp 12-13.

Dame Platt, as Chair of the Commission for Social Care Inspection (CSCI) sets out the challenges for social work of listening to service user needs and providing personalised care for individuals who rarely ever conform to any straightforward categorisation. It is opined that care plans are often predicated on people's circumstances not changing; but most people's lives do change on a daily basis, and so care services need to build in the ability to see "fluctuation and change as the norm." Personalised care plans will require adjustment by professional health and social care staff and in particular social workers, in order to work to fulfil the needs of today's older people and their families. (KJ/RH)

ISSN: 13523112

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

## **SOCIAL EXCLUSION**

(See Also 188/84)

188/160

Social isolation in older people; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1703, 13 December 2007, pp 36-37.

The Social Care Institute for Excellence (SCIE) analyses some research findings on social isolation, social exclusion and social inclusion.

The extent to which an older person may be experiencing social isolation has been examined by the English Longitudinal Study of Ageing (ELSA) which uses seven measurement criteria. The Department of Health (DH) has a Dignity in Care campaign for which SCIE has produced a practice guide. Short abstracts are presented for four items with age discrimination as the focus. 'Social inclusion and older people: a call for action' from help the Aged, and 'Age of equality? outlawing age discrimination beyond the workplace' from Age Concern England (ACE) were published in 2007. An article in Critical Social Policy in 2006 by John Percival and Julienne Hanson looked at telecare and its implications for older people's independence and social inclusion; while in Working with Older People, Michele Hollywood looked at Sure Start services for older people. Other web resources are suggested. (RH)

ISSN: 03075508

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

## SOCIAL NETWORKS

(See Also 188/84, 188/123)

- 188/161 Profiles of social relations among older adults: a cross-cultural approach; by Katherine L Fiori, Toni C Antonucci, Hiroko Akiyama.  
Ageing and Society, vol 28, part 2, February 2008, pp 203-231.  
Previous research on the profiles of social relations is extended in three ways in this study. First, by including both functional and qualitative characteristics of social relations. Second, by examining the association of three profiles with mental and physical health and mortality. Third, by exploring these profiles and associations in two cultures. Using samples of approximately 500 adults aged 60+ from the Social Relations and Mental Health over the Life Course studies in both the US and Japan, separate cluster analyses were conducted for each country. The common or shared network types were labelled 'diverse', 'restricted', 'friend-focused', and 'family-focused'. However, in the US two types of 'friend-focused' (supported and unsupported) and two types of 'restricted' networks (structurally- and functionally-restricted) were found. In addition, a unique network type was found in Japan: 'married and distal'. Multivariate analyses of variance and Cox regression revealed that whereas individuals in the functionally restricted network type had the worst physical and mental health in the US, Americans in the structurally restricted network type had the lowest survival rates at a 12-year follow-up. Interestingly, there were no well-being differences by network type in Japan. The findings have been interpreted in the light of social relations theories, with special emphasis on the importance of taking a multi-dimensional perspective and exploring cultural variation. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/ASO>
- 188/162 Social mobility, geographical proximity and intergenerational family contact in Sweden; by Stefan Fors, Carin Lennartsson.  
Ageing and Society, vol 28, part 2, February 2008, pp 253-270.  
Intergenerational family contact was examined by considering three questions. First, is there a relationship between parent's class and family contact? Second, can class-related differences in family contact be explained by differences in geographical distance between parent and child? Third, is intergenerational family contact affected by children's social mobility? The questions were explored using data from the 2002 Swedish Longitudinal Study of Living Conditions of the Oldest Old (SWOLD), a nationally representative level of living survey for people aged 75+. The results from logistic regressions showed that parents' class as well as child's class were associated with intergenerational geographical distance and family contact more often than once a week. Those in or retired from non-manual occupations were less likely than manual workers to live close and to have family contact more than once a week. No evidence was found that a change in class position, upward or downward, had any effect on family contacts. Rather, class-stable non-manual families socialise less frequently than other families, even when they live relatively close. The results therefore suggest that familial class cohesiveness is a stronger determinant of intergenerational family contacts than social mobility. Future research should consider the complex connection between social mobility and other forms of relations and transfers between generations. (RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/ASO>
- 188/163 Telephone groups for older persons and family caregivers: key implementation and process issues; by Ronald W Toseland, Toni Naccarato, Laura O Wray.  
Clinical Gerontologist, vol 31, no 1, 2007, pp 59-76.  
Telephone support groups are an important modality for meeting the growing needs of family caregivers and frail older adults. Studies suggest that these groups can provide information, support, coping skills and other benefits. This paper describes the knowledge and skills that clinicians need to develop, implement and lead telephone groups. Particular attention is paid to the clinical adaptations that are needed when leading telephone groups as compared with



in-person groups. Technical and ethical issues are also described. (KJ/RH)

ISSN: 07317115

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

<http://www.HaworthPress.com>

## **SOCIAL SERVICES**

(See 188/26, 188/73, 188/74, 188/76)

## **STROKE**

(See Also 188/120)

188/164

Bridging the gap: the effectiveness of teaming a stroke coordinator with patient's personal physician on the outcome of stroke; by Nancy E Mayo, Lyne Nadeau, Sara Ahmed (et al).

Age and Ageing, vol 37, no 1, January 2008, pp 32-38.

Participants were 190 people (mean age 70) returning home directly from acute care hospitals in Montreal, following a first or recurrent stroke with a need for health care supervision post-discharge because of low function, co-morbidity or isolation. For 6 weeks following discharge, a nurse stroke care manager maintained contact with patients through home visits and telephone calls designed to co-ordinate care with the person's personal physician and link the stroke survivor into community-based stroke services. The Physical Component Summary (PCS) of the Short Form (SF-36) survey was used. Also measured were health service use and the impact of stroke on functioning. Measurements were made at hospital discharge, following the 6-week intervention, and 6 months post-stroke. Discharge was achieved on average 12 days post-stroke, and most participants had had a stroke of moderate severity. There were no differences between groups on the primary outcome measure, health service use or any secondary outcome measures. For this population, there was no evidence that this type of passive case management inferred any added benefit in terms of improvement in health-related quality of life (HRQoL) or reduction in health service use and stroke impact, than usual post-discharge management. (RH)

ISSN: 00020729

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

188/165

National stroke strategy; by Department of Health - DH.: Department of Health - DH, December 2007, 80 pp (ref: 9025).

This strategy has been developed by six expert project groups. It does not act as detailed clinical guidance. Rather, it sets a framework of quality markers (QMs) for raising the quality of stroke prevention, treatment, care and support in England: too few people understand what a stroke is. The strategy starts with the need for members of the public and health and social care staff to be able to recognise the main symptoms and know that it needs to be treated as a medical emergency. Two themes in the care pathway are highlighted: the need to improve information, advice and support; and involving people and their carers in developing and monitoring services. 'Time is brain' sets out changes needed in the emergency treatment of transient ischaemic attacks (TIAs, or minor strokes) and stroke. 'Life after stroke' includes consideration of high-quality specialist rehabilitation, end-of-life care, seamless transfer of care, long-term care and support, assessment and review, participation in community life, and return to work. The workforce and supporting networks - e.g. establishing key stakeholder and provider networks - are considered. Development of research and audit to support local implementation is recommended. A 10-point plan summarises the strategy's key features: awareness; preventing stroke; involvement; acting on warnings; stroke as a medical emergency; stroke unit quality; rehabilitation and community support; participation; treatment by a skilled workforce; and service improvement. A glossary and listing of key resources are included as annexes. (RH)

From : Download from website: <http://www.dh.gov/stroke>

Stroke Team, Vascular Department, Department of Health, 133-155 Waterloo Road, London SE1 8UG.

## **TRANSPORT**

(See Also 188/84)

- 188/166 Concessionary Bus Travel Act 2007; by National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, 2007, 2 pp (Briefing).  
The Concessionary Bus Travel Act (CBT) 2007 aims to provide free, off-peak bus travel for pensioners and disabled people throughout England from April 2008. This Briefing aims to clarify how the Act will be applied and what it will mean in practice for individual pensioners, as well as to enhance information provision in making representations to local authorities and other transport bodies if required. (KJ/RH)  
From : National Pensioners Convention, 19-23 Ironmonger Row, London EC1V 3QN.  
<http://www.npcuk.org.uk>
- 188/167 England's 2008 bus concession explained; by Department for Transport - DfT. London: Department for Transport - DfT, 2007, (A5 foldout leaflet ref: 78 CRN 02754 L).  
The bus pass travel arrangements for those over 60 years of age in England are changing from 1st April 2008, when anyone over 60 can enjoy free off-peak travel on local buses anywhere in England, rather than just within their own local authority using the new National Bus Concession. However, some authorities choose to fund additional benefits to their residents, and as a general rule, these will only be available to local residents. (KJ/RH)  
From : Visit website for further information: <http://www.direct.gov.uk/buspass>
- 188/168 Myth: the dangerous elderly driver; by Ken Tout.: International Institute on Ageing (United Nations - Malta), November 2007, pp 28-30.  
BOLD, vol 18, no 1, November 2007, pp 28-30.  
In a television programme, comedian/presenter Jo Brand implied that older drivers frequently crash because of their deteriorating reactions to danger. The author of this article suggests that although the statistic that older drivers cause more accidents per mile driven may be mathematically accurate, it is factually flawed. It ignores the higher proportion of mileage driven by older people in high risk areas, for example shorter journeys relating to use of local services. While some younger drivers have a propensity to drive aggressively. The solution is to act upon actual driving practice at any age, with a retesting requirement imposed on any driver to whom an accident is attributable. (RH)  
ISSN: 10165177  
From : <http://www.inia.org.mt>

## **VOLUNTEERING**

(See 188/153)

## **WELL-BEING**

(See 188/102)

# 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.**

2-6 June 2008

## **National Care Homes Week**

*Organised by:* Endorsed by the Government and key sector associations including National Care Forum; My Home Life programme, Help the Aged

*Venue:* nationwide

*Location :* England; Wales

*Tel :* +44 (0)20 7921 8502 or 8105

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

5 June 2008

## **Rheumatology in Later Life**

*Organised by:* Royal College of Physicians (RCP); British Geriatrics Society - BGS, British Society for Rheumatology

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

*Location :* London, England

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

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

9 June 2008

## **Better Homes, Better Health - Joint planning and delivery across the Housing, Health and Social Care Sectors**

Older people (particularly those 75 years or more)

are the main users of health and social care services. They are also the age group most likely to occupy homes which are cold, damp and need repair or adaptation. The current social care agenda emphasises personalization and control, highlighting the importance of meeting the aspiration of many older people to live independently in their own homes. The wider health agenda is increasingly focussing on preventative interventions based on predictive modelling which can result in more effective management of chronic conditions and reduce the need for hospital admission. The new Government Strategy for Housing for an Ageing Population highlights the importance includes a whole section on 'Reconnecting Housing, Health and Care'. These expert seminars will consider how assessment, service delivery and commissioning can be better coordinated across the three sectors. Events will be held in Midlands, North West, North East and Yorkshire, London and South West. Website gives details of these forthcoming seminars on housing issues as affecting older people. Most events are free to attend but CSIP reserves the right to charge a £50 fine for no shows on the day.

*Organised by:* Housing LIN, Department of Health  
*Venue:* various

*Location :* various, England

*Details :* Registration for all events is online.

10 June 2008

## **Recruitment and Retention : Holding on to quality**

*Speakers:* Chair: Martin Green (Chief Executive, ECCA). David Behan (DG of Social Care, DH); Mike Wardle (GSSC); Adrian McAllister (CEO, Independent Safeguarding Authority) and others.

*Organised by:* Pavilion in partnership with ECCA

*Venue:* ORT House Conference Centre, London

NW1

*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

12 June 2008

### **A Better Understanding of Dementia service for people in Sandwell**

The conference is aimed at all those who support people with dementia, including doctors, nurses, social workers, faith leaders and voluntary sector staff. The conference will welcome people with Dementia and their carers. The Conference programme addresses a broad range of issues through group discussions, panel forum and workshops. There will be opportunity to feedback to relevant bodies. Information community market stalls will be available. The afternoon programme will show what the future holds by looking at some new initiatives and smart technology. The conference aim is to find out what services exist in Sandwell area and where the gaps are and to bring together expertise, opinion and debate. In addition to the main conference there will be a lunch time medical session. A key feature of the conference will be an opportunity to gain the views of people affected by dementia to inform service development.

*Speakers*: Dr David Shiers CSIP West Midlands  
*Organised by*: Institute of Ageing and Health (IAH) - West Midlands with Harbone Parish Lands Charity

*Venue*: West Bromwich Albion Ground

*Location* : Birmingham, England

*Details* : Helen Bruce, Institute of Ageing and Health - West Midlands, Moseley Hall Hospital, Alcester Road, Moseley, Birmingham, B13 8JL  
*Tel* : +44 (0)121 426 1600, Joint lead to National Early Intervention Programme; Prof Sir George Castledine (Institute of Ageing Health); The Rt Hon John Spellar M.P

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

13 June 2008

### **Conference to mark World Elder Abuse Awareness Day 2008**

Keynote speaker: Brian Lenihan, Minister for Justice and Law Reform.

*Organised by*: School of Nursing, Midwifery & Health Systems, UCD, Dublin; Reach Out; Action on Elder Abuse

*Venue*: Lecture Theatre B004, School of Nursing, UCD

*Location* : Dublin, Ireland

*Details* : Jack Keavney

*Tel* : 086 3250345

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

16-17 June 2008

### **MIND Annual Conference 2008 - In the red : poverty, debt and mental health**

*Organised by*: MIND

*Venue*: Brunel University

*Location* : Middlesex, London, England

*Details* : Mind Conference & Training Unit, 15-19 Broadway, London, E15 4BQ

*Tel* : +44 (0)20 8519 2122, *Fax* : +44 (0)20 8522 1725

17-25 June 2008

### **Quality, Dignity and Respect : The changing shape of commissioning and provision in learning disabilities services**

Five half day conferences in London, Cambridge, Leeds, Bristol, Birmingham.

*Organised by*: Laing & Buisson supported by Brookdale

*Location* : various, England

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

Tel : +44 (0)20 7923 5392, Fax : +44 (0)20 7841 0048

18 June 2008

**National Conference in Medicine for the Elderly :  
Fourteenth Leicester Medical Conference**

*Speakers:* Chairman: Professor T G Robinson  
(Stroke Medicine, U. of Leicester).

*Organised by:* University of Leicester

*Venue:* Gilbert Murray Hall, University of Leicester

*Location :* Oadby, Leicester, England

*Details :* Conference Administrator, Ageing and  
Stroke Medicine Group, Leicester General Hospital,  
Gwendolen Road, Leicester, LE5 4PW

*Tel :* +44 (0)116 258 4104, *Fax :* +44 (0)116 258 4187

19-20 June 2008

**The Gathering 2008 : Scotland's Voluntary Sector  
Fair**

*Organised by:* SCVO

*Venue:* Scottish Exhibition and Conference Centre,  
Glasgow

*Location :* Glasgow, Scotland

23-24 June 2008

**2008 AARP International Forum on the Future  
Workforce : New Strategies for New  
Demographics**

International conference hosted in cooperation with  
the European Commission.

*Organised by:* AARP Forum on the Future  
Workforce

*Venue:* Radisson SAS Royal Hotel

*Location :* Brussels, Belgium

*Details :* Allen Brooks, 601 E Street NW,

Washington DC 20049, USA

*Tel :* +1 202 434 2277, *Fax :* +1 202 434 2454

23 June 2008

**No Secrets ... Update and review**

This day, specifically for adult protection and  
safeguarding adults co-ordinators in social services  
departments, will provide high-level briefing on  
important policy issues and provide an opportunity  
for co-ordinators to influence the current review of  
No Secrets. The programme will allow plenty of time  
for debate, feedback and discussion on these  
important policy initiatives. Co-ordinators may also  
wish to meet in regional groups before the day so  
that they can prioritise the issues they bring to this  
national forum and raise matters that they feel are a  
major concern on a day-to-day basis. Throughout  
the day there will be space for small group

discussion but also for plenary debate and  
clarification.

*Speakers:* Chair: Professor Hilary Brown (on behalf  
of the ADASS National Network)

*Organised by:* Pavilion in partnership with ECCA

*Venue:* ORT House Conference Centre, London  
NW1

*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, The day will  
be organised around two themes:-, 1. How is the  
current review of No Secrets being conducted and  
what are the priorities for change as this review gets  
underway?, 2. Now that the Office of the Public  
Guardian is up and running, how is it serving  
vulnerable adults and how are the links with the  
Adult Protection/Safeguarding Adults frameworks  
working in practice?

24 June 2008

**National Falls Awareness Day**

Developed by Help the Aged in 2005, National Falls  
Awareness Day (NFAD) provides an opportunity  
for everyone - older people, local practitioners and  
organisations to work together to raise awareness  
about falls and to highlight the good work that is  
going on in falls prevention locally. NFAD is a  
chance to focus activity on one day to strengthen  
the message about falls and older people, and to  
promote healthy ageing. By tackling falls today we  
aim to prevent future deprivation and disadvantage  
tomorrow.

*Organised by:* Help the Aged

*Location :* England, What is the aim of the day?

The aim of the day is to focus on the positive  
activities and events which can be done now to lay  
the groundwork for a, healthy older age tomorrow.,  
This year's theme, is "Stepping Out" and is  
concerned with how older people use the  
environment around them. The charity has  
produced an action pack which can be downloaded  
from the website or ordered by email. An  
international briefing for countries interested in  
hosting their own NFAD is also available from the  
website.

24 June 2008

**Tackling the Eligibility Crisis in Adult Services**

Keynote speaker: Ivan Lewis MP, Parliamentary  
Under-Secretary of State for Care Services,  
Department of Health.

*Speakers:* David Walden; Andrew Cozens;

Professor Andrew Kerslake; Health Honour; Sue Bott.

*Organised by:* Community Care Conferences in association with LexisNexis; in partnership with Voluntary Organisations Disability Group

*Venue:* central London

*Location :* London, England

*Details :* LexisNexis GateHouse, Halsbury House, 35 Chancery Lane, London, WC2A 1EL

*Tel :* 020 7347 3573, *Fax :* 020 7347 3578

25-26 June 2008

### **Care Pathways**

*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

26 June 2008

### **Achieving Good Quality Care for Older People**

This meeting precedes our Annual General Meeting and will have various speakers talking about different aspects of regulation, aiming to achieve good quality care practice for older people. Our key note speaker will be Jon Tomlinson who will set the scene from the perspective of Birmingham Adult & Communities Division. This meeting will be of interest to anyone who works with older people and who wants to know more about the systems currently in place for good quality care.

*Organised by:* Institute of Ageing and Health (IAH) - West Midlands

*Venue:* Birmingham Medical Institute

*Location :* Birmingham, England

*Details :* Jeanette Lane, Institute of Ageing and Health - West Midlands, Moseley Hall Hospital, Alcester Road, Moseley, Birmingham, B13 8JL

*Tel :* +44 (0)121 442 3501, *Fax :* +44 (0)121 442 3663

26 June 2008

### **Delivering Quality care : Practical frameworks to ensure quality of care for older people**

*Speakers:* Paul Snell (Chief Inspector, CSCI); Amanda Edwards (Head of Knowledge Services, SCIE); Prof. Julianne Meyer (Director, My Home Life Programme) amongst others.

*Organised by:* Caring Business

*Venue:* Hyatt Regency, Birmingham

*Location :* Birmingham, England

*Details :* CMPi Conferences, 245 Blackfriars Road, London, SE1 9UY

*Tel :* +44 (0)20 7921 8039, *Fax :* +44 (0)20 7955 3949

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

8 July 2008

### **Learning Disability Today Manchester**

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

*Organised by:* Pavilion; Society Guardian

*Venue:* Manchester Central

*Location :* Manchester, 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

8 July 2008

### **Mental health and well-being in later life - Moving forward?**

Good mental health amongst older people is essential if we are to reap the rewards of their contributions in an ageing society. Yet action to promote good mental health has often excluded older people. Mental health problems are not an inevitable part of ageing and many problems can be prevented or alleviated. Yet a cloud of defeatism often hangs over discussions about older people's mental health. Policy commitments have been made to age equality in mental health services. Yet age discrimination prevents many older people from receiving the services they need, and age equality is a poorly understood concept. Building on the reports from the independent UK Inquiry into mental health and well-being in later life ([www.mhilli.org.uk](http://www.mhilli.org.uk)), this conference will explore the latest developments in policy and practice; showcase innovative service developments; explore the theme of age equality; and enable delegates to give feedback on the draft dementia strategy.

*Speakers:* Chair: Dr June Crown (Vice President, Age Concern and Chairman, UK Inquiry into Mental Health and Well-Being in Later Life).

*Organised by:* Age Concern

*Venue:* Radisson SAS Portman Hotel, London W1

*Location :* London , England, Senior

Communication Events Organiser

*Details :* Georgina Ewen, Communication Events

Department, Astral House, 1268 London Road,

London, SW16 4ER

*Tel :* +44 (0)20 8765 7602, *Fax :* +44 (0)20 8765 1366

8 July 2008

### **Preparing for the green paper overhaul in adult social care**

Using new solutions to overcome challenges and improve care.

*Speakers:* Lord Richard Best; John Bolton; Imelda Redmond; Martin Green.

*Organised by:* Community Care Conferences in association with LexisNexis; sponsored by Carers UK; Counsel & Care; Help the Aged

*Venue:* central London

*Location :* London, England

*Details :* LexisNexis GateHouse, Halsbury House, 35 Chancery Lane, London, WC2A 1EL

*Tel :* 020 7347 3573, *Fax :* 020 7347 3578

14 July 2008

### **Ask the Experts : Improving end of life care in partnership with patients and carers**

*Organised by:* National Council for Palliative Care - NCPC

*Venue:* Regents Park Holiday Inn

*Location :* London, England

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

*Tel :* +44 (0)20 7697 1520, *Fax :* +44 (0)20 7697 1530

14-15 July 2008

### **Health and Adult Social Care Commissioning Conference and Exhibition : Buying Outcomes**

CareandHealth believes that commissioning services well for people across health and social care is intrinsically a difficult activity. Getting outcomes when policy, needs and supply markets are constantly evolving is never going to be easy. This event is designed to see through the complexity and give delegates the tools to navigate this environment.

*Organised by:* CareandHealth in partnership with ADASS

*Venue:* Hilton Metropole, London

*Location :* London, England

*Tel :* +44 (0)845 0559207

15 July 2008

### **Caring for an Older Relative**

*Speakers:* Maggie Leaver (Chief Officer, Solihull Carers Centre); Marion Shoard (author).

*Organised by:* Leveson Centre for the Study of Ageing, Spirituality and Social Policy

*Venue:* Leveson Centre, Temple Balsall

*Location :* Knowle, Solihull, England

*Details :* The Revd Dr James Woodward, Temple House, Fen End Road, Temple Balsall, Knowle, Solihull, B93 0AN

*Tel :* +44 (0)1564 778022, *Fax :* +44 (0)1564 778432

16 July 2008

### **'Will they look after her?' Health and wellbeing in care homes**

This conference will explore the concerns that families have and hear from health and social care professionals responsible for providing the care that residents receive.

*Speakers:* Chair: Dr Gillian Dalley, Relatives & Residents Association

*Organised by:* Relatives & Residents Association

*Venue:* The London Voluntary Sector Resource Centre

*Location :* London, England

*Details :* Laura Jones, The Relatives & Residents Association , 24 The Ivories , 6-18 Northampton Street , London N1 2HY

*Tel :* +44 (0)20 7359 8148, *Fax :* +44 (0)20 7226 6603

18-19 July 2008

### **The Retirement Show 2008**

Another Retirement Show is to be held at the Glasgow SECC on 7-8 November 2008. Register online.

*Organised by:* PRo Publications International Ltd sponsored by Prudential

*Venue:* The Olympia Exhibition Centre

*Location :* London Olympia, England

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

*Tel :* +44 (0)1372 840 963, *Fax :* +44 (0)1372 743838

26-31 July 2008

### **11th International Conference on Alzheimer's Disease and Related Disorders**

This is the premier forum on Alzheimer research. The conference will bring together more than 5,000 leading experts and researchers. Presentations will cover the entire spectrum of Alzheimer's disease research including cause, risk factors, detection and diagnosis, treatment, and prevention. Information on the conference schedule, abstract submission, registration, sponsorship, and exhibition space is available at [www.alz.org/icad](http://www.alz.org/icad). For more information, contact the Alzheimer's Association Conference Service Team at (312) 335-5790 or [icad@alz.org](mailto:icad@alz.org).

*Organised by:* Alzheimer's Association, US

*Venue:* McCormick Place, Chicago, Illinois, USA

*Location :* Chicago, Illinois, USA

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

4-6 September 2008

### **BSG Conference : Sustainable futures in an ageing world**

*Speakers:* Miriam Bernard, Professor of Social Gerontology at Keele University;

*Organised by:* BSG - British Gerontology Society hosted by University of West England, University of Bristol

*Location :* Bristol, England

*Details :* Lisa Sinfield, 2008 BSG Conference Secretariat, , 2B16 Glenside Campus, , University of the West of England, , Blackberry Hill,, BRISTOL , BS16 1DD

*Tel :* +44 (0)117 32 88487, *Fax :* +44 (0)117 32 88443,

Alex Kalache, Director of the World Health Organization's Ageing Program; and Professor Graham Rowles, Sanders-Brown Center on Aging, University of Kentucky. Tony Benn will speak at the conference dinner.

4-7 September 2008

### **IFA's 9th Global Conference on Ageing and Expo Ageing & Design Montreal**

This international conference will bring together researchers, scientists, clinicians, policy makers and program managers who will share their knowledge, expertise and best practices in fields related to aging, particularly those pertaining to seniors health, participation in society and security. In addition, given the global context of rapidly ageing populations, the conference will, for the first time, call upon experts in the field of design to develop new concepts to facilitate quality of life, break down barriers and adapt living environments for the benefit of older persons. For example, municipalities, train stations, airports, subway stations, apartments and seniors' residences should be adapted to enable older people to remain active in their communities and living in their own homes.

*Organised by:* International Federation on Ageing (IFA)

*Location :* Montreal, Canada

*Details :* Marie-Eve Brown, Coordinator, Ageing Design Montreal