

# New Literature on Old Age

EDITOR  
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VOLUME  
**32**

NUMBER  
**189**

## 2008

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## ABUSE

- 189/1 Abuse of older men; by Jordan I Kosberg (ed).  
Journal of Elder Abuse & Neglect, vol 19, no 1/2, 2007, 191 pp (whole issue).  
This issue of the Journal of Elder Abuse & Neglect is co-published as a monographic separate by the Haworth Maltreatment & Trauma Press. The focus is on the abuse of older men, which represents an extension of elder abuse literature and emanates from a growing body of knowledge that suggests that there may be particular causes of, and consequences from, adversity faced by men in general and older men in particular. The ten articles in this issue offer reasons for believing abused older men under-use community resources, and that this under-use may be due to the failure of men to admit to having problems through denial, embarrassment and stoicism. It is suggested that older men may not be attracted to some resources, or have high dropout rates from others, as a result of the characteristics of the formal caregivers, clients or patients, the type of intervention, or the agency structures and procedures. Contributors are academics or practitioners from diverse backgrounds (law, health care, psychology, sociology and criminology) and work in elder abuse or related areas. The articles represent a broad range of concerns - sexual abuse, abuse by intimate partners, and benign neglect in the health care field - and originate from research findings and/or practice experiences from family medicine, adult protective services and social service departments. Overall, it is argued that attention to the abuse of older men should be no different from that paid to older women. In the final analysis, the reasons for the abuse are often similar. (KJ/RH)  
ISSN: 08946566  
From : Haworth Document Delivery Service, 10 Alice St., Binghamton, NY 13904-1580, USA.  
<http://www.HaworthPress.com>
- 189/2 Abuse of vulnerable adults: what do we know about interventions?; by Jill Manthorpe.  
Community Care, issue 1712, 6 March 2008, pp 34-35.  
'A review of literature on effective interventions that prevent and respond to harm against adults' is the title of a research report compiled for the Scottish Government by Halina Kalaga and colleagues at the University of Staffordshire and Bridget Penhale of the University of Sheffield. This article explores their research which has as its context the coming into force of the Adult Support and Protection (Scotland) Act 2007 and the Safeguarding Vulnerable Groups Act 2006 (applicable in England and Wales). The review's aim was to document the use of interventions ranging from legal to welfare responses. This article notes the limits of the knowledge and evidence that was available, also the practice implications of the research. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 189/3 Adult protection toolkit for domiciliary care agencies; by Donna O'Brien, Daniel Blake, Colin Angel, Action on Elder Abuse - AEA; United Kingdom Home Care Association - UKHCA. London: Electronic format (Action on Elder Abuse - AEA; UKHCA), 2008, 48 pp.  
This document is designed to signpost homecare providers to everything they need to write or review policies and procedures for protecting vulnerable adults. It provides information on: the nature of abuse; national guidance on adult protection by all four UK administrations; regulations and standards for domiciliary care; keeping abusers out of the social care workforce; links with other policies and procedures; preparing and writing an adult protection policy; and specimen procedures for responding to an allegation of abuse by a service user against a care worker. The aim is to reinforce the idea that the homecare sector has an important role to play in identifying, responding to and tackling abuse of all vulnerable people. However, it should be noted that this toolkit does not attempt to be exhaustive or a statement of law. Rather, it should compliment guidance provided by statutory agencies and local procedures for dealing with allegations of abuse. (RH)  
Price: FOC From : AEA, Astral House, 1268 London Road, London SW16 4ER.  
<http://www.elderabuse.org.uk/Useful%20downloads/UKHCA/Adult%20Protection%20Toolkit%20-%20Web%20Quality%20-%20200702.pdf>

- 189/4            Ambiguity and cooperation in the implementation of adult protection policy; by Claudine McCreadie, Dinah Mathew, Rachel Filinson (et al).  
 Social Policy & Administration, vol 42, no 3, June 2008, pp 248-266.  
 Using a classification of public policy developed by Matland, the implementation of policy on adult protection as outlined in 'No Secrets' was examined. This government's guidance to local agencies as policy appears to exemplify a 'high-ambiguity/low-conflict' model. Detailed interviews with staff charged with developing multi-agency procedures, in local authority departments, health authorities the police and the voluntary sector, confirmed the ambiguity of the policy and the uncertainty experienced by staff as a consequence. However, the interviews also revealed a number of areas of conflict, particularly as people gave precedence to their own professional norms and organizational priorities over partnership working. (KJ)  
 ISSN: 01445596
- 189/5            The financial abuse of older people: a review from the literature carried out by the Centre for Policy on Ageing on behalf of Help the Aged; with an introduction and recommendations by Help the Aged; by Gillian Crosby, Angela Clark, Ruth Hayes, Kate Jones, Nat Lievesley, Centre for Policy on Ageing - CPA; Financial Exclusion Programme, Help the Aged. London: Help the Aged, 2008, 36 pp.  
 Financial abuse is one of the most prevalent forms of elder abuse, but the lack of a clear understanding became evident at a seminar hosted by Help the Aged in October 2006. While definitions and studies on the abuse of older people often include financial abuse, focused studies are less common and there is no agreed definition of financial abuse. This review aims to examine all aspects of financial abuse: definitions; its pervasiveness; interventions recognising and preventing abuse; advice, education and information for older people; the legal framework; and the regulatory framework. The Centre for Policy on Ageing (CPA) completed the research for this report in March 2007: additional material from the Comic Relief study, "UK Study of Abuse and Neglect of Older People", was added during summer 2008. The information on which all this is based is a literature review that was international in scope, including studies in English covering the broad areas of older people, social care, criminology, psychology, legal cases, and current affairs. A detailed methodology and full listing of sources is provided in a separate appendix. (RH)  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.  
 E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk
- 189/6            Helping vulnerable adults to keep safe; by Mick Collins, Mel Walford.  
 The Journal of Adult Protection, vol 10, no 1, February 2008, pp 7-12.  
 Adult protection is about prevention and, failing that, investigation and aftercare. This article describes innovative work in Powys, Mid Wales, where trainers are working with vulnerable adults to help them to reduce the risk that they will be abused, or if the worst happens, where to turn for help. College staff have developed a course that runs on one afternoon a week for the academic year for people with learning disabilities. For people with mental health problems the approach had been workshop based, with a programme of six or eight workshops run by skilled trainers. For older people a third approach has been developed, because there are so many older people who need to hear about Keeping Safe. After piloting one-off workshops and presentations, the trainer has worked with staff and volunteers from a variety of agencies who already work with older people to train them as trainers working in pairs. Those who have received the training will be delivering sessions in luncheon clubs, day services, care homes and other services. (KJ/RH)  
 ISSN: 14668203  
From : Website: <http://www.pavpub.com>
- 189/7            Neglect as an aspect of the mistreatment of elderly people: reflections on the issues; by Olive Stevenson.  
 The Journal of Adult Protection, vol 10, no 1, February 2008, pp 24-35.  
 This paper discusses the neglect of old people as an element of mistreatment. It considers the definition and prevalence of neglect and issues arising both in self-neglect and in the context of

professional and personal relationships. It is argued that the underlying reasons for 'omissions of care' are various and complex, and that distinctions between 'intentional' and 'unintentional' neglect may be unhelpful. Present evidence suggests that it is the oldest and most vulnerable of older citizens who are most likely to experience neglect and that the numbers are not inconsiderable. This has far reaching implications for society and for many aspects of social policy, and poses a moral challenge to us all. (KJ/RH)

ISSN: 14668203

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

189/8 Number and nuances: the implications for adult protection co-ordinators and committees of the UK national prevalence study of abuse and neglect of older people; by Jill Manthorpe, Anthea Tinker, Claudine McCreadie (et al).

The Journal of Adult Protection, vol 10, no 1, February 2008, pp 13-23.

The findings of the UK prevalence study of abuse and neglect among older people provide unique opportunities for adult protection systems to consider possible changes to their priorities, activities, services and publicity. This article reports first on the contribution of adult protection co-ordinators to the design and execution of the research. It then sets out potential uses for the evidence provided by the study by the adult protection community in the UK. The article outlines some of the media reactions to the study that adult protection workers will also have to understand and navigate. It concludes with some suggestions for future research and service development in the UK context. (KJ/RH)

ISSN: 14668203

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

189/9 Perceptions of elder physical abuse in the courtroom: the influence of hearsay witness testimony; by Emily E Dunlap, Jonathan M Golding, Emily C Hodell (et al).

Journal of Elder Abuse & Neglect, vol 19, no 3/4, 2007, pp 19-40.

A community sample of 226 participants (41% men, 59% women) answered questions about a trial summary that manipulated what type of witness hearsay presented an allegation of elder physical abuse. Overall, participants who read the testimony of a 45 year old hearsay witness had higher conviction rates than participants who read the testimony of a 75 year old hearsay witness or the elder victim. Additionally, participants who had previously been victims of abuse and/or who had positive attitudes toward older people rendered more pro-prosecution verdicts. Finally as the age of the participant increased, so did conviction rates. (KJ/RH)

ISSN: 08946566

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<http://www.HaworthPress.com>

189/10 Screening for elder abuse in dementia in the LASER-AD study: prevalence, correlates and validation of instruments; by Claudia Cooper, Monica Manela, Cornelius Katona (et al).

International Journal of Geriatric Psychiatry, vol 23, no 3, March 2008, pp 283-288.

Several studies have investigated abusive behaviour by carers toward people with dementia, most using unvalidated scales. This study is part of a longitudinal study of people with AD and their carers from London and South East Region of England (LASER-AD), and aims to validate the acceptability and validity of the Modified Conflict Tactics Scale (MCTS) and abuse correlates. 86 people with AD and their family carers were interviewed. Carers were asked about the acceptability of the MCTS, validity of which was investigated by comparing scores to the Minimum Data Set (MDS) abuse screen (an objective measure) and testing hypotheses that MCTS score would correlate with the COPE dysfunctional coping scale but not carer education. 24 (27.9%) were identified as abuse cases by interview. No care recipients (CRs) assessed positive for abuse using the MDS screen. 72 participants (83.7%) thought that the scale was acceptable; 10 that it was neither acceptable nor unacceptable; and 3 that it was unacceptable. As hypothesised, MCTS scores correlated with the dysfunctional coping scale but not carer education. This is the most comprehensive study so far in this field. Carer male gender and burden, and greater CR irritability, cognitive impairment but less functional impairment predicted

carer abusive behaviour. The findings appear to refute UK government elder abuse reduction policy, which assumes that few incidents of abuse arise from carer stress. (RH)

ISSN: 08856230

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

189/11

Searching for elder abuse: a systematic review of database citations; by Christen L Erlingsson.

Journal of Elder Abuse & Neglect, vol 19, no 3/4, 2007, pp 59-78.

The aim of this review was to describe trends and patterns in elder abuse literature and research. All citations in PUB MED, CINAHL and PsycINFO databases located using the search term "elder abuse" were retrieved (3,059 citations) and 2,418 unique references were identified. Using manifest content analysis, non-research material (1,986 references) was sorted by type and research references (34 dissertations and 398 research articles) were categorized. Research article references most commonly: investigated prevalence, typology and definitions of elder abuse; used quantitative methodology; had first author affiliations to medicine, nursing and social sciences; and sampled populations of professionals, personnel, cases or charts. The USA was most frequently listed of 24 identified countries of origin. Elder abuse research shows lack of diversity, slow increase of qualitative research, limited involvement of older persons and family members as participants and minimal research from developing countries. This review contributes to knowledge valuable for researchers and experts planning future studies or elder abuse projects. (KJ/RH)

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#### **AGE DISCRIMINATION**

189/12

Age Concern's comments on HM Treasury's consultation: 'The publication of data associated with the use of gender in the assessment of insurance risks': summary; by Age Concern England - ACE. London: Age Concern England - ACE, September 2007, 2 pp (Policy response - ref: 2707(S)).

In order to implement the EU Gender Directive, the Government proposes, among other things, to amend the Sex Discrimination Act relating to insurance, to specify the circumstances under which insurance companies may charge different premiums or offer different benefits to men and women. One proposed condition is that data relevant to such differential treatment must be published and regularly updated. This response from Age Concern England (ACE) focuses on the proposal that data should be broken down by age as well as by sex. (RH)

Price: FOC

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

189/13

Does disparity in the way disabled older adults are treated imply ageism?; by Robert L Kane, Reinhard Priester, Dean Neumann.

The Gerontologist, vol 47, no 3, June 2007, pp 271-279.

Although the nearly one in seven Americans who have disabilities share many characteristics, the attitudes toward and the programmes, care models, expenditures, and goals for people with disabilities differ substantially across age groups in ways that suggest ageism. Expenditures per recipient are substantially higher for younger individuals with disabilities, largely as a result of more effective advocacy. Programmes that are rejected by younger people with disabilities are considered mainstream for older people. As demographic, social and economic circumstances change, preserving the programmatic separation will become more problematic. Increased competition for finite resources may motivate a closer examination of commonalities across disabilities in an effort to achieve greater equity. (RH)

ISSN: 00169013

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

189/14 The parameters of prejudice: knowledge of ethics and age bias; by Jane M Roberts.  
Journal of Gerontological Social Work, vol 50, no 3/4, 2008, pp 37-50.  
This study examined two matters pertinent to social work practice: professional ethics and age bias among practising social workers. Because social work ethics demand competent practice within one's area of proficiency, and because bias toward any segment of social work clientele impedes competent practice, prejudicial attitudes toward older people are problematic. This study found that age bias exists among practising social workers (n=367), with no discernible association between knowledge of professional ethical standards and age bias. The findings suggest a subtle and pervasive bias associated with work with older people. Positive bias was more prevalent than negative bias. (KJ/RH)  
ISSN: 01634372  
From : Haworth Delivery Service Centre, The Haworth Press Inc., 10 Alice Street, Binghamton, NY 13904-1580, USA.  
<http://www.HaworthPress.com>

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

189/15 Drug misuse: a family affair; by Nina Jacobs.  
Community Care, issue 1715, 27 March 2008, pp 14-15.  
The government's new drug strategy has a "whole family" approach, which may bring more support for kinship carers. Charities have applauded this, but have doubts over benefits sanctions for those who fail to attend treatment sessions. This article focuses on the role of grandparents in caring for grandchildren whose parents are drug abusers, and the problems they encounter in asserting their rights and in obtaining financial support. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

#### **ANXIETY**

189/16 Co-occurrence of anxiety and depressive disorders in a community sample of older people: results from the MRC CFAS (Medical Research Council Cognitive Function and Ageing Study); by Kari Kvaal, Fiona A McDougall, Carol Brayne (et al).  
International Journal of Geriatric Psychiatry, vol 23, no 3, March 2008, pp 229-237.  
Few population-based studies have examined the whole range of sub-threshold syndromes and disorders of anxiety and depression in older people. The Medical Research Council Cognitive Function and Ageing Study (MRC CFAS) included 13004 people aged 65+ who completed the initial screening interview. A stratified random sub-sample of 2040 participated in the assessment interview where the Geriatric Mental State Examination (GMS) was administered. The AGE-CAT diagnostic system was used to generate sub-threshold and disorder levels of anxiety and depression as well as the combination of these into eight syndrome categories plus a group without any of the syndrome categories. Prevalence, adjusted and unadjusted odds ratio calculations were calculated in the syndrome categories in relation to cross-sectional personal and environmental factors, and odds ratios of sub-threshold and disorder levels were estimated. The overall prevalence of anxiety and depression were 3.1% and 9.7% respectively. There was a high prevalence of anxiety and depression occurring in parallel: overlap was 8.4%. The highest odds ratios unadjusted and adjusted for age and gender of anxiety and depressive disorders and significant for trend were found for increasing disability. The study found environmental factors to be strongly related to anxiety and depression; and overall, women have significantly higher estimates of anxiety and depression than men. (RH)  
ISSN: 08856230  
From : <http://www.interscience.wiley.com>

189/17 Distinguishing worry from rumination in older people: a preliminary investigation; by C Rewston, C Clarke, E Moniz-Cook (et al).  
Aging & Mental Health, vol 11, no 5, September 2007, pp 604-611.

Anxiety and depression are common mental health problems in later life. Since worry and rumination are thought to underpin the respective primary cognitive processes in anxiety and depression, the authors developed a measure to distinguish worry from rumination in later life. The Ruminative Response Scale was adapted to include items that characterise the cognitive features of worry. The authors examined its properties using 92 clinical and non-clinical participants aged over 65. Factor analysis demonstrated a 3-factor structure: brooding, reflections, and worry. They found no evidence for concurrent validity of these factors using the Penn State Worry Questionnaire. Modest but significant associations between reflection and brooding ( $r=0.36$ ), and reflection and worry ( $r=0.2$ ), were found. Brooding and worry scales remained unrelated. The authors suggest that it is possible to distinguish worry from rumination in older people, and that differentiating between their key underlying characteristics in the assessment of mood problems may enhance the targeting and evaluation of cognitive behavioural therapy (CBT) for anxiety and depression in later life. Future research with a substantial clinical sample is needed to explore the underlying dimensions and correlates of worry in later life. (RH)

ISSN: 13607863

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

189/18

Self-report measures of anxiety: are they suitable for older adults?; by R E Dennis, S J A Boddington, N J Funnell.

*Aging & Mental Health*, vol 11, no 6, November 2007, pp 668-677.

Participants were 40 older people with current or previous anxiety symptoms, recruited from secondary mental health teams (MHTs) in South London. They completed four self-report measures of anxiety: Beck Anxiety Inventory (BAI); State Trait Anxiety Inventory (STAI); Hospital Anxiety and Depression Scale (HADS); and Visual Analogue Scale (VAS). They also received an independent diagnostic assessment and rating of anxiety severity. After a minimum of 4 months, they were re-assessed on all measures. The self-report measures most suited for anxiety screening and assessing severity when compared with the independent assessments were the BAI, the anxiety scale from HADS (HADS-A), and the STAI Trait form (STAI-T). However, participants made an unacceptably high number of errors using the STAI-T, making the BAI and HADS-A the most suitable measures for older people. The VAS performed poorly in both screening and measuring severity. All self-report measures were poor at detecting change as evaluated by independent assessment. There was no single measure that performed adequately in screening, measuring severity and monitoring changes, suggesting that measures may need to be adapted if they are to be used with an older population. (RH)

ISSN: 13607863

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

## **ASSISTIVE TECHNOLOGY**

(See Also 189/38)

189/19

Delivering assistive technology services through a barrier-free approach: the use of Web 2.0 in the UK; by David Banes.

*Journal of Assistive Technologies*, vol 1, no 2, December 2007, pp 39-42.

The next 10 years will show an increasing demand for personalisation and customisation of information and communication technology (ICT) systems by users. Throughout Europe the population is ageing, and there is increased life expectancy and lifetime expectancy for disabled people. Organisations such as AbilityNet are assuming that there will be exponential growth in demand as these demographic and social factors kick in. Simultaneously, we face a period where pressure on the public purse is mounting and increasingly services need to impact upon and reach more people for little or no increase funding. (KJ/RH)

ISSN: 17549450

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

189/20

Good practice for telecare services in the UK; by Malcolm J Fisk.  
Journal of Assistive Technologies, vol 1, no 1, October 2007, pp 48-52.

The growth of telecare is providing an infrastructure that will underpin services at home for an increasing number of people with support needs in the UK. The growth is prompted, in part, by grant funding from central government and the devolved administrations. It also relates to imperatives that (a) respond to people's choices; (b) promote better health and well-being; and (c) seek savings in public money. Increasing proportions of telecare service users have critical or substantial needs (according to the Fair Access to Care Services criteria operated by social services authorities). There is the concomitant requirement that such services must be provided in accordance with good practice. This paper explores some of the issues around that good practice and the way that the Telecare Services Association Code of Practice is changing to ensure that progress is made towards good practice goals. (KJ/RH)

ISSN: 17549450

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

189/21

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

Journal of Assistive Technologies, vol 1, no 1, October 2007, pp 33-41.

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

ISSN: 17549450

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

189/22

Making decisions about simple interventions: older people's use of walking aids; by Rachael Gooberman-Hill, Shah Ebrahim.

Age and Ageing, vol 36, no 5, September 2007, pp 569-573.

Walking difficulty is common in old age. Simple and inexpensive interventions, such as walking aids, provide considerable assistance. However, older people's views on walking aids are likely to affect their uptake, and we have little knowledge about their motivations for use. A longitudinal UK qualitative study with 11 men and 13 women aged 69-90 (mean age 80) at first interview explored views on their use of walking aids. Of the 24 people interviewed at the start of the study, 12 used walking aids, mainly walking sticks. These aids came from a range of sources, including informal ones. Over the course of the study, some participants adopted walking aids or changed the types of aids that they used. As time passed, participants' initial misgivings about use of walking aids subsided, and walking aids were described as improving confidence and facilitating activity and participation. Decisions to start using walking aids were influenced by both gradual and sudden changes in ability and by culturally informed views about ageing. Views on ageing initially acted as a barrier to the use of aids but then acted as facilitator to use. Walking aids enable continued activity and participation and it is likely that they provide benefits of health and well-being. Health care providers can draw on the knowledge about the impact of beliefs about ageing to help them reach shared decisions with older people about the use of walking aids. (RH)

ISSN: 00020729

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

189/23 Promoting safety, reassurance and dignity through telecare in Ireland; by Debra O'Neill.  
Journal of Assistive Technologies, vol 1, no 2, December 2007, pp 18-21.  
This paper describes the Safe at Home pilot telecare project which was designed to promote safety, reassurance and dignity for older people in Co Louth, north east Ireland. It describes the background, the process, implementation and evaluation of the project for 25 adults aged over 65 years who were victims of crime and/or had experienced social isolation. The project achieved significant improvements in the confidence of the participants especially with regard to feelings of safety and security. It is currently being reviewed with a view to expanding the pilot to an additional 200 residents in the area. (KJ/RH)  
ISSN: 17549450  
From : <http://www.pavpub.com>

189/24 Review of strategies for charging service users for telecare; by Kevin Doughty.  
Journal of Assistive Technologies, vol 1, no 2, December 2007, pp 22-25.  
Most local authorities now offer a telecare service to people who are eligible for community services under Fair Access to Care Services (FACS). Others also offer telecare in a prevention mode to people with lower levels of risk alongside traditional social (or community) alarm systems. A survey of local authorities, mainly members of the Centre for Usable Home Technologies (CUHTec), was performed to gauge the service provision options available and the charging strategies that have been adopted. Results from 39 authorities across the UK indicate significant differences between English shire counties and the unitary authorities elsewhere in the country in terms of eligibility and provision. The majority of authorities have yet to confirm a charging policy, using the principle of 'pilot project' to delay a decision until their Preventative Technology Grant (PTG) or telecare grants have run out. Some authorities with more mature services have chosen to make telecare free to particular groups on the grounds that they will reduce costs elsewhere in the health and/or social care economy. Most are introducing charges in the range of £5 or £10 per week, indicating a generous subsidy from the council. (KJ/RH)  
ISSN: 17549450  
From : <http://www.pavpub.com>

#### **ATTITUDES TO AGEING**

(See 189/36)

#### **BEREAVEMENT**

189/25 The impact of conjugal bereavement on older men's identities; by Paul Wendon-Blixrud.:  
Psychologists' Special Interest Group in Elderly People - PSIGE, British Psychological Society,  
April 2008, pp 11-20.  
PSIGE Newsletter, no 103, April 2008, pp 11-20.  
There is a relative lack of research regarding older men and conjugal bereavement. This paper reviews the existing literature on identity to produce a conceptual model of the processes involved, which is then explored in a group of older men following the loss of their wives. Seven bereaved men were interviewed twice to obtain narratives regarding their life before their wives' illness, during the illness and after the loss. The analysis is based on Stevens and Doerr's (1997) multi-staged narrative analysis, supplemented where necessary. The results of the study supported the conceptual model, highlighting the benefits of congruence between people's behaviours/environments and their narratives/identities. Common identity processes were noted across the sample as well as differences in their experiences of bereavement, how they managed/used these processes (and influences on the processes) and their differing abilities to achieve congruence. The findings highlight the impact of conjugal bereavement on the identity processes of older men and the potential difficulties they face. The findings are discussed in relation to existing literature, future research and clinical practice. (KJ)  
ISSN: 13603671 From : <http://www.psige.org.uk>

189/26

Widowhood and the end of spousal care-giving: relief or wear and tear?; by Jennifer Reid Keene, Anastasia H Prokos.

Ageing and Society, vol 28, part 4, May 2008, pp 551-570.

The impact of spousal care-giving on survivors' depressive symptoms 6 months into widowhood is analysed, and the applicability of a "relief model" of spousal adjustment during bereavement is examined. The authors examined several aspects of the care-giving situation, including caregiver stress, caregiving demands, and type and duration of care, and how these affect survivors' depressive symptomatology. The sample is drawn from two waves of the US Changing Lives of Older Couples (CLOC) survey, which was conducted in the Detroit Metropolitan Area, Michigan (MI). The first wave of data was collected from couples, and the second from the surviving spouse 6 months after the partner's death. Multiple regression analysis was used to examine the effects of key variables on depressive symptoms 6 months into widowhood, controlling for various demographic characteristics and personal circumstances. The results demonstrate that the duration of caregiving is the most influential predictor of survivors' depressive symptoms 6 months after the death. Indeed, long-term caregivers experience greater relief than both non-caregivers and short-term caregivers, as the predicted probabilities indicate. The results lead us to emphasise that caregiving and spousal bereavement should be studied as related processes rather than distinct phenomena. Indeed, relief from a chronically stressful care situation may actually ameliorate the negative effect of spousal loss from survivors. (RH)

ISSN: 0144686X

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#### **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 189/49, 189/52, 189/70)

189/27

Ageing and ethnic diversity in the UK: a policy digest; by Ian Smith, PRIAE - Policy Research Institute on Ageing and Ethnicity.: PRIAE - Policy Research Institute on Ageing and Ethnicity, 2008, 56 pp.

According to the 2001 Census, there are some 6.7 million minority ethnic people living in the UK (11.8% of the total population). The relatively young age structure of minority ethnic groups means that they are the fastest ageing groups within the population. The number of minority ethnic older people in the UK is also set to increase quite rapidly, as those who migrated to the UK in the 1960s and 1970s reach retirement age. This digest focuses on specific themes: health and social care; housing; and income security, employment, poverty and pensions. It also identifies four cross-cutting issues relevant to these themes: discrimination and racism; information, isolation and access; financial inequality; and consultation and engagement. (RH)

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189/28

Ethnic differences in patterns of social exchange among older adults: the role of resource context; by Katherine L Fiori, Nathan S Consedine, Carol Magai.

Ageing and Society, vol 28, part 4, May 2008, pp 495-524.

Using social capital and social exchange theories, this investigation examined ethnic variation in patterns of social exchange in two heterogeneous racial groups - Blacks and Whites in the US - and the effects of education and income on these patterns. The sample was 1043 people aged 65-86 from four ethnic groups (US-born European-Americans, immigrant Russians or Ukrainians, US-born African-Americans, and immigrant English-speaking Caribbeans) who had provided details of their instrumental and advice exchanges with kin and non-kin. Hierarchical multinomial logistic regressions were used to predict patterns of social exchange, variations by ethnicity, income and education, and the interactions. Ethnic differences to patterns of social exchange were found, but almost all were qualified by interactions. Those with income showed within-group heterogeneity: African-Americans and Russians/ Ukrainians with higher income were more likely

to engage in reciprocal instrumental kin exchange, whereas among English-speaking Caribbeans and European-Americans such exchanges were not associated with income. Unlike among European-Americans and English-speaking Caribbeans, Russians/ Ukrainians with higher income and education were more likely to engage in reciprocal non-kin exchange. The findings suggest that ethnic variation in social exchange reflects both aspects of ethnic group membership and the radical context, as well as the enactment of reciprocity values in varying resource contexts. (RH)  
ISSN: 0144686X

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## **CARERS AND CARING**

(See Also 189/34)

189/29 Grounding constructions of carers: exploring the experiences of carers through a grounded approach; by Michael Burton.

British Journal of Social Work, vol 38, no 3, April 2008, pp 493-506.

Social and political constructions of carers have been criticized for undervaluing the complexities of the experiences of carers. However, relatively little research has attempted to generate more meaningful constructions of carers by drawing these considerations together. The purpose of this article is to begin addressing this need. To accomplish this, the article is presented in two sections. First, an overview is provided on the current constructions of carers and suggested considerations for research. Second, with this overview as its context, a study, taken from the author's academic dissertation, is presented. The study sets out to generate more meaningful constructions of the caring experience through a grounded approach. The findings are based on a focus group and interviews with fourteen carers in total. A diverse range of participants were involved, in order to generate categories that would hold more relevance across caring experiences. Four common categories for carers emerged, along with properties that explained differences in experiences. The categories of when carers start to care, circumstances change over time, justifying the use of support and using support are subsequently discussed in relation to current constructions, practice and policy. (KJ)

ISSN: 00453102

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

189/30 The moral economy of selfhood and caring: negotiating boundaries of personal care as embodied moral practice; by Sangeeta Chattoo, Waqar I U Ahmad.

Sociology of Health & Illness, vol 30, no 4, May 2008, pp 550-564.

This paper engages with the dichotomous notions of caring underpinning social policy and practice in Britain, that splits up the 'carer' and 'cared for' into autonomous, unitary subjects, by locating personal care as an embodied, moral practice within a theoretical framework of relational ontology. Drawing on empirical accounts and narratives related to personal care within the context of advanced cancer, it is argued that personal care involves negotiation of boundaries between notions of relatedness and legitimate dependence on one hand, and independence and integrity of the embodied self on the other; and analysed are how these boundaries are informed by particular cultural or religious scripts on gender, relatedness, conjugality and filial obligations. The paper draws on data and analysis based on observations and in-depth interviews with White and South Asian participants aged 19-89 receiving treatment for cancer, and family members closely involved in their personal care. In using a comparative method for analysis and understanding caring as an embodied moral practice and site of subjectivity across cultural/religious groups, it is suggested that ethnicity is not necessarily the only useful analytical concept to explore the illness and caring experiences of research participants from minority ethnic backgrounds. (KJ/RH)

ISSN: 01419889

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## DEMENTIA

(See Also 189/10, 189/90, 189/91, 189/122)

- 189/31 'Making the best you can of it': living with early-stage Alzheimer's disease; by Hazel MacRae. *Sociology of Health & Illness*, vol 30, no 3, April 2008, pp 396-412. Drawing upon data from a qualitative study of people who are in the early stage of the condition, this paper examines the meaning of Alzheimer's disease (AD). It contrasts the meaning of the disease as portrayed in popular culture with its meaning as interpreted by persons living with it. Findings show that people with the illness do not necessarily accept the negative cultural meaning of the disease, nor the helpless 'victim' role in which they are generally cast. With a determination to 'make the best of it', strategies such as humour, normalisation, present-time orientation and life review are employed to create a meaningful life. The research for this study was funded by the Alzheimer Society of Canada. (KJ/RH)  
ISSN: 01419889  
From : <http://www.blackwellpublishing.com>
- 189/32 Alzheimer's disease: the psychological and physical effects of the caregiver's role: Part 2; by Edel Mannion. *Nursing Older People*, vol 20, no 4, May 2008, pp 33-39. The purpose of this quantitative study was to investigate the physical and psychological effects on informal caregivers of looking after a person with Alzheimer's disease (AD). A descriptive survey was conducted in counties Galway, Mayo and Roscommon in Ireland using a simple random sample of caregivers registered with the Alzheimer Society of Ireland, Galway or the Western Alzheimer's Foundation. The study's findings show that a significant proportion of caregivers reported poor self-rated health and depression. Restless sleep and a decreased tolerance for pain were also common. This article is the second of two in this issue of *Nursing Older People* about Alzheimer's disease and its effect on informal carers. (KJ/RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>
- 189/33 Alzheimer's disease: the psychological and physical effects of the caregiver's role: Part 1; by Edel Mannion. *Nursing Older People*, vol 20, no 4, May 2008, pp 27-32. Caring for a person with Alzheimer's disease (AD) can cause emotional, psychological and physical problems. In most cases of Alzheimer's disease, at least two individuals are affected: the person with the condition and the caregiver. This article is the first of two in this issue of *Nursing Older People* about Alzheimer's disease and its effect on informal carers. It discusses the literature that relates to the physical and psychological effects of caring for a person with Alzheimer's in the home. (KJ/RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>
- 189/34 Carer-driven dementia education for professionals; by Jim Ellis. *Nursing Older People*, vol 20, no 2, March 2008, pp 35-40. The pilot project described here took the form of action research, focusing on dementia awareness education for nurses on acute wards and in accident emergency departments. An essential feature of the educational package was the involvement of four carers, each of whom described specific experiences. Their accounts were recorded on DVD and presented in the education sessions, which the carers also attended to add comments and answer questions. Feedback from the nurses was positive with all of them claiming new awareness and understanding of patient and carer needs. The education sessions are to be continued with other nurses. (KJ/RH)  
ISSN: 14720795  
From : <http://www.nursingolderpeople.co.uk>

- 189/35            Communication and dementia: staff perceptions of conversational strategies; by Marie Y Savundranayagam, Ellen B Ryan, Ann P Anas (et al).  
Clinical Gerontologist, vol 31, no 2, 2007, pp 47-64.  
This study examined the impact of two communication-enhancing strategies used on people with dementia. The strategies were manipulated using scripted staff-resident conversations that were evaluated by 71 long-term care staff participants. It was hypothesized that vocal and nonverbal characteristics, along with their communication behaviours would be perceived more positively when staff members used personhood strategies compared to when they used directive language. The authors examined whether perceptions of the resident depicted identically in the scripts would be more positive in the personhood strategies had positive effects on perceptions of staff and residents. Furthermore, simplified language enhanced those effects by showing staff as less patronizing and residents as more competent. Findings suggest that these strategies can enhance staff-resident interactions. (KJ)  
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<http://www.HaworthPress.com>
- 189/36            Dementia and the screen test: [The depiction of Alzheimer's disease in the cinema or on the radio]; by Anita Campbell.  
Community Care, issue 1712, 6 March 2008, pp 32-33.  
The depiction of Alzheimer's disease (AD) in the cinema and even on the radio can be a catalyst to increasing our understanding of the condition. This article comments on film portrayals by Dame Judi Dench (of Iris Murdoch) in 'Iris' and by Julie Christie as Fiona in 'Away from Her'. The Radio 4 soap opera 'The Archers' has also been featuring in its storyline the diagnosis and development of dementia and its effects on Jack Woolley and his relationship with family members. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 189/37            Development of the Dementia Quality of Life questionnaire (D-QOL): UK version; by S Karim, G Ramanna, T Petit (et al).  
Aging & Mental Health, vol 12, no 1, January 2008, pp 144-148.  
The importance of using quality of life measures for clinical practice and research in dementia is well-established. This study aimed at producing the UK version of the US Dementia Quality of Life questionnaire (D-QOL), a validated instrument for measuring quality of life in people with mild to moderate dementia. The study was considered in three stages: adaptation, piloting and validation. In the adaptation stage the US D-QOL was translated by a panel comprising lay people and researchers. In the piloting stage, the draft was tested by administering it to 15 patients with dementia, who gave feedback on acceptability, relevance and clarity. In the validation stage, 36 patients with mild to moderate dementia were administered the UK D-QOL on two occasions at an interval of two weeks. The results showed that the UK version of the D-QOL has comparable psychometric properties to the US version, and that it is a reliable and valid measure of quality of life in UK populations with mild to moderate dementia. (RH)  
ISSN: 13607863  
From : <http://www.informaworld.com/CAMH>
- 189/38            Evaluation of an activity monitoring system for people with dementia; by Celia Price.  
Journal of Assistive Technologies, vol 1, no 2, December 2007, pp 11-17.  
The aim of this evaluation was to carry out an evaluation of the Just Checking activity monitoring system, which supports people with dementia in their own homes. The study was carried out with Warwickshire County Council's social services, and a number of their service users. The system was installed in the homes of six people with dementia, and used by their family carers and care professionals, whose experiences were gathered in semi-structured interviews. In total, 15 people took part in interviews, including two of the people with dementia. The system gave family carers

and professionals a better insight into the activities of the person with dementia, and how they were managing in their own homes. The majority of users were surprised at the consistency of the daily pattern of activity of the person with dementia and, as a result, their view of the capabilities of the person changed. The data from the system reassured family carers and proved a useful assessment tool for professional on which to plan care. Contrary to expectations, the monitoring system gave people with dementia more control of their lives by providing a means by which they could communicate their capabilities in their home environment. (KJ/RH)

ISSN: 17549450

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189/39 Integrated multidisciplinary diagnostic approach for dementia care: randomised controlled trial; by Claire A G Wolfs, Alfons Kessels, Carmen D Dirksen (et al).

British Journal of Psychiatry, vol 192, April 2008, pp 300-305.

An integrated multidisciplinary approach to dementia is often recommended but has rarely been evaluated. As part of the Maastricht Evaluation of a Diagnostic Intervention for Cognitively Impaired Elderly (MEDICIE), this study aimed to evaluate the clinical effects of an integrated multidisciplinary diagnostic facility for psychogeriatric patients. Those patients suspected of having complex psychogeriatric problems were randomly allocated to the intervention (n=137) or to treatment as usual (n=93). They were assessed at baseline, and at 6 months and 12 months follow-up by means of personal interviews with the patient's proxy. The primary outcome was health-related quality of life, assessed using the visual analogue scale (VAS) of the EuroQd measure, EQ-5D. Results showed that health-related quality of life had improved at 6 months in the intervention group, whereas that of the control group had decreased. Furthermore, more patients in the intervention group experienced a clinically relevant improvement of 10 points or more on the VAS at both follow-up treatments. An integrated multidisciplinary approach improves dementia care. (KJ/RH)

ISSN: 00071250

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

189/40 Outdoor environments for people with dementia: Part II; by Susan Rodiek, Benyamin Schwarz (eds).

Journal of Housing for the Elderly, vol 21, no 3/4, 2007, 304 pp (whole issue).

This second volume continues with papers about people who have dementia and the relationship between them and the outdoor environment and nature. This collection of six articles is a further contribution to the task of expanding the knowledge base for the design of outdoor environments for people with Alzheimer's disease (AD) and other kinds of dementia. The first two papers address two separate studies regarding the connection between outdoor activities and sleep patterns of residents who suffer from dementia. The third paper discusses theories and empirical studies about healing gardens. The fourth chapter describes a programme for training staff in long-term care facilities to increase their knowledge about horticulture, to help residents with outdoor activities. The fifth paper is a set of general guidelines for developing an outdoor space for people with dementia. The final chapter discusses an exemplary outdoor space in Grand Rapids, Michigan, designed by landscape architects, which meets many of the therapeutic needs of the residents, family members and staff. Part I of Outdoor Environments for People with Dementia appeared as the previous edition of the Journal (volume 21, numbers 1/2). (KJ)

ISSN: 02763893

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<http://www.HaworthPress.com>

189/41 Providing rehabilitation services for people with dementia through intermediate care; by Simon Evans.

Nursing Older People, vol 20, no 2, March 2008, pp 26-28.

This article describes a Department of Health-funded study that mapped rehabilitation services - and examples of good practice - for older people with dementia in England. The findings suggest that there are potential benefits in locating rehabilitation services within intermediate care,

including a higher service profile with clearer care pathways and access to a wider range of professionals across health and social care. The author concludes that a seamless range of services can be provided via intermediate care, but argues that nurses need to challenge the perception that rehabilitation cannot be achieved for people with dementia. (KJ/RH)

ISSN: 14720795

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

189/42

The use of Talking Mats to improve communication and quality of care for people with dementia; by Joan Murphy, Cindy M Gray, Sylvia Cox.

Housing, Care and Support, vol 10, no 3, December 2007, pp 21-28.

Enabling people with dementia to continue to communicate their views, needs and preferences as their condition progresses is essential for development of person-centred services and care facilities. This paper describes part of a 15-month research project funded by the Joseph Rowntree Foundation (JRF). It examined the effectiveness of Talking Mats, a low technology communication tool, to help people with dementia express their opinions, in comparison with usual communication methods. The study involved 31 people at different stages of dementia who were interviewed about their well-being under three conditions: unstructured (ordinary) conversation, structured conversation and Talking Mats conversation. The study found that Talking Mats can improve the communication ability of many people at all stages of dementia in expressing their views about their well-being. (KJ/RH)

ISSN: 14608790

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

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

189/43

2006-based national population projections for the UK and constituent countries; by Helen Bray. Population Trends, no 131, Spring 2008, pp 8-18.

From 1954 until 2005, population projections for the UK were produced by the Government Actuary's Department (GAD). The 2006-based national population projections are the first to be carried out by the Office for National Statistics (ONS) in consultation with the devolved administrations. They show the population of the UK rising from 60.6 million in 2006, passing 65 million in 2016, to reach 71.1 million by 2031. In the longer-term, the projections suggest that the population will continue rising beyond 2031 for the full length of the projection period. The population will become older: the median age is expected to rise from 39.0 years in 2006 to 41.8 years by 2031. Since the last projection round, legislation has been passed to increase the state pension age (SPA) from 65 to 66 for both sexes between 2024 and 2026. Despite this change, the number of people of working age for every person of state pensionable age will reduce from 3.32 in 2006 to 2.91 by 2031. The legislation includes further increases in the SPA to 68 for both sexes by 2046. (RH)

ISSN: 03074463

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

189/44

An ageing population: a crisis?; by Bhavik N Modi.

Geriatric Medicine, vol 38, no 2, February 2008, pp 65-70.

The rise in life expectancy and fall in mortality at older ages has brought with it a fear of an increased burden of chronic disease to society. Data suggest that these fears are perhaps overly pessimistic, and that the proportion of one's life spent in ill health may actually be falling. There are numerous advancements and strategies, medical and non-medical, that are already being implemented to compress morbidity in society. Our ageing population is definitely not a crisis but is a challenge we need to address. Trends in life expectancy are based on data from the Government's Actuary Department. (KJ/RH)

ISSN: 0268201X

189/45

Fertility assumptions for the 2006-based national population projections; by Julie Jefferies.

Population Trends, no 131, Spring 2008, pp 19-27.

Fertility is one of the key components of the national population projections alongside mortality and migration. For the 2006-based population projections, long-term family-completed size in the UK is assumed to be 1.84 children per woman. This represents an increase of 0.10 on the assumption of 1.74 children per woman used in the 2004-based round. Though the UK's long-term fertility assumption has been lowered several times in recent years, this is the first time it has been raised since the 1960s baby boom. This article outlines why the Office for National Statistics (ONS) decided to use the long-term fertility assumption for all four UK countries in the 2006-based population projections. (RH)

ISSN: 03074463

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

189/46

The proportion of marriages ending in divorce; by Ben Wilson, Steve Smallwood.

Population Trends, no 131, Spring 2008, pp 28-36.

Even though cohabitation has become more prevalent in the last two decades, the majority of the adult population is married, and marriage is associated with a number of factors, such as educational outcome and health. Understanding the married population is also an important part of understanding partnering behaviour and family formation and dissolution. The length of marriages and whether they are ended by death or divorce is therefore of interest to demographers and policy makers. This article notes that divorce rates in 2005 suggest that approximately 45% of marriages will end in divorce. Making the assumption that divorce rates and mortality rates remain unchanged from 2005, around 10% of those marrying in 2005 will celebrate their diamond (60th) wedding anniversary, with 45% of marriages ending due to divorce and 45% ending due to death. The article includes a life table for marriage based on 2005 data for divorce and death. (RH)

ISSN: 03074463

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

## **DEPRESSION**

(See Also 189/16)

189/47

Prevalence and symptomatology of depression in older people living in institutions in England and Wales; by F A McDougall, F E Matthews, K Kvaal (et al).

Age and Ageing, vol 36, no 5, September 2007, pp 562-568.

Epidemiological studies have shown that depression is common in institutional settings, but the symptomatology of this group has not been compared to those living in the community. This study was conducted as part of the Medical Research Council Cognitive Function and Ageing Study (MRC CFAS), a longitudinal study of health and well-being of 13,009 participants aged 65+ in Cambridgeshire, Newcastle, Nottingham, Oxford, Gwynedd and Liverpool. Following screening, a stratified random sub-sample of 2640 participants received the Geriatric Mental State (GMS) examination, of whom 340 resided in institutions. Diagnoses of depression were made using the Automated Geriatric Examination for Computer-assisted Taxonomy system (AGECAT). The prevalence of depression in those living in institutions was 27.1%, compared to 9.3% in those living at home. Symptoms relating to depressed mood, severity of illness (e.g. wishing to be dead, future looking bleak) and some non-specific symptoms were more common in those living in residential homes. Depression was significantly associated with younger age and high functional disability in those living in institutions. These findings are consistent with previous estimates. Finding interventions for these symptoms might improve quality of life, irrespective of formal diagnosis. (RH)

ISSN: 00020729

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

## DISABILITY

(See Also 189/13, 189/76)

- 189/48 Ageing, disability and spirituality: addressing the challenge of disability in later life; by Elizabeth MacKinlay (ed). London: Jessica Kingsley, 2008, 271 pp.  
Contributors from the UK and Australia examine theological and ethical issues of ageing, disability and spirituality. The emphasis is on how ageing affects people with mental health and developmental disabilities, for whom it is contended that well-being is possible and achievable. Contributors present ways of moving towards more effective relationships between carers and older people with disabilities; also ways in which to connect compassionately and beneficially with the personhood of all people regardless of age and of disability. They identify factors inherent in personhood, and provide ways of affirming and promoting spiritual well-being. (RH)  
Price: £19.99  
From : Jessica Kingsley Publishers, 116 Pentonville Road, London N1 9JB. Email: post@jkip.com  
Website: www.jkip.com
- 189/49 Cross-cultural validation of the London Handicap Scale and comparison of handicap perception between Chinese and UK populations; by Raymond See Kit Lo, Timothy Chi Yui Kwok, Joanna Oi Yue Cheng (et al).  
Age and Ageing, vol 36, no 5, September 2007, pp 544-548.  
The concept of handicaps of limitation in participation is universally recognised. Utility ratings of most handicap scenarios apply consistently across mainland Chinese, Hong Kong and UK populations. Cultural and socio-economic differences in valuation of perceived handicap have been noted. The authors report on validation of the London Handicap Scale (LHS) with 201 Sichuan Chinese (mean age 63.3) comprising healthy (31.8%) and disabled individuals with stroke, fracture, cancer or other chronic conditions (69.2%) recruited to the study. Overall ratings for health scenarios were found to be highly correlated between Sichuan Chinese and UK subjects and between Sichuan Chinese and UK Chinese subjects, with one exception. Interesting differences in valuation were also observed between Sichuan sub-groups in three scenarios. Self-perceived health status of the Sichuan Chinese can be accurately reflected by the severity of their handicap as measured by the LHS. For Sichuan Chinese, the economic domain of handicap was related with poorer scores compared with the other domains. Overall, the LHS proved to be valid and applicable in the older population of mainland China. (RH)  
ISSN: 00020729 From : <http://www.ageing.oupjournals.org>

## ECONOMIC ISSUES

- 189/50 Debt and older people: executive summary; by Help the Aged; Personal Finance Research Centre (PFRC). London: Help the Aged, 2008, 5 pp.  
While the propensity to borrow money declines with age, there is increasing concern that problems arising from borrowing could have a negative impact on efforts to tackle pensioner poverty. Help the Aged, with financial support from Barclays, commissioned the Personal Finance Research Centre (PFRC) to undertake a detailed study of the extent and nature of borrowing and financial difficulties among people aged 50+. The research involved analysis of five nationally representative social survey datasets and a review of the existing research literature. This summary outlines findings on unsecured credit use, mortgage holding, and financial difficulties among older people. Help the Aged's recommendations include financial education for all; introducing age discrimination legislation covering goods and services; and efforts to tackle pensioner poverty through the Social Fund and the government's Public Service Agreement 17. This publication is part of the Help the Aged / Barclays Your Money Matters Programme, which is designed to improve the skills, confidence and financial situation of older people, by providing basic money management and debt advice. (RH)  
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ.  
E-mail: [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk) Website: [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

## **EDUCATION**

(See 189/34)

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

- 189/51 Improving choice at end of life: a descriptive analysis of the impact and costs of the Marie Curie Delivering Choice Programme in Lincolnshire; by Rachel Addicott, Steve Dewar, King's Fund. London: King's Fund, 2008, 55 pp.

This paper provides a descriptive analysis of the impact and costs of new services as part of the Marie Curie Delivering Choice Programme, which was launched in 2004. Delivery of care for patients at the end of their lives is becoming an increasing policy concern. Although the majority of people report that they would choose to die in their home, only a minority of patients achieve this wish. The Delivering Choice Programme aims to develop and help provide the best possible service for patients at the end of their lives. (KJ/RH)

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

## **ETHICAL ISSUES**

(See 189/14)

## **EUTHANASIA**

(See 189/106)

## **EXERCISE**

(See Also 189/86)

- 189/52 "Get active today": a culturally sensitive physical activity programme for BME elders: end of project report; by PRIAE - Policy Research Institute on Ageing and Ethnicity. abridged version: PRIAE (Electronic format only), 2008, 6 pp.

The Policy Research Institute on Ageing and Ethnicity (PRIAE) has published the report of a three-year project to promote physical activity among black and minority ethnic (BME) elders. It recommends that: BME elders are offered support by professionals, carers and families; easily accessible information is provided; needs of different faiths and cultures are considered; and community champions are identified. A DVD demonstrating a range of culturally sensitive physical activities for older people can be ordered online. (KJ/RH)

From : [http://www.priae.org/docs/AIMEndofYearReport\\_2008.pdf](http://www.priae.org/docs/AIMEndofYearReport_2008.pdf)

- 189/53 Sustainable participation in regular exercise amongst older people: developing an action research approach; by Jeanne Davies, Carolyn Lester, Martin O'Neill (et al). Health Education Journal, vol 67, no 1, March 2008, pp 45-55.

This article describes the Triangle Project's work with a post industrial community (Ystradgynlais, a small former coalmining community at the western end of the South Wales valleys), where healthy living activities were developed in response to community members' expressed needs. An action research partnership approach was taken to reduce health inequalities, with local people developing their own activities to address health and well being issues. At the instigation of older women attending a community consultation, a low intensity exercise class was started. Baseline details including weight, self-assessed fitness and mobility problems were recorded. The class branched out into social activities including healthy eating, walks and outings. Members controlled the pace and content of both class and spin-off activities via continuous feedback and discussion with the Triangle researcher. Two evaluation events were held using a focus group format. Findings revealed that barriers to regular participation are discussed, together with the

achievement of a sustainable fitness group with evidence of health improvement in an initially 'unfit' group. Social aspects were highly valued by participants and contributed to sustainability of the class, which is now run by members without external input. (KJ/RH)

ISSN: 00178969

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#### **EXTRA-CARE HOUSING**

(See Also 189/126)

189/54 Never a dull moment?: promoting social well-being in extra care housing; by Simon Evans, Sarah Vallely.

Housing, Care and Support, vol 10, no 4, December 2007, pp 14-19.

Extra care housing is an increasingly popular form of housing with care for older people, largely because of its potential for maximising independence by providing flexible care and support. However, far less attention has been paid to another important aspect of quality of life, social well-being. This article reports on a research project conducted by the University of the West of England (UWE) and Housing 21 that explored good practice in promoting social well-being in extra care housing. The authors identify several key factors in supporting the social lives of residents, and present recommendations for good practice. (KJ/RH)

ISSN: 14608790 From : Website: <http://www.pavpub.com>

#### **FALLS**

189/55 Falls prevention in practice: a literature review; by Samuel R Nyman, Claire Ballinger, Help the Aged. London: Electronic format (Help the Aged), 2007, 20 pp.

This report presents findings of a literature review that explores how the recent recommendations made by the Prevention of Falls Network Europe (ProFaNE) may be implemented in everyday practice by those working with older people. It also aims to stimulate further ideas for implementation of the ProFaNE recommendations. Findings are subdivided into subsections of general theory and evidence and falls-related theory and evidence. An appendix lists the literature searches conducted and numbers of documents found. (RH)

From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. Download document from: [http://www.helptheaged.org.uk/NR/rdonlyres/8D4F8B43-05EE-4B8B-97A1-DADCA894894E/0/falls\\_lit\\_review\\_101207.pdf](http://www.helptheaged.org.uk/NR/rdonlyres/8D4F8B43-05EE-4B8B-97A1-DADCA894894E/0/falls_lit_review_101207.pdf)

189/56 A systematic review of older people's perceptions of facilitators and barriers to participation in falls-prevention interventions; by Frances Bunn, Angela Dickinson, Elaine Barnett-Page (et al). Ageing and Society, vol 28, part 4, May 2008, pp 449-472.

The prevention of falls is currently high on the health policy agenda in the UK, which has led to the establishment of many falls prevention services. If these are to be effective, however, the acceptability of services to older people needs to be considered. This paper reports a systematic review of studies of older people's perceptions of these interventions. The papers for review were identified by searching electronic databases, checking reference lists, and contacting experts. Two authors independently screened the studies and extracted data on the factors relating to participants in, and adherence to, falls prevention strategies. 24 studies were identified, of which 12 were qualitative. Only one study specifically examined interventions that promote participation in falls prevention programmes; the others explored older people's attitudes and views. The factors that facilitated participation included social support, low intensity exercise, greater education, involvement in decision-making, and a perception of the programmes as relevant and life-enhancing. Barriers to participation included fatalism, denial and under-estimation of the risk of falling, poor self-efficacy, no previous history of exercise, fear of falling, poor health and functional ability, low health expectations and the stigma associated with programmes that targeted older people. (RH)

ISSN: 0144686X From : <http://www.journals.cambridge.org/ASO>

189/57

WHO global report on falls prevention in older age; by Alexandre Kalech, Dongbo Fu, Sachiyo Yoshida, Department of Ageing and Life Course (ALC), World Health Organization - WHO; Family and Community Health (FCH), World Health Organization - WHO. Geneva: World Health Organization, 2008, 47 pp (Order no. 11500723).

This global report is the product of the conclusions reached and recommendations made at the WHO Technical Meeting on Falls Prevention in Older Age, which took place in Victoria, Canada in February 2007.

The report includes international and regional perspectives of falls prevention issues and strategies, and is based on a series of background papers that were prepared by worldwide recognized experts (and available at [http://www.who.int/ageing/projects/falls\\_prevention\\_older\\_age/en/index.html](http://www.who.int/ageing/projects/falls_prevention_older_age/en/index.html)). The report was developed by the Department of Ageing and Life Course (ALC) under the direction of Alexandre Kalech and coordination of Dongbo Fu, closely assisted by Ms Sachiyo Yoshida. Falls prevention is considered with reference to determinants of active ageing such as culture, gender, behaviour, personal factors, the physical and social environments, economics. The WHO Falls Prevention for Active Ageing model suggests a multisectoral approach based on: building awareness of the importance of falls prevention and treatment; improving the assessment of individual, environmental and societal factors that increase the likelihood of falls; and for facilitating the design and implementation of culturally appropriate, evidence-based interventions that will significantly reduce the number of falls among older people. (RH)

Price: CHF/US\$15.00

From : WHO, WHO Press, 1211 Geneva 27, Switzerland. E-mail: [bookorders@who.int](mailto:bookorders@who.int)

Website: [www.who.int/bookorders](http://www.who.int/bookorders) [www.who.int/ageing/en](http://www.who.int/ageing/en)

#### **FAMILY AND INFORMAL CARE**

(See Also 189/26)

189/58

The division of parent care between spouses; by Maximiliane E Szinovacz, Adam Davey.

Ageing and Society, vol 28, part 4, May 2008, pp 571-597.

Research on the division of family work has focused on household work and child-care to the exclusion of other domains, whereas studies on caregiving for older people typically ignores spouses' support to caregivers. The authors apply an approach that is typical of research on spouses' division of family work in caring for parents, in that the theoretical model focuses on the "cultural mandates" that guide spouses' division of care, namely gender ideologies about appropriate roles, kinship obligations, and taboos against cross-gender personal care. Other predictors of the spousal division of care drawn from economic and health care utilisation models are also examined. The analyses use pooled data on 1449 care occasions from the first five waves of the US Health and Retirement Study (HRS). It was found that most couples to some extent share parent care, and that the involvement of husbands depended on a complex interplay of cultural mandates and contexts. Husbands participated most in personal care for parents if the care was mandated by kinship obligations (they cared more for their own than the wife's parents), and by cross-gender care taboo (they cared more for fathers than mothers). Other cultural contexts (such as race), a spouse's other commitments, health-related ability, resources (including support from the parents of other children) and care burden also played a role. The findings demonstrate that decisions to care for parents emerge from complex negotiations among spouses and their children and siblings - in other words, that parental care is a family endeavour. (RH)

ISSN: 0144686X

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

189/59

The implications of today's family structures for support giving to older parents; by Maria C Stuijbergen, Johannes J M Van Delden, Pearl A Dykstra.

Ageing and Society, vol 28, part 3, April 2008, pp 413-434.

There is considerable debate about the effects of today's family structures on support

arrangements for older people. Using representative data from the Netherlands, the study reported in this paper investigates which socio-demographic characteristics of adult children and their ageing parents, and which motivations of the adult children, correlate with children giving practical and social support to their parents. The findings indicate that the strongest socio-demographic correlates of a higher likelihood of giving support were: having few siblings, having a widowed parent without a new partner and, for practical support, a short geographical distance between the parent's and child's homes. Single mothers were more likely to receive support than mothers with partners, irrespective of whether their situation followed divorce or widowhood. Widowed fathers also received more support, but only with housework. A good parent-child relationship was the most important motivator for giving support, whereas subscribing to filial obligation norms was a much weaker motivator, especially for social support. Insofar as demographic and cultural changes in family structures predict a lower likelihood of support from children to elderly parents, this applies to practical support, and derives mainly from increased geographical separation distances and from the growing trend for parents to take new partners. Social support is unlikely to be affected by these changes if parents and children maintain good relationships. (KJ/RH)

ISSN: 0144686X

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

189/60

The long-term consequences of partnership dissolution for support in later life in the United Kingdom; by Karen Glaser, Rachel Stuchbury, Cecilia Tomassini (et al).

*Ageing and Society*, vol 28, part 3, April 2008, pp 329-352.

There has been an interest in the United Kingdom about whether and how changes in family life affect support for older people, but nevertheless the consequences of partnership dissolution for late-life support have been little researched. Using data from the British Household Panel Study (BHPS) for 1991-2003, this study investigated the longitudinal association between partnership dissolution and two types of support for 1966 people aged 70 or more years: informal support from children in the form of contacts and help; and formal support from community care services. The paper also examines the level of reported support among: all parents aged 70+; and 1453 unpartnered parents in the same age group (i.e those lacking the most important source of support in later life, a spouse). Diversity was found in the experience of partnership dissolution in the past lives of people aged 70+. Patterns of support varied by the respondent's age, whether partnered, the timing and type of partnership dissolution and by gender, having a daughter, and health status. Overall, partnership dissolution did not show the expected detrimental relationship with later-life support. Health needs and increasing age were strongly associated with increases in contact and informal and formal help, regardless of family history. (KJ/RH)

ISSN: 0144686X

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

189/61

Taking 'women's work' 'like a man': husbands' experiences of care work; by Toni Calasanti, Neal King.

*The Gerontologist*, vol 47, no 4, August 2007, pp 516-527.

A feminist, structural approach to husbands' experiences of caring for wives with Alzheimer's disease (AD) was adopted. This framework posited that men and women draw upon gender repertoires - situational ideals of behaviour based on their respective structural locations - that create gendered experiences of stress and caring strategies. A qualitative, constructivist approach was used to analyse in-depth interviews with 22 spousal caregivers and observations within support groups. Analysis focused on the nine husbands, the strategies these men reported using to deal with problems that arose in their care work, and the extent to which these are congruent with the masculinities of White men in the US. These husbands' approaches to caregiving and the strategies for dealing with the work and feelings involved were rooted in their sense of selves as men. The authors outline husbands' overall approaches to caregiving. They identify six strategies husbands used to deal with problems stemming from care work - exerting force, focusing on tasks, blocking emotions, minimising disruptions, distracting attention, and self-medicating - and tie these to husbands' structural positions as working-, middle- and professional-class men. Theories

of gender differences in the performance or quality of care work should tie these to structural arrangements. Unless the gendered bases upon which different styles or experiences are removed (i.e. structural inequality), designers of interventions cannot and should not expect to use the experiences of one group to inform appropriate strategies for the other. (RH)

ISSN: 00169013

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

## GOVERNMENT AND POLICY

(See Also 189/118, 189/129)

- 189/62 'Creating strong, safe and prosperous communities statutory guidance': draft for consultation: summary; by Age Concern England - ACE. London: Age Concern England - ACE, February 2008, 2 pp (Policy response - ref: 0508(S)).

The Department for Communities and Local Government (DCLG) has produced draft guidance following enactment of the Local Government and Public Involvement in Health Act 2007. The guidance includes statutory and non-statutory elements, and refers to the new statutory framework for Local Area Agreements (LAAs), Joint Strategic Needs Assessment, and the new "duty to involve". Age Concern England (ACE) responds to this consultation, commenting that more information is required on when, who and how to consult, also for a clearer process for involving local people wishing to participate in consultations. (RH)

Price: FOC

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

- 189/63 Four years on: the impact of the National Service Framework for Older People on the experiences, expectations and views of older people; by Jill Manthorpe, Roger Clough, Michelle Cornes (et al), Older People Researching Social Issues - OPRSI.

Age and Ageing, vol 36, no 5, September 2007, pp 501-506.

Four years into its 10-year programme, the impact of the National Service Framework for Older People (NSFOP) on the experiences and expectations of older people is evaluated. A mixed methods approach to evaluation was taken in ten purposively selected localities in England; 1839 people participated in public listening events, 1639 took part in nominal groups, and 120 were interviewed individually. The existence of the NSFOP was not widely known beyond the NSFOP local implementation teams and voluntary sector activists. Many, but not all older people, identified themselves as members of a group that was subject to age prejudice that altered the quality and standard of their care. This identity included a role as carer for others, but there was less emphasis on the rights of older people. Positive changes in primary care services were offset by difficulties in accessing general practice and a sense that services were becoming impersonal. The quality of social care at home varied from sensitive and personal to fragmentary, hurried and impersonal. Hospitals treatment was perceived as improved in speed and quality in most places, but hospitals were also seen as risky and insufficiently caring, with discharge sometimes being unprepared, over-zealous and disorganised. It is concluded that older people do not perceive improvements as the result of a NSFOP, but nonetheless they do perceive improvements in systems. It is difficult to attribute any of the changes in experiences that were identified to the NSFOP itself, but it is seen that other change processes run contrary to some aspects of the NSFOP, whilst some trends are congruent with the aspirations of the NSFOP. Government initiatives face the difficulty of distinguishing experiences that may be attributable to multiple causes. They are influenced nonetheless by the outcome of public consultation, since these provide relatively rapid means of feedback and commentary by citizens and regulators on the performance of services. (KJ/RH)

ISSN: 00020729

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

- 189/64 Ready to make her mark: [UK's first commissioner for older people, Ruth Marks]; by Natalie Valios. Community Care, issue 1713, 13 March 2008, pp 32-33.  
The Commissioner for Older People in Wales, Ruth Marks, talks about her role as the UK's first commissioner for older people. While acknowledging that older people should be stating the service priorities, she suggests that her list is likely to be similar to theirs: eligibility criteria, continuing care and long-term care. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>
- 189/65 The strategy for older people in Wales, 2008-2013: living longer, living better; by Welsh Assembly Government. Cardiff: Welsh Assembly Government, March 2008, 58 pp.  
The introduction of 'The strategy for older people in Wales' in 2003 has received international recognition, as it has challenged discrimination and negative stereotypes of ageing as well as celebrating longer life as an opportunity. The Welsh Assembly Government has committed itself to a 10-year strategy. This document summarises key achievements of the first phase. It outlines the key strategic objectives for the second five years from 2008 to 2013, focusing on four themes, each with a broad strategic aim. First, valuing older people: maintaining and developing engagement (and promoting positive images of ageing). Second, changing society: the economic status and contribution of older people. Third, well being and independence. Lastly, making it happen and the implementation of the strategy. An Implementation Plan identifies 20 items supporting the Strategy.  
The report is in English and Welsh. (RH)  
Price: FOC  
From : Welsh Assembly Government, Cathays Park, Cardiff CF10 3NQ.
- 189/66 Welfare reform in the United States: implications for British social policy; with commentaries by Kitty Stewart, David Piachaud and Howard Glennerster; by James Midgley, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, 2008, 54 pp (CASEpaper 131).  
Recent government pronouncements in the UK and above all the recent Conservative Party (2008) policy document on welfare reform suggest that US welfare reform is increasingly being taken as a model for the UK. What lessons should the UK draw from US experience? The long established means-tested programme for needy families known as Aid to Families with Dependent Children (AFDC) was replaced in 1996 with a welfare to work programme known as Temporary Assistance for Needy Families (TANF). The historical background and features of the new programme are elaborated and the way it has been implemented in varied ways in different states is documented. The findings of a number of outcome studies assessing the programme's impact and effectiveness are reviewed. The three commentaries consider how the American experience should be a guide to welfare policy in Britain. (RH)  
Price: FOC  
From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

## **HEALTH CARE**

(See Also 189/74, 189/79, 189/80, 189/105)

- 189/67 Good health in good hands : UK osteopathy today; by General Osteopathic Council - GOC. London: General Osteopathic Council - GOC, 2008, 35 pp.  
This report has been produced by the GOC on the occasion of the tenth anniversary of statutory regulation of osteopathy in the United Kingdom. Osteopathy plays an increasingly front-line role in primary healthcare, tackling in particular, the prevalence of musculoskeletal ill-health in the UK. Approximately 30,000 people consult osteopaths every working day, which equates to approximately 7,250,000 consultations a year. (KJ)

From : General Osteopathic Council, Osteopathy House, 176 Tower Bridge Road, London SE1 3LU. (www.osteopathy.org.uk)

189/68 The health care needs of UK pensioners living in Spain: an agenda for research; by Helena Legido-Quigley, Daniel La Parra.

Eurohealth, vol 13, no 4, 2007, pp 14-17.

There is a growing interest in learning how older migrants adapt to their new country of residence, in understanding their motivations for migration and the factors that influence international retirement migration patterns. However, there has been little research into the health and health care needs of international migrants retiring to other countries. This paper presents findings on health status and utilisation of health services with a particular focus on UK pensioners retiring to Spain. Future research should focus on the health needs of pensioners and their perspectives as to whether and how these health needs are met. (KJ)

ISSN: 13561030

From : <http://www.lse.ac.uk/LSEHealth>  
eurohealth@lse.ac.uk

189/69 How to promote a healthier tomorrow; by Swaleh Toofany.

Nursing Older People, vol 20, no 2, March 2008, pp 17-20.

The chance of dying without disability in old age is estimated at less than 25 per cent; and given the predictions of population ageing, health and social care systems face an overwhelming challenge. This article reports on health promotion for this population group throughout the UK, with examples of initiatives, e.g. a new playground for the over 60s in Manchester which opened in February 2008 and the POPP (Partnership for Older People Project) programmes. Policies to support active ageing are detailed, and the role of the World Health Organization (WHO) in endorsing health promotion activities. Community nurses are seen as key to promoting the health of older people. The challenge for all social and health care professionals is to ensure that when people live longer, the years added to their lives are also years free from illness or disability.

(KJ/RH)

ISSN: 14720795

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

## **HEALTH SERVICES**

189/70 The 'Healthy passport' intervention with older people in an English urban environment: effects of incentives and peer-group organisers in promoting healthy living; by Carol A Holland, Pauline Everitt, Angela Johnson (et al).

Ageing and Society, vol 28, part 4, May 2008, pp 525-549.

This paper reports the evaluation of the effectiveness of incentives (viz points and prizes) and of peer-group organisers (older people's champions) in the outcomes of a health promotion programme for people aged 50+ in Sandwell, a multi-ethnic metropolitan district of the West Midlands. Health promotion activities were provided, and adherence, outcome variables and barriers to adherence were asked over 6 months, using a "passport" format. Those aged in their fifties and of Asian origin were under-represented, but people of Afro-Caribbean origin were well-represented and proportionately most likely to stay in the project. Those of greater age and with more illness were most likely to drop out. There were significant improvements in exercise, diet and the uptake of influenza vaccines and eyesight tests, but slighter improvements in well-being. Positive outcomes related to the incentives and to liking the format. The number of reported barriers was associated with lower involvement and lack of change, as was finding activities too difficult, the level of understanding, and transport and mobility problems, but when these were controlled, age did not predict involvement. Enjoying the scheme was related to positive changes, and this was associated with support from the older people's champions. (RH)

ISSN: 0144686X

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

189/71 The Expert Patients' Programme: [national evaluation of the pilot phase of the Programme]; by Alison Petch.  
Community Care, issue 1716, 3 April 2008, pp 32-33.  
The Expert Patients' Programme (EPP), launched by the Department of Health (DH) in 2001, was one of the first manifestations of self-directed support. This article outlines the mixed findings of the National Primary Care Research and Development Centre (NPCRDC) on its final report on the national evaluation of the EPP pilot project. The report concluded that while the EPP moderately increased patients' effectiveness in self-care, use of general practice (GP) and outpatient services by those with long-term conditions did not reduce. The author summarises the practice implications of these findings. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

189/72 Flexible staffing services in UK health and care markets 2008; by Laing and Buisson. 3rd ed London: Laing and Buisson, 2008, n/a.  
This report brings together key statistics, trends and analysis on the role of flexible staffing services in UK health and care markets, covering amongst other jobs: social care staffing agencies and domiciliary care providers. This report is aimed at all organisations involved in the provision or purchasing of flexible health and care staffing services in the UK. An executive summary precedes the report. This report is one of a number of annual market reports produced by Laing & Buisson, who are considered to be one of the UK's foremost providers of information and market intelligence on the independent health, community care and childcare sectors. (KJ)  
Price: £735 (hard copy) £852.00 (hard copy and pdf)  
From : Laing and Buisson, 29 Angel Gate, City Road, London EC1V 2PT.  
<http://www.laingbuisson.co.uk>

#### **HOME CARE**

(See 189/3, 189/116)

#### **HOMELESSNESS**

189/73 The hidden needs of long-term hostel residents; by Sarah Gorton.  
Housing, Care and Support, vol 10, no 3, December 2007, pp 29-34.  
This paper presents some recent data collected by local authorities on their older homeless population, explores the nature of the needs of this population, and puts some challenging questions to the homeless sector and statutory services about how this section of the population has been marginalised in the past and continues to be neglected. It suggests that the only way to meet the needs of this population is improved partnership working between homelessness, health, social services and older people's housing. (KJ/RH)  
ISSN: 14608790  
From : Website: <http://www.pavpub.com>

#### **HOSPITAL SERVICES**

(See Also 189/98)

189/74 Reducing unplanned hospital admissions and hospital bed days in the over 65 age group: results from a pilot study; by Patrick Keating, Angela Sealy, Linda Dempsey (et al).  
Journal of Integrated Care, vol 16, issue 1, 2008, pp 3-9.  
Against a background of an ageing population, rising emergency admissions and a policy direction moving towards providing care in the least intensive setting, this paper presents the dramatic results achieved in a 22-week pilot in Enfield of undivided health and social care replicating the Castlefields study (in Runcorn, Halton) and using Unique Care principles. In the context of practice-based commissioning, where GP practices develop and commission services

that represent the best model of care and use of resources for their patients, the potential for creating savings from this approach are discussed. (KJ/RH)

ISSN: 14769018

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

## HOUSING

(See Also 189/80, 189/82, 189/126)

- 189/75 Briefing on Lifetime homes, lifetime neighbourhoods: the government's new national strategy for housing in an ageing society; by Care & Repair England. Nottingham: Care & Repair England, 2008, 6 pp.

The Government launched 'Lifetime homes, lifetime neighbourhoods: a national strategy for housing in an ageing society' on 25 February 2008. This briefing outlines the strategy's main proposals on existing and new homes, and the recognition of the role of housing in delivering the wider health and social care agenda. Care & Repair comments that ageing has had a low profile in the housing sector, but concludes that the strategy sets out the worthy aim of allowing everyone, whatever their age, to "participate and enjoy their home and their environment for as long as possible". (RH)

From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500 - [www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)

- 189/76 Living on the edge: enabling older owner occupiers with moderate learning disabilities to live independently; by Lorna Easterbrook, Care & Repair England. Nottingham: Care & Repair England, 2008, 41 pp.

Increasing numbers of older people with moderate or mild learning disabilities live independently in homes which they own. However, some face crises that limit their abilities to continue to do so. This report looks at the situation for older owner occupiers who: live in homes needing urgent repairs and/or adaptations; have reached a point of crisis at home; lack some comprehension, or have behavioural difficulties that adversely affect their abilities to manage their everyday lives; are living in complex situations; or are facing the likelihood of crises recurring in the future. Case studies illustrate problems such as self-neglect, while the work of Coventry's Orbit Care & Repair is cited as a model that will meet the expectations of 'Transforming social care' (LAC 2008 1; Department of Health). A separate 4-page pamphlet (same title) outlines the main points of this report; it also refers to Care & Repair England's In Our Homes project and the related resource materials which can be accessed on its website (at [www.careandrepair-england.org.uk/learning/index.htm](http://www.careandrepair-england.org.uk/learning/index.htm)). (RH)

From : Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500 - [www.careandrepair-england.org.uk](http://www.careandrepair-england.org.uk)

## HUMAN RIGHTS

- 189/77 Taking older people's rights seriously : the role of international law; by Kwong-leung Tang. Journal of Aging & Social Policy, vol 20, no 1, 2008, pp 99-118.

The author affirms that oppression of and discrimination against older people requires a concerted world-wide response. The introduction of an international convention on the human rights of older people is required to combat such widespread discrimination faced by older people. The convention should be reinforced by an international monitoring system and contain comprehensive and legally binding provisions that require participating states to promote older people's rights. It is argued that international law would be a powerful force in defending and protecting older people's rights, and could operate as a baseline for underpinning values that govern national ageing policies. (KJ)

ISSN: 08959420

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

## **IMAGES OF AGEING**

(See 189/36)

## **INCOME MAINTENANCE**

(See 189/50)

## **INSPECTION AND REGULATION**

189/78

Central versus local service regulation: accounting for diverging old-age care developments in Sweden and Denmark, 1980-2000; by Dietmar Rauch.

Social Policy & Administration, vol 42, no 3, June 2008, pp 267-287.

In Sweden and Denmark, the development of old-age care has followed markedly divergent paths over the past 20 years. In both countries, the level of old-age care universalism was exceptionally high in the early 1980s. Since then it has dropped sharply in Sweden, while remaining constantly high in Denmark. These divergent trends are clearly irreconcilable with the common image of a coherent Scandinavian welfare state model, and they seem hard to explain with reference to traditional approaches of comparative social policy. This article attempts to account for the divergent developments by focusing on the balance of old-age care regulation between central and local government. The main finding is that only in Sweden has the central regulation of old-age care been weak and unspecific. As a consequence, Swedish municipalities have enjoyed sufficient autonomous, regulatory competence to exercise certain local retrenchment measures in times of austerity, thereby eventually causing a nationwide weakening of old-age care universalism. By contrast, municipalities in Denmark have been much more tightly bound by central state regulations which have prevented them from imposing similar retrenchment measures in the old-age care sector; consequently, Denmark's level of old-age care universalism has remained comparatively high. (KJ)

ISSN: 01445596

## **INTEGRATED CARE**

189/79

Adult care joint ventures: the art of the possible; by Tim Freeman, Edward Peck.

Journal of Integrated Care, vol 16, issue 1, 2008, pp 10-17.

In this first two articles, the authors assess the implications of policy developments in partnership and contestability, commissioning and procurement, and local jurisdiction for adult services joint ventures. They argue for creative responses to service delivery in which policy implementation is seen as an opportunity for local health and social care agencies to honour the history of, and future aspirations for, local partnerships. This paper draws on the authors' work funded by the Integrated Care Network (ICN) and Care Services Improvement Partnership (CSIP), which comprised a series of workshops to inform the further development of the plans of four local health and social care communities - Portsmouth, Wolverhampton, Barnsley and Milton Keynes - for commissioning and provision of adult care services, and providing a community of interest in which aspirations, challenges and emerging solutions were exchanged and explored. Transferable learning for the broader community of interest is summarised, drawn from the more detailed reports available from the ICN. A second article will detail the very different responses to the policy agenda of four case study sites and the aspirations underlying their decisions, with the intention of provoking discussion about the art of the possible in the broader community of interest. (KJ/RH)

ISSN: 14769018

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

- 189/80 Strategic commissioning for older people: connecting up social care, healthcare and housing with a wider wellbeing approach; by Peter Fletcher. London  
Journal of Care Services Management, vol 2, no 2, January-March 2008, pp 154-166.  
Whole system strategic commissioning for older people is undeveloped; however, it is now rising up the agenda. This paper first looks at the development of a systematic approach to strategic commissioning. Next, it examines what is happening on the ground to develop a whole system approach to strategic change, particularly across social care, healthcare and housing, but also linked to a wider well-being approach. Finally, it examines the structures and processes that are being developed to support whole system strategic commissioning. (KJ/RH)  
ISSN: 17501679  
From : <http://www.henrystewart.com>

#### **INTERGENERATIONAL ISSUES**

- 189/81 Intergenerational programmes: towards a society for all ages; by Mariano Sánchez, Donna M Butts, Alan Hatton-Yeo (et al), Obra Social, La Caixa Foundation, Spain. Barcelona: Electronic format only, 2007, 215 pp (Social studies collection, no 23).  
The Second World Assembly of Ageing in Madrid in 2002 recognised the need to strengthen solidarity between generations and intergenerational partnerships, and reference by the United Nations (UN) to the concept of "a society for all ages". This study aims to show that intergenerational programmes not only help in reducing discrimination against older people, but are also a means to increasing social integration and cohesion. It introduces the concept and history of intergenerational programmes, uses examples of some organised in Spain, and explains the benefits. It answers two issues of concern to the UN: how can intergenerational programmes help to eradicate discrimination against older people; and how can intergenerational programmes help to enhance intergenerational solidarity and social cohesion? Two specific models are presented: intergenerational shared sites; and Communities for All Ages. The last two chapters discuss professionalisation of intergenerational work, and fostering intergenerational policies. (RH)  
From : <http://obrasocial.lacaixa.es/>

#### **INTERMEDIATE CARE**

(See 189/41)

#### **INTERNATIONAL AND COMPARATIVE**

(See 189/84, 189/92)

#### **LEARNING DIFFICULTIES**

- 189/82 Housing support for people with learning disabilities; by Bob Hudson.  
Community Care, issue 1718, 17 April 2008, pp 32-33.  
Supporting People programmes are part of the personalised care agenda. The author examines findings of research at the University of Nottingham and the Norah Fry Centre, University of Bristol on how such programmes fare in meeting service users' aspirations. He comments on the limited nature of the funding, housing options and provision on offer. The report on the research, 'Support for living? The impact of the Supporting People programme on housing and support for adults with learning disabilities', is by Rachel Fyson, Beth Tarlton and Linda Ward. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

## LEGAL ISSUES

(See 189/77, 189/128)

## LIFE-LONG LEARNING

- 189/83 Career guidance and advancement: a policy charter to make the new Adult Advancement and Careers Service work for people in mid and later life; by TAEN - The Age and Employment Network. London: TAEN, 2008, 15 pp (Agenda).  
The Department for Innovation, Universities and Skills (DIUS) has announced the formation of a new adult advancement and careers service. Information, advice and guidance across a range of interconnected issues will become a possibility for all, whether in work or outside the workforce. This document is the first in TAEN's Agenda series of policy arguments around age and employment. It explains TAEN's Ten Point Manifesto of necessary actions to ensure that career advice services meet older workers' needs, namely: information; advice and guidance; job search; staffing; ICT skills; a comprehensive referral network; marketing and outreach; advocacy; workplace guidance; and monitoring and tracking. It comments that an all-age service will only work if there is a conscious, focused and public effort to demonstrate that it is relevant to the rather different circumstances of young people and adults in mid and later life. (RH)  
From : TAEN, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@taen.org.uk Web: www.taen.org.uk

## LONELINESS

- 189/84 The prevalence of and risk factors for loneliness among older people in China; by Keming Yang, Christina R Victor.  
Ageing and Society, vol 28, part 3, April 2008, pp 305-328.  
Compared with the many studies in western countries, research on the prevalence of and risk factors for loneliness amongst older people in China is sparse. This paper reviews the current cross-national literature on loneliness and, using data from two national surveys undertaken in 1992 and 2000, assesses the prevalence of loneliness amongst older people in China and explores the factors that raise their vulnerability to the negative feeling. The reported prevalence of loneliness was 15.6% in 1992 and 29.6% in 2000. Part of this differential is accounted for by the differences in the methodologies of the two surveys and in the questions used to assess loneliness. The evidence from both surveys suggests that loneliness was relatively prevalent among those aged 65 or more years, females and those living in rural areas, and that these variations had greater amplitude in 2000. As in western countries, increased age, being widowed or divorced, and poor self-rated health were significantly associated with old-age loneliness in China at the two dates. However, two factors positively related to loneliness were found that are specific to the Chinese context: living in a rural (as opposed to urban) area, and thinking that one's children are not filial. To develop our understanding of loneliness among older people in China and other non-western countries, it will be necessary to construct more rigorous and comparable measurements of loneliness, and to undertake longitudinal studies of social relationships. (KJ/RH)  
ISSN: 0144686X  
From : <http://www.journals.cambridge.org/ASO>

## LONG TERM CARE

- 189/85 A to Z : mapping long-term care markets; by Resolution Foundation.: Resolution Foundation (Electronic format), 29 April 2008, 28 pp.  
The Resolution Foundation aims to improve the well-being of low earners, and to deliver change in areas where this income group is disadvantaged. The Foundation has chosen to focus on issues of residential and domiciliary long-term care for older people, because: long-term care presents particular challenges for low earners; it has a complex mixed market of funding and

delivery; and is becoming increasingly important as a government priority. This report describes and assesses the long-term care market, based on analysis conducted for the Foundation by Deloitte. It describes and explains the market functions of long-term care in a mapping exercise; assesses how well it operates according to the criteria of efficiency and fairness; and reflects on some key developments that will have a significant impact on the market in the near future. (RH)

**From** : Download at: <http://www.resolutionfoundation.org>

The Resolution Foundation, Juxon House, 100 St Paul's Churchyard, London EC4M 8BU.

Email: [info@resolutionfoundation.org](mailto:info@resolutionfoundation.org)

## **MEDICAL ISSUES**

(See Also 189/95)

189/86 Osteoarthritis: the care and management of osteoarthritis in adults; by National Collaborating Centre for Chronic Conditions; National Institute for Health and Clinical Excellence - NICE. London: NICE - National Institute for Health and Clinical Excellence, February 2008, unnumbered (Quick reference guide : NICE clinical guideline 59).

Irrespective of age, exercise should be a core treatment for people with osteoarthritis. This quick reference guide summarises the recommendations NICE has made to the NHS in 'Osteoarthritis: the care and management of osteoarthritis in adults' (NICE clinical guideline 59). It uses an algorithm to outline holistic assessment, core symptom-relieving therapies, management plan, patient self-management strategies, and whether to refer for surgery. Attention is drawn to patient-centred care that takes into account patients' individual needs and preferences. (RH)

ISBN: 1846295939

**From** : National Institute for Health and Clinical Excellence, MidCity Place, 71 High Holborn, London WC1V 6NA.

Website: <http://www.nice.org.uk/guidance/cg059>

189/87 Preventing Lyme disease; by Iain B McIntosh.

Geriatric Medicine, vol 38, no 2, February 2008, pp 75-79.

Ticks are endemic in many regions of the UK and Europe. Many older people, either living in the country or pursuing rural leisure-time activities, are at increasing risk from tick-borne infection.

With recent mild winters, the tick population has been increasing and new areas affected. Tick bites can transmit infections to human beings and a substantial number of ticks are infected with the causative agent of Lyme disease, *Borrelia burgdorferi*. Healthcare professionals and outdoor enthusiasts should be aware of the risks, of the precautions to take to avoid infection, and of the signs and symptoms of Lyme disease. (KJ/RH)

ISSN: 0268201X

## **MEDICATION**

189/88 Chemical restraint in nursing older people; by Rhidian Hughes.

Nursing Older People, vol 20, no 3, April 2008, pp 33-39.

The inappropriate and over-prescribing of medication is an area of nursing fraught with legal and ethical considerations. It can lead to people being chemically restrained and must only be used in exceptional situations. Therapeutic alternatives should take precedent. This article reviews studies on chemical restraint that show high levels of neuroleptic drug prescribing, including pro re nata or 'when required' medication, in care settings for older people. Studies also demonstrate that chemical restraint tends to be used in busy and under-resourced settings. Reviews and audits of neuroleptic medication should be undertaken regularly to alert nurses to local trends and patterns. (KJ/RH)

ISSN: 14720795

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

189/89 Prescribing for older people; by James C Milton, Ian Hill-Smith, Stephen H D Jackson. British Medical Journal, vol 336 no 7644, 15 March 2008, pp 606-609. Many randomised controlled trials involving older patients focus on managing a single disease state. However, people in this age group often have many interacting conditions and are taking many drugs. This review highlights some of the difficulties in prescribing to older patients, and offers guidance on appropriate prescribing. (RH)  
ISSN: 09598138  
From : <http://www.bmj.com>

#### **MENTAL HEALTH**

(See Also 189/17)

189/90 Audit of availability and awareness of guidelines for the management of confusion in older patients on general wards; by Ceri G Evans, Charles D'Souza, Paul Reynolds (et al). Psychiatric Bulletin, vol 32, no 4, April 2008, pp 143-145. Confusion in an older patient on a general hospital ward requires prompt and appropriate management. To this end, evidence-based guidelines have been produced and disseminated by Gwent Healthcare NHS Trust. An audit was carried out when it became apparent that junior doctors might not be aware of the guidelines and that their availability on the wards was limited. An action plan was generated and a second audit carried out. Our aim was to establish whether the doctors' knowledge of the guidelines and their availability on wards changed as a result of our action plan and audit. The audit consisted of a survey of general wards at the Royal Gwent Hospital and at St Woolos Hospital to assess availability of the guidelines and a questionnaire administered to a sample of junior doctors. The guidelines were available on 17% of wards; 11% of junior doctors were aware of them. Results of the audit informed implementation of an action plan. The second audit showed a limited improvement in availability and awareness of the guidelines, with no statistically significant difference. The clinical implications of this finding is that apparently well thought out action plans may produce minimal change, but unless the audit cycle is completed this fact cannot be corroborated. In generating action plans, more consideration may need to be given to the factors that influence the spread of change in healthcare systems. (KJ/RH)  
ISSN: 09556036  
From : <http://pb.rcpsych.org>

189/91 Is the degree of cognitive impairment in patients with Alzheimer's disease related to their capacity to appoint an enduring power of attorney?; by Rebecca Gregory, Fayaz Roked, Lisa Jones (et al). Age and Ageing, vol 36, no 5, September 2007, pp 527-531. Ideally, capacity to create an enduring power of attorney (EPA) should be assessed clinically, but it is sometimes necessary to assess capacity retrospectively, such as in the event of legal challenges. In this study, participants with a DSM-IV diagnosis of Alzheimer's disease (AD) were recruited from the Old Age Psychiatry service at the Queen Elizabeth Psychiatric Hospital, Birmingham. The study aimed to determine if information readily available from patient notes - such as Mini Mental State Examination (MMSE) score and socio-demographic data - were good predictors of capacity to create an EPA. The study found that while socio-demographic factors had no association with capacity, the MMSE score was a good predictor of capacity and could be used to aid retrospective assessments of capacity to create an EPA. (RH)  
ISSN: 00020729  
From : <http://www.ageing.oupjournals.org>

189/92 A measure of English acculturation stress and its relationships with psychological and physical health status in a sample of elderly Russian immigrants; by Thanh V Tran, Tricia Sung, Anh-Luu T Huynh-Hohnbaum. Journal of Gerontological Social Work, vol 50, no 3/4, 2008, pp 37-50. This study aims to evaluate the factor structure and criterion validity of the English Language

Acculturation Stress (ELAS) scale in a community-based sample of elderly Russian immigrants. The sample consists of 300 Russian immigrants with an equal number of females and males, aged 59 to 93. The majority of the respondents were married (72%) at the time the interviews were conducted. On average, the respondents have lived in the United States for about 7 years. Exploratory and confirmatory factor analyses to ascertain the factor structure or conceptual dimensions of the 11-item ELAS scale were performed. The findings revealed that this 11-item scale encompasses three dimensions : basic English skills, survival English skills, and social involvement English skills. Correlation analyses of the scale with depression, physical health status and length of residence suggest that the ELAS has good criterion validity and potential as a screening instrument of language acculturation stress for elderly Russian immigrants. Implications for research and practice are discussed. (KJ/RH)

ISSN: 01634372

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

<http://www.HaworthPress.com>

- 189/93 The Mental Capacity Act in practice: guidance for end of life care; by Simon Chapman, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, March 2008, 43 pp.

This new guidance takes into account all new guidance since the NCPC's previous October 2005 publication on the subject: the Code of Practice and establishment of the Independent Mental Capacity Advocate (IMCA) service; the new Court of Protection; and the Office of the Public Guardian (OPG). It explains the Mental Capacity Act 2005 (MCA) in the context of current developments in palliative care; sets out NCPC's future work plans in relation to the MCA; and suggests further reading and websites. It is written for professionals and organisations working in all settings that provide palliative care services, but is also intended to help patients, care home residents, informal carers and family members. Among other issues explained are: assessing capacity; best interests; advance decisions to refuse treatment; liability and responsibility; restraint; third party involvement in decision-making; ill-treatment and neglect; and advance care planning. (RH)

Price: £10.00

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

- 189/94 Mental health in later life, a neglected area of policy and research allocation: summary of the UK Inquiry into Mental Health in Later Life; by Philip Hurst, Jane Minter. Housing, Care and Support, vol 10, no 3, December 2007, pp 17-20.

This article is a "taster" and summarises the issues identified in the reports of the UK Inquiry on Mental Health and Well-being in Later Life (MHILLI). It looks at how the Inquiry undertook its work, how older people with mental health problems are often overlooked and what their views and experiences are of accessing services, what actions are proposed for the housing, health and care sectors, and key issues and recommendations. Age Concern is committed to auditing the response to the recommendations and will report progress in 2009. (KJ/RH)

ISSN: 14608790

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

- 189/95 Post-traumatic stress and co-morbidity following myocardial infarction among older patients: the role of coping; by M C Chung, Z Berger, R Jones (et al).

*Aging & Mental Health*, vol 12, no 1, January 2008, pp 124-133.

96 myocardial infarction (MI) patients were recruited from two UK general practices and completed the Post-traumatic Stress Diagnostic Scale (PDS), the General Health Questionnaire 28 (GHQ-28) and the COPE scale. 92 older patients with no previous MI experience constituted the control. Using the PDS, 30%, 42% and 28% had full, partial and no PTSD respectively. There were significant differences between the patient groups and the control on all GHQ-28 subscales. Significant differences were also identified between the patient groups in the following coping

strategies: seeking emotional behaviour support; suppression of competing activities; restraint coping; focusing on and venting of emotion; and mental and behavioural disengagement. Controlling for bypass surgery, previous mental health difficulties, angioplasty, heart failure and angina, MANCOVA results did not change the overall results of the GHQ-28 but changed the results of coping, in that seeking emotional social support and behavioural disengagement stopped being significant. Coping was a partial mediator between different levels of post-MI PTSD and co-morbidity. Depending on the severity of PTSD symptoms, co-morbidity and coping strategies can vary among older patients. Older patients with full PTSD tend to use both maladaptive coping strategies as well as problem-focused coping. (RH)

ISSN: 13607863

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

189/96

Sleep and sleep disorders; by Nabil M Aly, Maqsud Salehin.

Geriatric Medicine, vol 38, no 4, April 2008, pp 210-220.

In older people, sleep disturbances are very common. Changes in sleep patterns may be a normal part of ageing, but many other factors in older people can contribute to sleep problems. Sleep disorders decrease quality of life in older people by causing daytime sleepiness, tiredness and lack of energy. Poor quality of sleep can also lead to confusion, difficulty concentrating and poor performance in tasks. This article discusses the main features of sleep disorders in older people, the causes and the general management options. (KJ/RH)

ISSN: 0268201X

#### **MENTAL HEALTH SERVICES**

189/97

The balance of care: reconfiguring services for older people with mental health problems; by S Tucker, J Hughes, A Burns (et al).

Aging & Mental Health, vol 12, no 1, January 2008, pp 81-91.

The belief that most older people, including those with complex needs, can, and would prefer to be, cared for in their own homes underpins community care policy in many developed nations. There is thus a common desire to avoid the unnecessary or inappropriate placement of older people in care homes or in hospital by shifting the balance of provision. This paper demonstrates the utility of a "balance of care" approach to address these issues in the context of commissioners' intention to reconfigure services for older people with mental health problems in a defined geographical area of the North West of England. The findings suggest that, if enhanced services were available, a number of people currently admitted to residential or hospital beds could be more appropriately supported in their own homes at a cost that is no greater than that currently incurred by local agencies. (RH)

ISSN: 13607863

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

189/98

Delays in discharging elderly psychiatric in-patients; by Irfan Hanif, Bhupendra Rathod.

Psychiatric Bulletin, vol 32, no 6, June 2008, pp 211-213.

The issue of older psychiatric patients remaining in hospital after being declared medically fit is of concern to doctors, hospital managers and politicians alike. This article sets out the findings from a study involving older psychiatric patients at a district general hospital, undertaken to establish the actual lengths, reasons for and financial implications of delays in discharge. The study involved 50 in-patients, all of whom had been discharged over the 3-month study period from Leigh Hospital, Wigan. More than half of the patients in the sample were subject to some delay in discharge and for patients waiting for Elderly Mentally Infirm (EMI) placements this averaged 50 days. Collectively, nearly 25% of the time spent in hospital was due to delay. The cost to the hospital was estimated at more than £700,000 in 1 year. Patients are being put at extra risk in terms of their health by being delayed in hospital. Issues of institutionalisation, nosocomial infections and falls are of primary concern. (KJ/RH)

ISSN: 09556036

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

- 189/99 Direct referrals from social services to community teams for older people with mental illness; by Sujata Das, Walter P Bouman. Psychiatric Bulletin, vol 32, no 5, May 2008, pp 164-165.  
The aim of the study was to evaluate the open referral system from social services to a community mental health team (CMHT) for older people. Referral letters from social services to the specialist team were reviewed, as were the case notes. Of the 40 referrals, 38 (95%) were accepted by the CMHT. Only 6 (15%) fulfilled the team's existing referral criteria. The majority of referrals (n= 36, 90%) had details of the patient's mental health problems. None of the referrals with memory problems had a cognitive assessment. Of the 38 referrals accepted by the CMHT, 36 were found to be suffering from a mental illness. The open referral system from social services did not increase the total number of annual referrals. Social services play an important role in identifying and referring older people with mental illness and ensure a potentially rapid referral route bypassing primary care. The practice of accepting direct referrals from social services should be encouraged as part of the referral system. (KJ/RH)  
ISSN: 09556036  
From : <http://pb.rcpsych.org>
- 189/100 Healthcare Commission National Audit of Violence 2006-7: Final report - Older people's services; by Healthcare Commission; Centre for Quality Improvement, Royal College of Psychiatrists - RCP.: Electronic format only, 2007, 146 pp.  
This report describes the findings from the 2006/7 phase of the National Audit of Violence which was funded by the Healthcare Commission and managed by the Royal College of Psychiatrists' Centre for Quality Improvement. A total of 69 NHS trusts and independent sector organisations took part in the programme, representing 78% of all eligible participants in England and Wales. Work focused on two specialties - older people's services and acute services. Data was collected between October 2006 and March 2007. This report presents the findings from older people's services. This is the second time that the Healthcare Commission and Royal College of Psychiatrists have joined forces to examine the needs of patients and staff with regard to violence in inpatient mental health services. For this audit, the focus has been on older people's services, and comparison with their working age adult counterparts. Often the serious problems facing mental health services are believed to be confined to working age adults. This report shows that violence and unsatisfactory conditions for staff and people admitted to hospital, apply equally to older people's services. An executive summary prefaces the full report, in which there is a glossary and eight appendices. (KJ)  
From : National Audit of Violence, RCP Centre for Quality Improvement, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA. <http://www.rcpsych.ac.uk/nav>

## **MENTAL ILLNESS**

- 189/101 Comparison of older people with psychosis living in the community and in care homes; by Emily Clancy, Robert C Baldwin. Psychiatric Bulletin, vol 32, no 5, May 2008, pp 177-178.  
Two groups of older people with chronic schizophrenia or delusional disorder living in the community and in care homes, along the domains of morbidity suggested by prior research, are compared. From the case-load of one old age psychiatrist, 22 individuals with chronic psychosis residing in care homes were compared to 23 living in their own homes. The measures used were: the Positive and Negative Symptom Score (PANSS; Kay et al, 1987); the Mini Mental State Examination (MMSE; Folstein et al, 1975); the Burvill Physical Illness Scale (Burvill et al, 1990); and an Instrumental Activities of Daily Living Scale (IADL; Lawton et al, 1969). Those in care homes had significantly higher PANSS scores, largely accounted for by significantly more deficit symptoms. They also had poorer cognition and significantly greater impairment in daily-life activities, but their medical condition was not significantly worse. Most were seen only by a psychiatrist. The greater morbidity and disablement of older people with chronic schizophrenia or delusional disorder living in care homes is likely to be intrinsic to the disorder but does not

appear to be taken into account in current service planning or delivery. (KJ/RH)

ISSN: 09556036

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

189/102

A study of self-harm in older people: mental disorder, social factors and motives; by M S Dennis, P Wakefield, C Molloy (et al).

*Aging & Mental Health*, vol 11, no 5, September 2007, pp 520-525.

Data were collected on 76 older people who presented to a specialist self-harm team. Data collected included: diagnosis, suicide intent, motives for self-harm, social contacts, and life events and difficulties. Most of these older people who harmed themselves had high suicide intent and 69% were depressed. Patients were frequently living alone with an isolated lifestyle and poor physical health. Depressed self-harm subjects had higher suicide mean scores than non-depressed; and to gain relief from an unbearable state of mind was a frequently recorded motive for these patients. Other motives for self-harm appear to be similar between depressed and non-depressed self-harmers. It is important that older people who self-harm receive an appropriate assessment of both risk and need by an experienced mental health professional skilled at recognising depression in later life. The need for adequate recognition and management of depression in older people in primary care is also highlighted. (RH)

ISSN: 13607863

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

### **MIGRATION**

(See 189/68)

### **NURSING**

(See 189/88, 189/123)

### **OLDER MEN**

(See Also 189/1, 189/25)

189/103

Testosterone replacement in ageing men; by Rebecca Neno.

*Nursing Older People*, vol 20, no 4, May 2008, pp 8-9.

The author reports on preliminary findings from the largest ever study of ageing in men, the European Male Ageing Study (EMAS), which is looking at some of the factors that affect men's health and wellbeing as they grow older, particularly with regard to hormonal changes. EMAS began in August 2003 and will follow the lives of 3,200 men in eight European countries for a minimum five-year period. One of its aims is to clarify whether there is a clinical condition specific to the ageing male similar to the female menopause, and whether there are health benefits for men in receiving testosterone replacement therapy. (KJ/RH)

ISSN: 14720795

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

### **OLDER OFFENDERS**

189/104

Elderly prisoners: a growing and forgotten group within correctional systems vulnerable to elder abuse; by Stan Stojkovic.

*Journal of Elder Abuse & Neglect*, vol 19, no 3/4, 2007, pp 97-118.

There are more than 2.1 million people incarcerated in jails and prisons in the US. Additionally, close on 600,000 prisoners are released annually, many of whom are aged 50+. This article examines the systematic abuse and neglect experienced by older prisoners while they are incarcerated and when they are released from prison. Most correctional systems have inadequate resources, processes and personnel to manage the older population inside and outside of prisons.

As well as providing a definition of "older prisoner", two specific problems - prison healthcare and prisoner re-entry - are examined. The article concludes with recommendations for both policy and research on how best we can further understand and attend to the multiple needs and concerns faced by older prisoners. (RH)

ISSN: 08946566

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

## **OLDER WOMEN**

189/105 Women, ageing and health: a framework for action: focus on gender; by Alexandre Kalache, Irene Hoskins, Department of Ageing and Life Course (ALC), World Health Organization - WHO; Department of Gender, Women and Health (GWH), World Health Organization - WHO; United Nations Population Fund (UNFPA). Geneva: World Health Organization, 2007, 55 pp (Order no. 11500722).

The concept and principles in this document build on WHO's active ageing policy framework, and offers life-course and determinants of health approaches. It aims to provide information on ageing women in both developing and developed countries: their health status; personal, behavioural, economic and social determinants; and the physical environment. Together with a complementary longer review, this publication is designed to contribute to the global review on progress since the Fourth World Conference on Women (Beijing, 1995), the Madrid International Plan of Action on Ageing (2002), and the implementation of the Millennium Development Goals. The report is also based on a literature review (available at [www.who.int/ageing/en](http://www.who.int/ageing/en)) compiled by Peggy Edwards. A 4-page insert, "A framework for action on women, ageing and health", provides examples of the three pillars relating to a life course approach to maintaining functional capacity: health, participation and security. (RH)

Price: CHF/US\$ 15.00

From : WHO, WHO Press, 1211 Geneva 27, Switzerland. E-mail: [bookorders@who.int](mailto:bookorders@who.int)

Website: [www.who.int/bookorders](http://www.who.int/bookorders) [www.who.int/ageing/en](http://www.who.int/ageing/en) [www.who.int/gender/en](http://www.who.int/gender/en)

## **PALLIATIVE CARE**

189/106 Development of palliative care and legalisation of euthanasia: antagonism or synergy?; by Jan Bernheim, Reginald Deschepper, Wim Distelmans (et al).

British Medical Journal, vol 336 no 7649, 19 April 2008, pp 864-867.

Debates about euthanasia often polarise opinion, but in Belgium the two sides have been mutually reinforcing: advocates for the legalisation of euthanasia work in palliative care and vice versa. Belgium was the second country to legalise euthanasia but also has among the best developed palliative care, and the authors outline milestones in the development of both. Adequate palliative care has made the legalisation of euthanasia ethically and politically acceptable. (RH)

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

189/107 Exploring non-medical prescribing in palliative care; by Lucy Sutton, Ross Carroll, National Council for Palliative Care - NCPC; Help the Hospices. London: National Council for Palliative Care, March 2008, 17 pp.

Non-medical prescribing (NMP) relates to any prescribing that is undertaken by a health care professional who is not a doctor or dentist. A survey by the National Council for Palliative Care (NCPC) assessing issues around NMP in palliative care has prompted further investigation by NCPC. This publication outlines the survey results and the issues affecting NMP and specialist palliative care, for example: training and support; mentorship; access to records; and medical reluctance. The benefits of introducing NMP are summarised, and some local and national recommendations are made. (RH)

Price: £15.00

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

189/108

Listening to the experts: a summary of 'User involvement in palliative care: a scoping study'; by Sian Maslin-Prothero, Helen Findlay (eds), Service User Advisory Group, National Council for Palliative Care - NCPC; Lancaster University; St Christopher's Hospice. London: National Council for Palliative Care, May 2008, 27 pp.

This document is an edited version of 'User involvement in palliative care: a scoping study', which was funded by St Christopher's Hospice in 2004, and can be found on the NCPC website ([www.ncpc.org.uk](http://www.ncpc.org.uk)). The Service User Advisory Group (SUAG) at the NCPC recognised the need for this document to be brought up to date, placed in the public domain, and in an accessible format. Sian Maslin-Prothero and Helen Findlay from the SUAG worked with Professor Sheila Payne and colleagues to edit and update the original report for 2008. User involvement is widely promoted within health and social care policy as an effective means of developing patient-centred services. This report is predominantly concerned with the development of user involvement initiatives in relation to services rather than research. It outlines the findings of a literature search in three ways: bibliometric analysis, an annotated bibliography, and qualitative content analysis. The views of key informants obtained using face-to-face or telephone interviews are presented, and confirm an increasing level of activity in relation to user involvement in palliative care. (RH)  
Price: £15.00

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

#### **PENSIONS AND BENEFITS**

189/109

Class, gender and chance: the social division of welfare and occupational pensions in the United Kingdom; by Traute Meyer, Paul Bridgen.

Ageing and Society, vol 28, part 3, April 2008, pp 353-382.

The social division of welfare literature emphasises the extent to which occupational pension provision is distributed on the basis of class and gender. As most previous commentators have at least implicitly recognised, however, a significant proportion of less advantaged people are covered. This paper argues that the patterns of access and their distributional consequences must be considered more systematically, and that in this context, the diversity of employers' pension schemes are investigated. When this is done, it emerges that in the United Kingdom, the spread of occupational provision beyond the most privileged workers means that some vulnerable individuals avoid poverty in retirement. At the same time, however, the main determinant of which less advantaged people are covered and which not is chance. While class and gender are important predictors of who receives occupational pensions, access for the disadvantaged arises mainly as an accident of an employment decision made for reasons unrelated to savings or pensions criteria. This paper argues that the implication is that unsustainable justice-based arguments are currently used by policy makers to sanction the current distribution of UK pension incomes. The paper concludes by discussing the implications of the findings for the appropriateness of recent UK policy proposals and for international debates about pension reform. (KJ/RH)

ISSN: 0144686X

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

189/110

The impact of benefit and tax uprating on incomes and poverty; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, April 2008, 4 pp.

Findings, 2218, April 2008, 4 pp.

Each year, the government decides by how much to raise benefits and tax allowances. The basis for these upratings is rarely debated, yet has major long-term consequences for the relative living standards of different groups and for public finances. A team of researchers from the London School of Economics (LSE) and the Universities of Essex, Oxford and East London considers the implications of present uprating policies, with the aim of stimulating debate on this hidden area of policy-making. The impact of different uprating systems is outlined in respect of the effects on poverty and the public purse, and the distributional effects of fiscal drag and benefit erosion. The

full report (same title), is by Holly Sutherland, Martin Evans, Ruth Hancock, John Hills and Francesca Zentornio, published by the Joseph Rowntree Foundation (JRF), and also available as a free download (from [www.jrf.org.uk](http://www.jrf.org.uk)). (RH)

ISSN: 09583084

Price: FOC

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.  
<http://www.jrf.org.uk>

189/111

Routes onto Incapacity Benefit: findings from a survey of recent claimants: research summary; by Peter A Kemp, Jacqueline Davidson, Department for Work and Pensions - DWP; Department of Social Policy and Social Work, University of Oxford; Social Policy Research Unit - SPRU, University of York. London: Department for Work and Pensions, 2007, 4 pp (Department for Work and Pensions research summary).

The processes by which people come to claim incapacity related benefits are not well understood. The Department for Work and Pensions (DWP) commissioned the Department of Social Policy and Social Work, University of Oxford and the Social Policy Research Unit (SPRU), University of York to carry out this quantitative study, to provide detailed information on the characteristics and circumstances of new claimants of Incapacity Benefit (IB). The study also sought to provide statistical information about routes onto IB that had previously been identified in a linked qualitative study conducted for the DWP. Face-to-face, structured interviews were conducted with a representative sample of 1843 recent IB claimants. 'Recent claimants' were defined as people who had made a new claim for IB in the previous 3 months; interviews were carried out around 6 months after people had made their claim for IB. This summary outlines findings regarding claimant characteristics (and employment, health and disability), the role of employers, claiming IB, and work expectations and barriers once on IB. The full report (Research report 469) is published by Corporate Document Services, and available from the same sources as this summary. (RH)

From : Paul Noakes, Central Social Research Services, 4th Floor, The Adelphi, 1-11 Robert Adam Street, London WC2N 8HT. E-mail: [Paul.Noakes@dwp.gsi.gov.uk](mailto:Paul.Noakes@dwp.gsi.gov.uk) Download report: <http://www.dwp.gov.uk/asd/asd5/rrs-index.asp>

## **PERSONALISATION**

189/112

A report on in Control's second phase: evaluation and learning 2005-2007: edited by Carl Poll and Simon Duffy; [with evaluation by] Chris Hatton [and] John Waters; by Chris Hatton, John Waters, Simon Duffy (et al), in Control; Institute for Health Research, University of Lancaster. London: in Control Publications, 2008, 144 pp.

In 2003, in Control began work on developing a new model for social care, its main aim being independent living, to have choice and control in how support needs are met. The organisation's earlier work is analysed in a report on its first phase, 2003-2005 (document 0218 or for summary, 0219 on its website). The present report continues the story: more than 100 local authorities are in Control members and are implementing self-directed support for people from all "social care groups". The report is in two parts, Part 1 being an evaluation. Part 2 contain seven chapters in which different authors reflect on lessons offered by in Control's work in important subject areas: Self-Directed Support - a universal system; economics; support planning and brokerage; children and young people; community; commissioning and provision; and in Control's role. An appendix presents a joint statement by in Control and the National Centre for Independent Living (NCIL), whereby the two organisations work in partnership. (RH)

Price: £20.00

From : in Control Publications, 4 Swan Courtyard, Coventry Road, Birmingham B26 1BU. E-mail: [admin@in-control.org.uk](mailto:admin@in-control.org.uk) Website: [www.in-control.org.uk](http://www.in-control.org.uk)

189/113

Schemes providing support to people using direct payments: a UK survey; by Vanessa Davey, Tom Snell, José-Luis Fernández (et al), Direct Payments Survey group (DPS), Personal Social Services Research Unit - PSSRU, London School of Economics and Political Science - LSE.:

Personal Social Services Research Unit, London School of Economics and Political Science, on behalf of the Direct Payments Survey group, September 2007, 126 pp.

Direct payments give greater control to people assessed as needing social care or support, and form a key part of the agenda for the developing social care system. However, they also raise many challenges for all involved, be they users or scheme administrators. This report sets out the main findings from a survey of schemes providing support to direct payment users, by identifying their capacity to respond to the needs of different user groups. The focus is on the main parameters of supply: staffing levels; income and expenditure; extent and ranges of services provided; levels of service utilisation; and factors aiding or hindering the implementation of direct payment. The survey represents the combined efforts of three multidisciplinary research teams involved in national studies of direct payments: a team from the Personal Social Services Research Unit (PSSRU) at the London School of Economics and Political Science (LSE); a team from the Universities of Leeds, Edinburgh and Glasgow; and a team from the Health and Social Care Advisory Service (HASCAS), the Foundation for People with Learning Disabilities (FPLD) at the Mental Health Foundation and the Health Service Management Centre (HSMC) at the University of Birmingham. (RH)

Price: £12.00 (download FOC)

From : The Administrator, Personal Social Services Research Unit, London School of Economics and Political Science, Houghton Street, London WC2A 2AE. Free download available from DPS web pages: [www.pssru.ac.uk/dps.htm](http://www.pssru.ac.uk/dps.htm)

## **POLITICS**

189/114

An exploratory study of older adults' participation in civic action; by Geri Adler, Jennifer Schwartz, Michael Kuskowski.

Clinical Gerontologist, vol 31, no 2, 2007, pp 65-76.

Older adults are increasingly addressing issues facing their communities and larger society. This exploratory study examined the motivations and barriers to civic participation in a group of elders. Participants were divided into two groups - "activists" who considered themselves involved in social action; and "non-activists" who did not. Activists were more educated, had higher incomes and were more likely to be female than non-activists. Regression analyses revealed that higher education was a significant predictor of perceived social activism. By understanding the benefits of and challenges to civic participation, activities can be developed in ways that encourage and recognise involvement. (KJ)

ISSN: 07317115

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

<http://www.HaworthPress.com>

## **POVERTY**

(See 189/110)

## **PUBLIC SERVICES**

189/115

Older people and emergencies: considerations for action and policy development; by David Hutton, Alexandre Kalache, Louise Plouffe, Department of Ageing and Life Course (ALC), World Health Organization - WHO; Family and Community Health (FCH), World Health Organization - WHO; Emergency Preparedness and Capacity Building (EPC) - World Health Organization - WHO. Geneva: World Health Organization, 2008, 44 pp (Order no. 11500724).

Older people have often been overlooked in disasters and conflicts, and their concerns have rarely been dealt with by emergency programmes. This analysis seeks to highlight factors that particularly affect older people in emergencies, especially health-related concerns and economic and social marginalisation. It proposes a strategy to raise awareness about older people in emergencies, and recommends policies and practices to address these considerations. It suggests

objectives for the three phases identified for dealing with such emergencies: preparedness; emergency response and operations; and recovery and transition. This publication was developed by the Department of Ageing and Life Course (ALC) under the direction of Alexandre Kalache and Louise Plouffe. (RH)

From : WHO, WHO Press, 1211 Geneva 27, Switzerland. E-mail: bookorders@who.int Website: www.who.int/bookorders www.who.int/ageing/en www.who.int/disasters/en

## **QUALITY OF LIFE**

(See 189/37)

## **REHABILITATION**

189/116

Network-based rehabilitation increases formal support of frail elderly home-dwelling persons in Finland: randomised controlled trial; by K Ollonqvist, T Aaltonen, S-L Karppi (et al).

Health and Social Care in the Community, vol 16, no 2, March 2008, pp 115-125.

The AGE study is a national randomised, long-term multicentre research project aimed at comparing a new network-based rehabilitation programme with the use of standard health and social services. The use of home help services is associated with increasing age, living alone and having difficulties with activities of daily living. During a rehabilitation intervention the elderly participants' need for care can be assessed. The focus of this paper is to investigate the possible effects of the network-based rehabilitation programme on the use of informal and formal support among home-dwelling elderly at a high risk of long-term institutionalisation. The randomised controlled trial with a 12-month follow-up was implemented in 7 rehabilitation centres and 41 municipalities in Finland. The participants were recruited between January and October 2002. A total of 708 home-dwelling persons aged 65 years or older with progressively decreasing functional capacity and at the risk of being institutionalised within 2 years participated. Persons with acute or progressive diseases or poor cognitive capacity (Mini Mental State Examination 18 points), and those who had participated in any inpatient rehabilitation during the preceding 5 years, were excluded. Participants were randomly allocated to the intervention group (n=343) or to the control group (n=365). The intervention consisted of a network-based rehabilitation programme specifically designed for frail elderly people. Main outcome measures included the help received from relatives and municipal or private services. The use of municipal services increased more in the intervention group than in the control group. Support from relatives decreased in the control group. The rehabilitees' ability to manage with daily activities decreased and they received additional help; hence, in this respect the rehabilitation model seems successful. A longer follow-up within the still ongoing AGE study is needed to verify whether the programme actually can delay long-term care. (KJ)

ISSN: 09660410

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

## **RELIGION AND SPIRITUALITY**

(See Also 189/48)

189/117

Age differences in spirituality, mystical experiences and wisdom; by Thao N Le.

Ageing and Society, vol 28, part 3, April 2008, pp 383-412.

Although philosophical and contemplative traditions suggest that religiousness and spirituality are associated with wisdom, few empirical studies have examined the relationship. This paper investigates the associations between spirituality and mystical experiences and two types of wisdom: practical wisdom, primarily the ability to understand and resolve difficult life dilemmas (or an 'expert' knowledge system and the highest level of synthesised mental functioning); and transcendent wisdom, which goes beyond personal self-interest, biases and perceptions and involves the ability to see things or others as they are directly. Two studies are reported. The first is of mostly older European-American and Vietnamese-American adults. It was found that mystical

experiences promoted transcendent wisdom, but that the effect was moderated by self-enhancement values of power, status and achievement. The Vietnamese-American adults who reported mystical experiences and endorsed high self-enhancement values scored the lowest on transcendent wisdom. Being part of a religious or spiritual community positively associated with transcendent wisdom. On the other hand, religiousness, spirituality and mystical experiences did not relate to practical wisdom. The second study was of European-American and Vietnamese-American young adult students. It found that institutional and personal religious/spiritual practice was associated with two self-report measures of wisdom. Regardless of the mechanisms and processes associated with spirituality and mystical experiences, its fruits appear to be associated with transcendent wisdom. (KJ/RH)

ISSN: 0144686X

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

## RESEARCH

189/118 Evaluating the impact of the National Service Framework for Older People: qualitative science or populist propaganda?; by Rowan H Harwood.

Age and Ageing, vol 36, no 5, September 2007, pp 483-485.

The evaluation conducted by Jill Manthorpe and others (including Older People Researching Social Issues - OPRSI) in this issue of Age and Ageing (pp 501-507) is examined in this editorial article. The extent to which the evaluation is valid, worth publishing, and is able to assess the effectiveness of the National Service Framework for Older People (NSFOP) is open to question. Rowan Harwood notes the increasing use of qualitative research on healthcare, but questions whether qualitative methods can help evaluate policy, particularly in an area as politicised as the health service. The conclusions to be drawn are up to the individual reader. (RH)

ISSN: 00020729

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

189/119 Involving older people in health research; by N Fudge, C D A Wolfe, C McKeivitt.

Age and Ageing, vol 36, no 5, September 2007, pp 492-500.

The involvement of older people in health research is a growing phenomenon, particularly in the UK. The authors reviewed published reports of studies which involved older people in commissioning, prioritising, designing, conducting or disseminating research. Systematic searches were conducted of databases (PubMed, SCI-EXPANDED, SSCI, A&HCI, ASSIA, Embase, CINAHL and Medline) for English language studies published between 1995 and 2005 which had involved older people as partners in the research process as opposed to research subjects. 30 studies were included and classified according to the stage in the research process in which older people were involved. Barriers to involving older people were cultural divisions, language barriers, research skills capacity, ill health, time and resources. Four of the studies had been formally evaluated to identify the impact of involvement. Evaluation focused on the impact on participants rather than on impact on research processes and outcomes. Benefits to participants included increased knowledge, awareness and confidence, meeting others in similar situations, empowering older people to become active in their community regarding decisions or policies which affect them. Factors hindering the involvement of older people in research are the same as reported factors hindering the involvement of younger people, suggesting that age, per se, is not a barrier. To demonstrate the impact of user involvement on research quality, the definition of user involvement requires clarification, and systematic evaluation of research involving older people needs to be developed. (RH)

ISSN: 00020729

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

189/120 Why involve older people in research?; by Alan Walker.

Age and Ageing, vol 36, no 5, September 2007, pp 481-482.

The consumer perspective of ageing research is the theme of this editorial, and is by way of introduction to the article by Fudge et al in this issue of Age and Ageing. Alan Walker suggests

that older people's involvement in research may be characterised as a continuum between two models: consumerism and empowerment. He argues that older people should be involved as a matter of human rights, but equally importantly to contribute their own understandings about ageing and service use. He concludes by referring to UK and European research initiatives, including the New Dynamics of Ageing Research Programme funded by the five UK Research Councils which has placed involvement of older people in research high on its agenda. (RH)

ISSN: 00020729

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## **RESIDENTIAL AND NURSING HOME CARE**

(See Also 189/47)

- 189/121 Motivation and commissioning: perceived and expressed motivations of care home providers; by Tihana Matosevic, Martin Knapp, Julian Le Grand.  
Social Policy & Administration, vol 42, no 3, June 2008, pp 228-247.  
Commissioning of social care for older people has seen major changes since the early 1990s. Considerable responsibility now rests with local authority staff, whose views of care home providers' motivations, their perceived strengths and weaknesses as service providers, will have a bearing on commissioning decisions. The authors examine commissioners' views of provider motivations in eight English local authorities and compare their perceived motivations with providers' expressed motives. Data were collected through semi-structured face-to-face interviews with commissioners and care home providers. Providers are generally perceived by commissioners as highly altruistic, but also relatively financially motivated individuals. Further analysis revealed significantly different views towards profit-maximizing, which commissioners perceive as very important, while providers consider it to be of little motivational value. Private sector providers are described by commissioners as significantly more motivated by personal income. Associations are found between commissioners' perceptions of motivations and the nature of their relationships with providers. Perceptions of providers' motivations appear important within the commissioning framework. (KJ)  
ISSN: 01445596
- 189/122 Partners in caregiving in a special care environment: cooperative communication between staff and families on dementia units; by Julie Robison, Leslie Curry, Cynthia Gruman (et al).  
The Gerontologist, vol 47, no 4, August 2007, pp 504-515.  
Results are reported of a randomised controlled evaluation of Partners in Caregiving in a Special Care Environment, an intervention designed to improve communication and cooperation between staff and families of residents in nursing home dementia programmes. Participants included 388 family member and 384 nursing staff members recruited from 20 nursing homes, randomly assigned to treatment and control conditions. Project staff conducted training sessions on communication and conflict resolution techniques with two groups of the interventions sites: staff and residents' family members, followed by a joint meeting with facility administrators. Families, staff, residents and facility programmes in the intervention facilities all demonstrated positive outcomes from programme participation. Families experienced significant improvement in communicating with staff and in staff behaviours toward them; and spouses of residents increased their care involvement. Staff reported reduced conflict with families and reduced depression; burnout for nurses increased for individuals in the control group but not those in the treatment group. Behavioural symptoms decreased for residents, and facilities implemented more family-focused programmes. Effective staff and family partnerships are critical in caring for residents with dementia. The Partners in Caregiving in a Special Care Environment programme enables these partnerships to develop and thrive, translating into improved experiences for residents, families and staff. (RH)  
ISSN: 00169013  
From : <http://www.geron.org>

- 189/123 Providing nursing support within residential care homes; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, April 2008, 4 pp.  
Findings, 2202, April 2008, 4 pp.  
Over the last 20 years, changes in health care provision have resulted in increased reliance on community services, focusing on the NHS's role on acute care provision. Estimates suggest that 140,000 people are now living in registered care homes, most of them older people. These findings outline a study examining a joint NHS and local authority initiative providing a dedicated nursing and physiotherapy team to three residential care homes in Bath and North East Somerset. The initiative aims to meet the nursing needs of residents where they live, and to train care home staff in basic nursing. The research was carried by Deidre Wild and Sara Nelson of the Faculty of Health and Life Sciences, University of the West of England, and Ala Szczepura of Warwick Medical School, University of Warwick. Full details of these findings are in two interim reports: 'The In-Reach model described from the perspectives of stakeholders, home managers, care staff, and the In-Reach Team' (available from [deidre.wild@uwe.ac.uk](mailto:deidre.wild@uwe.ac.uk)) and 'Audit of In-Reach Team (IRT): activity, costs, benefits and impacts on long-term care' (available from [ala.szczepura@warwick.ac.uk](mailto:ala.szczepura@warwick.ac.uk)). (RH)  
ISSN: 09583084  
Price: FOC  
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.  
<http://www.jrf.org.uk>
- 189/124 Supporting older people in care homes at night; by Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, April 2008, 4 pp.  
Findings, 2201, April 2008, 4 pp.  
Care homes provide a 24-hour service. Many research projects have focused on daytime care and provision in care homes, but little is known about night-time care practices and provision, especially the views and experiences of residents and the views and practices of night care staff. These findings outline the results of an action research study by a team at the Centre for Research on Families and Relationships, University of Edinburgh. The study explores the night-time care experiences of residents, relatives and staff in three care homes in Scotland. It identifies good practice and suggests improvements through a series of interventions. These are used to make recommendations for care regulators, commissioners and providers, home managers and night-time care staff. The full report (same title), by Diana Kerr, Heather Wilkinson and Colm Cunningham, is published by the Joseph Rowntree Foundation (JRF) and is available as a free download on the JRF website. (RH)  
ISSN: 09583084  
Price: FOC  
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.  
<http://www.jrf.org.uk>
- 189/125 You can't complain ...: [the position of self-funding older people in care homes]; by Louise Tickle. Community Care, issue 1716, 3 April 2008, pp 26-27.  
Currently, self-funding older people in care homes cannot make an independent complaint, a situation that is likely to continue for some time. Age Concern England (ACE) is one of a number of organisations lobbying for amendments to the Health and Social Care Bill going through Parliament during session 2007/08 to strengthen the complaints procedure and extend care home residents' rights. This article comments on responses by the Department of Health (DH) and government minister Ivan Lewis to these requests. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

## RURAL ISSUES

(See 189/134)

## **SHELTERED HOUSING**

- 189/126 Shared living in supported housing: client responses and business decisions; by Lynn Vickery, Veronica Mole.  
Housing, Care and Support, vol 10, no 4, December 2007, pp 20-26.  
The shared housing model has been used widely for many years in association with supported housing. It is the subject of debate among providers and commissioners, who may regard it as old-fashioned and not conducive to independent living, but for some clients and organisations it continues to offer a positive option in helping alleviate loneliness and isolation. Current growth in the work of social landlords and their agents includes a wider range of client groups with a variety of aspirations and support needs. Shared housing may offer new opportunities to these groups. With the new emphasis on neighbourhoods and inclusion, does the shared housing model possess attributes that commend it to communities in new ways, or is it a model of the past? The article offers suggestions to enable shared housing to be evaluated as part of housing associations' business plans while keeping a focus on residents' views, as reflected in 25 case study locations. (KJ/RH)  
ISSN: 14608790 From : Website: <http://www.pavpub.com>

## **SOCIAL CARE**

(See Also 189/79, 189/80, 189/112)

- 189/127 "A life not a service?": transforming the meaning of care; by Paul Cann. London  
Journal of Care Services Management, vol 2, no 2, January-March 2008, pp 127-133.  
The planned Green Paper on adult social care could conceivably make real progress in achieving an accepted settlement for the organisation and funding of one of the biggest challenges of an ageing population: how to pay for long-term care. The demography may be daunting but it should not induce despair, if the opportunity is seized. The starting point should be the needs of individuals for their care needs and the translation of the jargon word 'personalisation' into concrete reality. There is a lot of ground to be covered, as successive reports of the Commission for Social Care Inspection (CSCI) and agencies like Help the Aged reveal. Standards are still too low in essentials of care such as the management of medication, the basics of dignity and the time allocated for home visiting; and policies need to be more strategic in commissioning and the role of carers. At the heart of the difficulty remains a pervasive ageism across society which appears to value older people - the largest group of users of social care - at a low level. This underlying problem must be fixed while delivery issues are addressed. A good place to start in social care would be practical help to older people and their carers in navigating what seems to be a bewildering maze of difficult rules and uncertain provision. There is no need for despair though. Solutions are out there already. Help the Aged's flagship project 'My Home Life' is an evidence-based analysis, celebration and public dissemination of the key ingredients of good residential care, which it hopes will offer down-to-earth practical support to the many conscientious care workers out there striving to do a good job. (KJ/RH)  
ISSN: 17501679 From : <http://www.henrystewart.com>

- 189/128 Care standards legislation handbook; by David Pearl, Care Standards Tribunal. 6th ed Bristol: Jordans, 2008, 775 pp.  
This 6th edition brings together the texts (without annotation) of the Care Standards Act 2000 (as amended by subsequent legislation), and related statutes and statutory instruments (SIs) with regard to the regulatory system (and appeal processes) for England and Wales set up under the Act. Any sections or sub-sections which have been repealed have been omitted, while included are prospective amendments or repeals. Among legislation currently being implemented is the Safeguarding Vulnerable Groups Act 2006. Also included are the General Social Care Council (Conduct) Rules 2003 and the General Social Care Council (Registration) Rules 2005. However, the GSCC is conducting a review of both these Rules, and any amendments can be viewed on its website ([ww.gsc.org.uk](http://www.gsc.org.uk)). The introduction notes that the Health and Social Care Bill establishing

a single regulator for Health and Adult Social Care is currently going through Parliament. As with previous editions, material specific to Wales is excluded: further information about Welsh materials is available from the Secretariat of the Care Standards Tribunal. All decisions of the Tribunal are placed on its website ([www.carestandardtribunal.gov.uk](http://www.carestandardtribunal.gov.uk)), where there is also a digest of cases. Decisions are also reported on the British and Irish Legal Information website ([www.bailii.org/ew/cases/EWCST](http://www.bailii.org/ew/cases/EWCST)). This edition sets out the statutory material as at February 2007. (RH)

Price: £45.00

From : Jordan Publishing Ltd, 21 St Thomas Street, Bristol BS1 6JS. Website: [www.jordanpublishing.co.uk](http://www.jordanpublishing.co.uk)

189/129

The case for change - why England needs a new care and support system [Care and support reform - key facts]: [On title page and the title of the website]: Care, support, independence: meeting the needs of a changing society; by HM Government; Department of Health - DH; Department for Work and Pensions - DWP. London: HM Government (Electronic format), May 2008, 56 pp (Gateway ref: 9853).

This consultation/discussion document sets out the case for an open debate about the long term future of England's care and support system. The Government wants to engage with the public and key stakeholders about how the existing system can meet the challenges of the future. There are three main questions open for debate. First, what more do we need to do to make our vision of independence, choice and control a reality? Second, what should the balance of responsibility be between the family, the individual and the government? Third, should the system be the same for everybody or should we consider varying the ways government funding is allocated according to certain principles? This document was launched on the new national website (link given below) which will be used to support the consultation process and national debate. Further useful updates, a series of events, and general information about independent living will be available on the website ([www.careandsupport.direct.gov.uk](http://www.careandsupport.direct.gov.uk)). The consultation period runs from May to November 2008. (KJ/RH)

Price: FOC

From : DH Publications Orderline, PO Box 777, London SE1 6XH. Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com).

[http://www.careandsupport.direct.gov.uk/wp-content/uploads/2008/05/social\\_care\\_5b\\_version.pdf](http://www.careandsupport.direct.gov.uk/wp-content/uploads/2008/05/social_care_5b_version.pdf)

189/130

For the sake of their health: older service users' requirements for social care to facilitate access to social networks following hospital discharge; by Eileen McLeod, Paul Bywaters, Denise Tanner (et al).

British Journal of Social Work, vol 38, no 1, January 2008, pp 73-90.

Facilitating older service users' requirements for access to or re-engagement in social networks following hospital discharge is recognized in social care analysis and policy as critically important. This is because of the associated benefits for restoring physical health and psychological well-being. However, it tends to be a neglected dimension of current social care or intermediate care. This paper draws on a qualitative study of voluntary sector hospital aftercare social rehabilitation projects in five UK localities, which focused on addressing this issue. Through examining older service users' feedback and experience, the study confirms the health benefits of social care facilitating access to social networks at this crucial juncture. By providing sensitive interpersonal interaction, advocacy and educational assistance, social care workers supported older service users' re-engagement in a variety of networks. These included friendship, recreational and family groups, health care treatment programmes, and locality based contacts and organizations. As a result, material, interpersonal and health care resources were accessed which contributed to restoring and sustaining physical health and psychological well-being. The process of such social care also emerged as critical. This included ensuring that objectives reflected service users' priorities; integrating 'low-level' home care; offering befriending; and challenging the pre-set time frame of intermediate care. (KJ/RH)

ISSN: 00453102

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

189/131

Lost to the system? The impact of fair access to care: a report commissioned by the Commission for Social Care Inspection for the production of 'The state of social care in England 2006-07'; by Melanie Henwood, Bob Hudson, Commission for Social Care Inspection - CSCI: Commission for Social Care Inspection, January 2008, 123 pp.

What happens to adults with social care needs who fail to gain access to care? How do those who are self-funding find their way through the system, and are their needs adequately met by the market? The Commission for Social Care Inspection (CSCI) commissioned this study from independent consultants Melanie Henwood and Bob Hudson; some of the field work was undertaken by Professor Jill Manthorpe. Their core findings are included in CSCI's report, 'The state of social care in England 2006-07'. Based on interviews with about 110 people and 15-20 people involved in focus groups, the study comprises an exploration of policy, operational and individual levels of activity in six local authorities across England reflecting diverse needs, and a range of different local applications of the fair access to care (FACS) bandings that set thresholds for eligibility at critical, substantial, moderate or low levels. A "3D Framework" identifies rationing of FACS by Directive (e.g. budgetary considerations), Discretion (professional judgment) or Diversion (signposting to other services). The report comments on people's experiences in terms of the seven dimensions set out in the 2005 Green paper, 'Independence, well-being and choice': quality of life; choice and control; making a positive contribution; personal dignity and respect; freedom from discrimination and harassment; improved health and emotional well-being; and economic well-being. Overall, decisions to reduce eligibility do not eliminate demands for support. Fundamental change is required with a greater priority being given to social care, backed up by sufficient resources to implement FACS. (RH)

From: [http://www.csci.org.uk/professional/about\\_csci/publications/view.aspx?csci=2355](http://www.csci.org.uk/professional/about_csci/publications/view.aspx?csci=2355)

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189/132

Making informed choices in social care: the importance of accessible information; by K Baxter, C Glendinning, S Clarke.

Health and Social Care in the Community, vol 16, no 2, March 2008, pp 197-207.

The current policy trend is to encourage greater choice in the use of welfare services. To make informed choices, people need information. The process of finding and using information has costs for individuals in terms of effort, time and material resources. These costs are different for different people and impact on their use of information in different ways. Thus, the accessibility of information is important in ensuring those people who need to make choices can do so in an informed way. This paper discusses the importance of information in making informed choices about social support by drawing on the findings of a scoping review of government research and development activity on the accessibility of information about adult social care services. The scoping review was carried out in spring 2006. Details of recent, current and planned projects were obtained through discussions with staff in government departments, government agencies and other related organisations identified using a snowballing technique. Forty-two contacts were made. Eleven research and 36 development projects were identified that aimed to investigate or improve the accessibility of information about social care services. A limited literature search was undertaken on information needs in areas not already under investigation by government; 18 articles were identified. Information and helpline staff from six voluntary organisations gave their views on the accessibility of information about social care services. The findings show that there is no government-related or other recent research evidence on the specific information access needs for some user groups and services, e.g., people from ethnic minority groups. For other user groups, such as people with chaotic lifestyles, there is evidence on information needs but no current or planned development projects to address these needs. The implications for the costs of finding and processing information to aid informed choices are discussed. (KJ)

ISSN: 09660410

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

189/133 Users at the core: [Honouring achievement in social care]; by Peter Beresford, Rowenna Davis. Community Care, issue 1718, 17 April 2008, pp 14-16.  
This article introduces the start of the Excellence Network, Community Care's new honours programme which recognises innovative and impressive practice and shares it with the whole of social care. Peter Beresford describes the five key priority issues for involvement encapsulating the Excellence Network awards: involving everyone on equal terms; imaginative approaches encouraging everyone to engage; user-run services; securing empowerment for all by being value-based; and collaboration. Rowenna Davis examines the work of the five teams honoured in the User Involvement category. One, the Eden Alternative, run by Accord Housing Association in Telford and Birmingham, has created "elder centred communities" which aim to deviate from routine by introducing activities such as gardening and involvement with children and animals. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

### **SOCIAL EXCLUSION**

189/134 Promoting financial inclusion in rural areas: a report for the Commission for Rural Communities; by SQW Consulting; Commission for Rural Communities. Cheltenham: Commission for Rural Communities, November 2007, various pagings.  
SQW Consulting was commissioned by the Commission for Rural Communities to develop the good practice case studies presented in this report, and building on the Commission's research on rural disadvantage. The focus of the case studies is on financial inclusion among individuals rather than businesses. This paper provides an overview analysis of rurally distinctive features of financial inclusion and successful elements of schemes which deliberately target financial exclusion in rural areas. The nine case studies include a citizens' advice bureau (CAB), a credit union, a mobile bank, a financial education project, and a village shop and post office. The report concludes with a lessons section, noting the main points of good practice for developing financial inclusion projects in rural areas. (RH)  
From : Cheltenham Head Office: John Dower House, Crescent Place, Cheltenham, GL50 3RA. London Office: 55 Whitehall, London, SW1A 2EY. E-mail: [info@ruralcommunities.gov.uk](mailto:info@ruralcommunities.gov.uk)  
Website: [www.ruralcommunities.gov.uk](http://www.ruralcommunities.gov.uk)

### **SOCIAL NETWORKS**

(See 189/28, 189/114, 189/130)

### **SOCIAL SERVICES**

(See Also 189/14, 189/72)

189/135 How do they do that?: [Sunderland's social care services]; by Mark Hunter. Community Care, issue 1712, 6 March 2008, pp 28-29.  
Despite having the lowest council tax rate in north-east England and an ageing population, Sunderland is bucking the trend and offering services to people with "low" needs. This article considers how (along with Calderdale), Sunderland is able to continue to offer Fair Access to Care Services (FACs), citing as factors preventive services and a good working relationship between health and social services. In contrast, are four councils with "critical" eligibility criteria: Harrow, West Berkshire, Northumberland and Wokingham. (RH)  
ISSN: 03075508  
From : <http://www.communitycare.co.uk>

189/136 Unmet needs for low-level services; by Roger Clough, Jill Manthorpe, Les Bright (et al). Housing, Care and Support, vol 10, no 4, December 2007, pp 27-31.  
This article draws on consultations with older people produced for a Joseph Rowntree Foundation

(JRF) study on the unmet need for low-level services among older people in England. This has been published as 'The support older people want and the services they need' (Clough et al, 2007). Since it was published, there have been significant changes to the social care scene. The Government has given further emphasis to individual budgets (now termed personal budgets); many local authorities have further restricted the criteria for eligibility to social care services; and publications such as Time to Care (CSCI, 2007) have highlighted the shortcomings of home care services, as well as their strengths and importance. More is known about older people's views of health and social care services ('Living well in later life'; Healthcare Commission, Audit Commission and Commission for Social Care Inspection, 2006). In this article, the authors set out to relate findings from their research to current realities. (KJ/RH)

ISSN: 14608790

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

## **STATISTICS**

(See 189/43, 189/45, 189/46)

## **SUICIDE**

189/137

Suicide in elderly people; by Ajit Shah.

Geriatric Medicine, vol 38, no 4, April 2008, pp 229-230.

In the UK, the coroner (or procurator fiscal in Scotland) will only return a verdict of suicide if suicidal intent can be proved beyond reasonable doubt. Suicidal intent is not a static concept and changes with time. Among psychiatric inpatients (including older people), suicides are higher in patients who have fluctuating suicidal intent than in those whose intent does not fluctuate. The issue of intent becomes even more complex in elderly patients who, although not overtly expressing a desire to kill themselves, have hidden intent. This paper describes these concepts and reviews assessment and management options. (KJ/RH)

ISSN: 0268201X



# 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.**

2-4 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

8-9 October 2008

**Continence care : securing the present, creating the future**

*Organised by:* Royal College of Nursing - RCN

*Venue:* York Racecourse

*Location :* York, England

*Details :* Holly Peppiatt, RCN Events, 20 Cavendish Square, London, W1G 0RN  
*Tel :* +44 (0)29 2054 6492, *Fax :* +44 (0)29 2054 6489

3-4 July 2008

**National Housing Federation's Housing, Care and Support Conference and Exhibition 2008**

*Organised by:* National Housing Federation

*Venue:* University of Warwick, Coventry

*Location :* Coventry, England

*Details :* Business Sales and Support, National Housing Federation, Lion Court, 25 Procter Street, London, WC1V 6NY  
*Fax :* +44 (0)20 7067 1015

7 July 2008

**Sixth Annual Older People's Assembly : Positive ageing and the city : health and social care in London**

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

9 July 2008

### **Commissioning Care Services for Older People and Adults**

*Speakers:* Chair: Des Kelly OBE (CE, National Care Forum)

*Organised by:* Laing & Buisson sponsored by

Hedra, supported by adass

*Venue:* The ICO, Berners Street

*Location :* London, England

*Details :* Laing & Buisson (Conferences) Ltd, 29

Angel Gate, City Road, London, EC1V 2PT

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

10 July 2008

### **A New Deal for Carers? The National Strategy for Carers 2008**

*Organised by:* Carers UK

*Venue:* Prospero House, 241 Borough High Street

*Location :* London , England

*Details :* Carers UK Conferences, 24 Great Dover Street, London , SE1 4LB

*Tel :* +44 (0)845 241 2537

10 July 2008

### **Preventing Elder Financial Abuse- Scoping Seminars**

The meeting on Preventing Elder Financial Abuse is part of a wider study on tackling preventing elder financial abuse by NIACE (National Institute for Adult Continuing Education) and similar information gathering events will be taking place throughout the UK over the next three months. Our invitations are only to a small and select group of individuals who have expertise in this field and the work is being funded by Comic Relief and the Department of Health. The outputs of the project include producing a toolkit and other relevant materials both to empower older people themselves and assist a wide range of others with a role to play in this regard from across all sectors.

*Organised by:* NIACE : National Institute of Adult Continuing Education

*Venue:* Marriott Victoria & Albert Hotel, Manchester, M3 4JD

*Location :* Manchester, England

*Details :* Gurjit Kaur, NIACE Conferences and Courses Office, Renaissance House, 20 Princess Road West, Leicester, LE1 6TP

*Tel :* +44 (0)116 204 2833, *Fax :* +44 (0)116 254 8368

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:* PPro Publications International Ltd sponsored by Prudential

*Venue:* The Olympia Exhibition Centre

*Location :* London Olympia, England

*Details :* David Thomson/Susan Clarke, PPro 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

1-3 September 2008

**Celebrating Innovation & Excellence : Making change happen**

*Speakers:* Conference Chairs and Keynote

Speakers: Professor June Andrews; Dr Steven DeKosky (University of Pittsburgh, USA); Neil Hunt (CE, Alzheimer's Society).

*Organised by:* Dementia Service Development Centre (DSDC) supported by NHS Education for Scotland and Bupa

*Venue:* Iris Murdoch Building, University of Stirling

*Location :* Stirling, Scotland

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

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

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 Montrou: Malta

*Location :* Valletta, Malta

*Details :* International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta

*Tel :* +356 21-243044/5/6, *Fax :* +356 21-230248

16 October 2008

**Bridging the gap : Contemporary issues in meeting the mental health needs of people with learning disabilities**

*Speakers:* Chair: Deborah Klee

*Organised by:* Pavilion in partnership with Estia Centre

*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

20 October 2008

**Fifth National Conference : A Practical Guide to Safeguarding Vulnerable Adults**

This conference builds on the multi-professional approach advocated by a new protocol for safeguarding adults developed by the Directors of Adult Social Services (ADASS), Association of Chief Police Officers (ACPO) and Commission for Social Care Inspection (CSCI), which has been designed to protect people who may be the subject of abuse or neglect.

*Speakers:* Chair: Professor Paul Kingston. Mervyn Eastman; Paul Snell; Teresa Bell; Bill Nicol with Debbie Griffiths; Daniel Blake (and others).

*Organised by:* Healthcare Events

*Venue:* 4 Hamilton Place, London  
*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

28-30 October 2008

### **3rd UK Dementia Congress**

The UK's largest dementia-focused event. First professional analysis of the National Dementia Strategy.

*Speakers:* include Terry Pratchett (author).

*Organised by:* Hawker Publications organised by Journal of Dementia Care, main sponsor Barchester Healthcare

*Venue:* International Centre, Bournemouth

*Location :* Bournemouth, England

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

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

11-12 November 2008

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

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

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

*Venue:* East Midlands Conference Centre

*Location :* Nottingham, England

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

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

11 November 2008

### **Retirement : promised land or barren wilderness?**

*Speakers:* Colin Johnson

*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

12 November 2008

### **AGM and Carers Summit 2008**

A summit for carers and former carers only.

*Organised by:* Carers UK

*Venue:* Clifford Chance, The Auditorium, 10 Upper Bank Street

*Location :* London , England

*Details :* Anne Mundy

*Tel :* +44 (0)20 7922 7974

13 November 2008

### **Falls Prevention in Older People : Raising awareness, minimising risk and focusing on active healthy lifestyles**

Keynote speakers : Dr Adrian Hopper, Pamela Holmes; Frances Healey.

*Speakers:* Chairman : Dr Adrian Hopper, (Clinical Director Acute Medicine and Elderly Care, Guy's & St Thomas' NHS Foundation Trust; Project Lead (SLIPS))

*Organised by:* Healthcare Events

*Venue:* Manchester Conference Centre

*Location :* Manchester, England

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

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

14 November 2008

### **A Consumer-led Market of Social Care for Older People : The opportunities and challenges for councils, independent providers and the third sector**

*Speakers:* Chair: Deborah Klee

*Organised by:* Pavilion in partnership with Kings College London and Help the Aged

*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

17-28 November 2008

### **International Programme on the Demographic Aspects of Population Ageing and its implications for socio-economic development, policies and plans**

Programme consists of lectures and seminars.

*Organised by:* International Institute on Ageing (United Nations - Malta) (INIA) in collaboration with UNFPA

*Venue:* Malta

*Location :* Valletta, Malta

*Details :* International Institute on Ageing, 117 St Paul Street, Valletta VLT 07, Malta

*Tel :* +356 21-243044/5/6, *Fax :* +356 21-230248

3-4 December 2008

**NICE 2008 : 10th Anniversary Conference**

*Organised by:* National Institute for Health and Clinical Excellence - NICE

*Venue:* Manchester Central Convention Complex

*Location :* Manchester , England

*Details :* Health Links Events Ltd.,, Windsor House , 11A High Street, Kings Heath, Birmingham, B14 7BB

*Tel :* +44 (0)121 248 3399, *Fax :* +44 (0)121 248 3390

16-19 March 2009

**2009 Joint Conference of NCOA and the American Society on Ageing**

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

*Location :* Las Vegas, NV, USA

# AgeInfo

a key information resource  
for gerontologists - on both  
cd-rom and the internet.

Details and evaluation:

*<http://www.cpa.org.uk/ageinfo>*

