

New Literature on Old Age

EDITOR

Gillian CrosbyVOLUME
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Contents for vol 32 no 190, 2008

Subject Headings	Page
Abuse	1
Age discrimination	2
Ageing (general)	4
Anxiety	5
Arts and music	6
Assessment	6
Assistive technology	6
Attitudes to ageing	9
Black and minority ethnic groups	9
Carers and caring	10
Death and dying	11
Delayed discharge	11
Dementia	12
Demography and the demographics of ageing	14
Depression	15
Disability	15
Economic issues	15
Employment	16
End-of-life care	17
Epidemiology	17
Ethical issues	18
Exercise	18
Extra-care housing	18
Falls	19
Family and informal care	19
Health care	19
Health services	19
Home care	19
Hospital services	20
Housing	21
Information	22
Inspection and regulation	22
Integrated care	22
Intergenerational issues	23
Intermediate care	24

Subject Headings	Page
International and comparative	25
Legal issues	25
Life-long learning	26
Long term care	26
Long term conditions	26
Longevity	27
Medical issues	27
Medication	27
Mental health	28
Mental health services	30
Mental illness	31
Nursing	31
Older men	31
Older offenders	31
Older women	32
Palliative care	32
Pensions and benefits	33
Person centred care	34
Personalisation	34
Politics	38
Pets	37
Public services	38
Quality of life	38
Relationships (personal)	38
Religion and spirituality	39
Research	40
Residential and nursing home care	41
Retirement	43
Sheltered housing	43
Sleep	44
Social care	44
Social exclusion	45
Social networks	46
Statistics	47
Stroke	48
Transport	48
Well-being	48
Calendar of courses and conferences	49

ABUSE

- 190/1 Combating elder abuse: the role of guardians for older people in residential care; by Brian E Cox. The Journal of Adult Protection, vol 10, no 2, May 2008, pp 33-38.
The preparation of this paper was prompted by publicity and research evidence of neglect or abuse of older people in residential care. It sets out to present a new way of combating neglect/abuse of individual residents, drawing also on preliminary findings from a long-term research project on guardianship. This project, provisionally entitled "Guardianship Relations: models for ground rules", looks at the situations of all vulnerable people irrespective of settings, whereas this paper concentrates on the need for guardians for older people living in care homes. This article is followed by two responses. In the first, Andrew Dunning draws attention to the role of independent advocacy schemes already operating in parts of England. The second, by Leo Quigley, questions whether a "systems approach" or an individual approach which empowers residents as "consumers of care" is the central issue at stake. (KJ/RH)
ISSN: 14668203
From : Website: <http://www.pavpub.com>
- 190/2 Elder abuse: a practical guide and literature review; by G Fox, A Cracknell, P Belfield. CME Journal, Geriatric Medicine, vol 2, no 3, 2007, pp 99-104.
Elder abuse is a significant problem for vulnerable older people. Estimates of prevalence vary and there is limited high quality research in this field however it is accepted that there is still significant underreporting in the UK in 2007. All health and social care workers have a key role in the prevention and identification of abuse and there is significant legislation in this field. Geriatricians have a pivotal role in both hospital and community settings with regard to elder abuse and targeted education and training is required. Increasing media and public awareness mean this important topic should be high on everyones agenda. (KJ)
ISSN: 14751453
- 190/3 The prevalence of elder abuse and neglect: a systematic review; by Claudia Cooper, Amber Selwood, Gill Livingston. Age and Ageing, vol 37, no 2, March 2008, pp 151-160.
The authors conducted a comprehensive literature search of multiple databases (to October 2006), supplemented by a search of the references of all relevant articles. The systematic review included studies measuring prevalence of elder abuse or neglect, whether reported by older people themselves, or family and professional caregivers., or investigated using objective measures. 49 studies met inclusion criteria, of which only seven used measures for which reliability and validity had been assessed. In the general population studies, 6% of older people reported significant abuse in the previous month, and 5.6% of couples reported physical violence in their relationship in the previous year. In studies using valid instruments involving vulnerable older people, nearly a quarter reported significant levels of psychological abuse. 5% of family caregivers reported physical abuse towards care recipients with dementia in a year, and a third reported any significant abuse. 16% of care home staff admitted significant psychological abuse. Rates of abuse recorded using objective measures (5%) or reported to home management or adult protective services (APS) (1-2%) were low. One in four vulnerable older people are at risk of abuse, and only a small proportion of this is currently detected. Older people and family and professional caregivers are willing to report abuse and should be asked about it routinely. Valid, reliable measures and consensus on what constitutes an adequate standard for validity of abuse measures are needed. (RH)
ISSN: 00020729
From : <http://www.ageing.oupjournals.org>
- 190/4 Weighing the evidence: a case for using vignettes to elicit public and practitioner views of the workings of the POVA vetting and barring scheme; by Joan Rapaport, Martin Stevens, Jill Manthorpe (et al). The Journal of Adult Protection, vol 10, no 2, May 2008, pp 6-17.

The Protection of Vulnerable Adults (POVA) list records those individuals barred from working and volunteering with vulnerable adults in England and Wales. The Department of Health (DH) commissioned the Social Care Workforce Unit at King's College London to undertake research investigating the steps involved in recommending to the Secretary of State for Health whether a care worker should be included on the POVA list. The aims of the study were to investigate patterns of referrals to the list, factors associated with the collection of evidence to present to the Minister, and to detail the operation of the list. This article focuses on the preliminary part of the research that covered discussion groups with a purposive sample of older people, managers and staff during which a vignette approach was used to explore these perspectives. (RH)

ISSN: 14668203

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

190/5

Why should they be abused any more than children?: child abuse protection and the implementation of No Secrets; by Rachel Filinson, Claudine McCreadie, Janet Askham (et al).

The Journal of Adult Protection, vol 10, no 2, May 2008, pp 18-28.

The parallels between child abuse and adult abuse have been frequently noted as public awareness of both has increased in recent decades. Both can involve the concealed victimisation of a weaker family member, for both interventions are difficult to implement because practitioners are loath to intrude into privacy of the family and risk causing harm, and combating abuse of either type demands multi-agency working. Significant differences between the two abuse constituencies have also been stressed, namely that adults are not invariably dependents reliant for care on those people mistreating them, and have the autonomy to resist efforts to intervene on their behalf. (RH)

ISSN: 14668203

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

AGE DISCRIMINATION

190/6

Age Concern's response to A framework for fairness: proposals for a Single Equality Bill for Great Britain; by Age Concern England - ACE. London: Age Concern England - ACE, September 2007, 54 pp (Policy response - ref: 2807).

Age Concern England (ACE) responds to the Discrimination Law Review (DLR) Green Paper, 'A framework for fairness: proposals for a Single Equality Bill for Great Britain' (June 2007) which set out options for a clearer and more streamlined legislative framework for tackling discrimination. This policy response comments in detail on the questions raised in each of the Green Paper chapters. ACE comments on its opposition to mandatory retirement ages and its disagreement with the limited nature of priority equality objectives required of public authorities. It comments in detail on: extending a single duty to cover age; dispute resolution; evidence of age discrimination; the case for legislation to tackle age discrimination; and justifying age discrimination in goods and services. Also noted is that the DLR does not refer to legal protection for volunteers, where evidence of age discrimination is still a problem. (RH)

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

190/7

An age-old problem: new anti-ageism proposals are themselves unfair; by Peter Wilby.

New Statesman, 7 July 2008, p 16.

A brief article that considers whether age discrimination legislation itself is discriminatory, as it is of more benefit to those in less need, rather than those who are more needy, due to the government's own social policies which fail to redress health and social inequalities. The context is the White Paper, 'Framework for a fairer future - the Equality Bill', given the inadequacies of the age discrimination regulations passed in October 2006. (KJ/RH)

ISSN: 13647431

From : www.newstatesman.com

- 190/8 The costs of addressing age discrimination in social care; by Julien Forder, Personal Social Services Research Unit - PSSRU, London School of Economics and Political Science - LSE.: Personal Social Services Research Unit - PSSRU, April 2008, 36 pp (PSSRU Discussion Paper 2538).
 Equality of resources, equality of outcome, and most importantly equality of opportunity are considered as relevant to this discussion on age discrimination in service provision. This report is concerned with equality between age groups in relation to the use of public care services. It uses two survey-based datasets are used to examine differences in levels of support between age groups: the British Household Panel Survey (BHPS), and the national evaluation of Individual Budgets survey (IBSEN). Both datasets gave indications of differences in levels of support between age groups after accounting for differences required to compensate people with varying levels of need. The IBSEN data suggest that service users aged 65+ would require a 25% increase in support for these age differences compared to those aged 18-64 to be removed. The BHPS data more tentatively suggest that older people's access to services is slightly more limited than for younger people. (RH)
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: <http://www.pssru.ac.uk/pdf/dp2538.pdf>
- 190/9 Discrimination - does it matter? European Commission consultation on equality and discrimination: summary; by Age Concern England - ACE. London: Age Concern England, September 2007, 2 pp (Policy response - ref: 3007(S)).
 In the report, 'Age of equality? Outlawing age discrimination beyond the workplace', Age Concern England (ACE) has gathered evidence of continuing age discrimination against older people in all sectors of goods, facilities and services. ACE refers to that report by way of response to a general on-line consultation by the European Commission and its Policy Strategy for 2008, which signals commitment to further prevention and combating of discrimination outside the labour market. This policy response comments on the need and nature of any initiative; the nature and effectiveness of non-legislative measures; advantages and disadvantages of a single initiative; that there should be no exceptions to the principle of equal treatment; and the role of equality bodies. (RH)
Price: FOC
From : Age Concern England, Astral House, 1268 London Road, London SW16 4ER. Download document at <http://www.ageconcern.org.uk>
- 190/10 Framework for a fairer future - the Equality Bill: presented to Parliament by the Lord Privy Seal, Leader of the House of Commons and Minister for Women and Equality; by Government Equalities Office. London: TSO, June 2008, 35 pp (Cm 7431).
 Following the Discrimination Law Review, this White Paper sets out the purpose and aims of the proposed Equality Bill, which will introduce a new Equality Duty on public bodies. The Bill will also de-clutter and strengthen the equality legislation, which has become complex and hard to understand. A short chapter on ending age discrimination states that the Bill will make it unlawful to discriminate against someone because of age when providing goods, facilities and services, or carrying out public functions. Other provisions proposed include: the requirement for transparency in tackling discrimination; extending positive action in employment; and strengthening enforcement in dealing with discrimination cases. A more comprehensive paper on the Bill's content is due to be published that will include the Government's response to the consultation, 'Discrimination Law Review: a framework for fairness: proposals for a Single Equality Bill for Great Britain' carried out in 2007 (Department for Communities and Local Government). (RH)
Price: £13.90
From : TSO, PO Box 28, Norwich NR31GN. www.tsoshop.co.uk
- 190/11 A framework for fairness: proposals for a Single Equality Bill for Great Britain:: response from Carers UK; by Carers UK; ACE National (Action for Carers and Employment). London: Carers UK, September 2007, unnumbered.

While supporting the aims of the Discrimination Law Review Green Paper to review and not just consolidate current legislation, Carers UK has particular concerns that discrimination against carers has not been dealt with. Its response presents evidence of discrimination against carers, and puts the case for extending protection to carers in three main areas: the proposed new public sector equality duties; discrimination in employment; and discrimination in the provision of goods, facilities and services. A summary (4 pp) is also available. (RH)

From: <http://www.carersuk.org/Policyandpractice/PolicyResources/Responsestogovernment>

190/12

Should geriatric medicine remain a specialty?; by Leon Flicker, C P Denaro, A Mudge.

British Medical Journal, vol 337, no 7661, 12 July 2008, pp 78-79.

The development of geriatrics has greatly improved care for older people. Three practitioners in Australia discuss the pros and cons. While Leon Flicker believes that specialist care remains important for this vulnerable group, the other two writers argue that age divisions are no longer relevant. (RH)

ISSN: 09598138

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

AGEING (GENERAL)

190/13

Growing older in America: the Health and Retirement Study; by National Institute on Aging (United States); National Institutes of Health (United States); US Department of Health and Human Services. [Washington, DC]: National Institute on Aging; US Department of Health and Human Services, March 2007, 102 pp (NIH Publication no 07-5757).

The US Health and Retirement Study (HRS) is the leading resource for data on the combined health and economic circumstances of Americans aged 50+. It began in 1992 and is managed jointly by the National Institute on Aging (NIA) and the Institute for Social Research (ISR) at the University of Michigan. The introduction notes the features of the HRS, and that it is a model for other longitudinal studies, for example in the UK, the English Longitudinal Study of Ageing (ELSA). This volume presents results mainly for 2002 under the following broad themes: health; work and retirement; income and wealth; and family characteristics and intergenerational transfers. (RH)

From : Contact: Freddi Karp, Editor, Office for Communications and Public Liaison, National Institute on Aging, Building 31, Room 5C27, Bethesda, MD 20892, United States.

E-mail: karpf@nia.nih.gov

Weblink:<http://www.nia.nih.gov/ResearchInformation/ExtramuralPrograms/BehavioralAndSocialResearch/HRSfull.htm>

190/14

Not dead yet: a manifesto for old age; by Julia Neuberger. London: Harper Collins, 2008, 358 pp. The author presents her 10-point manifesto for an emerging "grey movement" that includes old, middle-aged and young. Quotes from the media and research reports are used in support, and each chapter ends with a "call to arms" on how each point can be answered. Her first point is don't make assumptions about my age: end discrimination on grounds of age. Second, don't waste my skills and experience (relating to the right to work). Third, don't take my pride away: integrate tax and pensions so that everyone gets what they are entitled to. Fourth, don't trap me at home because there are no loos or seats: there should be an elected standing committee of over 70s to hold every local authority to account. Fifth, don't make me brain dead, let me grow: open access to learning, and at reasonable cost. Sixth, don't force me into a care home, puts the case for real choice in housing. Seventh, don't trust those who look after me like rubbish, but train and reward care assistants properly. Eighth, don't treat me like I'm not worth repairing: rebuild an NHS network of convalescent beds and community hospitals. Ninth, "don't treat my death as meaningless" considers the right to a good death. Lastly, don't assume I'm not enjoying life, give me a chance: launch a grey panther movement, get angry, and force change to happen. (RH)

Price: £18.99

From : Harper Collins Publishers, 77-85 Fulham Palace Road, London W6 8JB.

190/15 Older people: research summary; by Marcus Hulme, Big Lottery Fund - BLF. London: Big Lottery Fund, January 2008, 15 pp (Big Lottery Fund Research issue, 42).
This is a summary of research commissioned by the Big Lottery Fund (BLF) in December 2006 about older people, who are defined as people aged over 50. The aim of the research was to assess the impact of the BLF's funding programmes on older people, to explore opportunities for older people in BLF's funding programmes, and to identify areas of need that would make an effective contribution for older people in the future. Older people have benefited from programmes funded by the BLF and its predecessors - the New Opportunities Fund (NOF) and the Community Fund. The research suggests the potential for BLF and other funding organisations to assist older people in these areas of need: health and social care; independent living; poverty and social exclusion; employment and education; active citizenship; improving public spaces; advocacy; transport; crisis services; intergenerational work; and funding approaches generally. (RH)
From : Big Lottery Fund, 1 Plough Place, London EC4A 1DE. Website: www.biglotteryfund.org.uk

190/16 Spotlight report 2008: spotlight on older people in the UK; by Phil Rossall, Louise Bell (eds), Help the Aged. London: Help the Aged, 2008, 48 pp.
'Spotlight on older people in the UK' looks at life for older people living in the UK. The report is based on the five key Help the Aged objectives: combating poverty; reducing isolation; challenging neglect; defeating ageism; and preventing future deprivation. Each section is illustrated by a range of statistical indicators based on the latest available figures, a commentary on the issues raised, a case study, and quotes from older people. Along with the main key theme of pensioner poverty, the report also focuses on issues of concern in Scotland, Wales and Northern Ireland, which are variously: fuel poverty; help and support; local transport; quality of life; age discrimination; loneliness and isolation; and benefits take-up. This year, the spotlight is turned on dignity within the healthcare system. The project was supported by OPRSI (Older People Researching Social Issues) and GfK/NOP. (RH/KJ)
Price: £6.00
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk

ANXIETY

190/17 The multiple sources of women's aging anxiety and their relationship with psychological distress; by Anne E Barrett, Cheryl Robbins.
Journal of Aging and Health, vol 20, no 1, February 2008, pp 32-65.
Three sources of women's ageing anxiety are examined - declining attractiveness, health and fertility - with social contexts of their lives, including locations in systems inequality, connections to institutions, relationships, and health. Also explored are links between ageing anxieties and distress. The study uses data for 1406 women aged 25-74 from the MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS) conducted in 1995-96, analysed by logistic and OLS regression. Anxiety about attractiveness is higher among women who are younger, White, heterosexual, employed, separated or divorced, less financially dependent, and have worse relationships. Anxiety about health is greater among women who are younger, White, less financially independent, and have worse relationships and health. Anxiety about fertility is higher among younger, more educated, heterosexual, more financially independent, and childless women. Anxiety about health and attractiveness predicts greater distress. This study suggests that correlates and mental health consequences of ageing anxiety differ across sources of concern. (RH)
ISSN: 08982643
From : <http://www.sagepublications.com>

ARTS AND MUSIC

- 190/18 Music for Life: a model for reflective practice; by Linda Rose, Hilary de Martino, Gill Yentis (et al.): Hawker Publications, May/June 2008, pp 20-23.
Journal of Dementia Care, vol 16, no 3, May/June 2008, pp 20-23.
Music for Life began in 1993, pioneering and developing interactive improvisation-based workshops for people with dementia. Linda Rose, Hilary de Martino, Gill Yentis, Pat Virji and Padraic Garrett have all been involved in Music for Life projects with Jewish Care. In this article, each gives an individual perspective on the potential for staff development through this creative work, focusing on the projects' reflective practice aspects. (RH)
ISSN: 13518372

ASSESSMENT

- 190/19 Care professionals' views on undertaking care assessment in the community; by Grace Beveridge, Theresa Mitchell.
Nursing Older People, vol 20, no 5, June 2008, pp 28-32.
This study explores the understanding of care assessments by care staff, which the authors contend, can become simply a task and another workforce issue, rather than actively supporting older people. The policy background to care assessments is explored and qualitative research is described. Key themes emerged from interviews conducted with care staff working in various settings, among them communication, documentation and a needs-led approach. These are explored and recommendations for improved practice are made. (KJ/RH)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>

- 190/20 The use of lay assessors; by Cheryl Simmill-Binning, Roger Clough, Ian Paylor.
British Journal of Social Work, vol 37, no 8, December 2007, pp 1353-1370.
This paper reports on some findings from a research study conducted by the authors for the Commission for Social Care Inspection (CSCI). It examines the reasons for the involvement of lay assessors and perceptions of the effectiveness of lay assessors in specific regulatory functions. (KJ/RH)
ISSN: 00453102
From : <http://www.bjsw.oxfordjournals.org>

ASSISTIVE TECHNOLOGY

(See Also 190/39)

- 190/21 All in the mind? Reflections on developing an assistive technology/telecare service as a model for change management, creative thinking and workforce development: learning from the Norfolk experience; by Dyllis Faife.
Journal of Assistive Technologies, vol 2, no 1, March 2008, pp 4-10.
This paper explores the wider significance that the development of telecare services has for social care in addition to supporting people to remain independent at home. It considers the impact of this particular development as a model for change management and as a model for developing a social care workforce "fit for the future". The paper takes a whole-systems integrated approach to service development and highlights important issues such as infrastructure, management, the capacity to innovate and workforce development. The paper emphasises that the development of new skills and new ways of thinking are even more important than the technology itself and that partnership is an essential ingredient for success. The context and content of this paper are informed and influenced by the experience of developing a new worker role, the assistive technology support worker, in Norfolk; and from the experience of designing and implementing successful county-wide technology-based service. (KJ/RH)
ISSN: 17549450 From : <http://www.pavpub.com>

- 190/22 Controlling wheelchair direction on slopes; by Martin C Langner, David A Sanders.
Journal of Assistive Technologies, vol 2, no 2, June 2008, pp 32-42.
Simple and affordable systems are described to assist wheelchair users in steering their wheelchairs across sloping ground. The systems can be attached to many standard powered wheelchairs. Wheelchairs often steer by having two swivelling caster wheels but problems with this configuration occur when a wheelchair is driven along sloping ground because the casters can swivel in the direction of the slope. Gravity then causes the wheelchair to start an unwanted turn or 'veer' and the chair goes in an unintended direction. This situation is exacerbated for switch users, as switches cannot provide fine control to trim and compensate. Early experiments demonstrated that calibrating wheelchair controllers for straight-line balance and optimising motor-compensation did not solve this problem. Caster angle was selected to provide feedback to the wheelchair controllers. At the point when veer is first detected, a wheelchair has already begun to alter course and job of the correction system is to minimise this drift from the desired course. A rolling road was created as an assessment tool and trials with both the test bed and in real situations were conducted to evaluate the new systems. The small swivel detector that was created could be successfully attached to caster swivel bearings. The new system was successful, robust and was not affected by changeable parameters. Although primarily intended for switch users, the methods can be applied to users with proportional controls. (KJ)
ISSN: 17549450
From : <http://www.pavpub.com>
- 190/23 Evaluation of an assisted-living smart home for someone with dementia; by Roger Orpwood, Tim Adlam, Nina Evans (et al).
Journal of Assistive Technologies, vol 2, no 2, June 2008, pp 13-21.
This paper presents the results of a study evaluating a complete autonomous smart home installation in an apartment in a care home, and the impact it had on the behaviour and independence of someone with quite severe dementia (Mini Mental State Examination, or MMSE, of 10). It describes the technology that has been evolved for this purpose, and how the apartment was configured. The evaluation compared the behaviour of the resident before and after the switching on of a wide range of autonomous support technology, by analysing the logged sensor data, through a questionnaire-based outcome measure and through transcribed interviews. The technology enabled the client to retain a lot of independence. It helped him to regain urinary continence, improved his sleep from around 3.5 hours per night to 5.5, and halved the number of night-time wanderings. The paper concludes with a series of recommendations for future work in this area. (KJ)
ISSN: 17549450
From : <http://www.pavpub.com>
- 190/24 Factors that may be considered by occupational therapists during the assessment of clients for assistive technology and whether it permeates through to the eventual prescription; by Mike Orton.
Journal of Assistive Technologies, vol 2, no 1, March 2008, pp 11-22.
The importance and weighting given to certain factors by occupational therapists, during the assessment process for assistive technology (AT), may have an affect on the eventual outcome for the client. Factors examined included risks around the user, carer and their environments, training and knowledge of AT, policy issues on provision and actual practice, choice of AT and whether AT has an impact on care provision. Out of 50 anonymous questionnaires sent out to collect information, 36 were returned direct to the researcher by stamped addressed envelope. 19 respondents from health and 17 from social services provided a good balance and allowed an opportunity for cross comparison. Areas of practice around multidisciplinary team working and client follow-up were found to be weak. Frequency of social alarm referrals where no lifeline existed was low. Thematic analysis from feedback also identified concerns over knowledge and awareness of assistive technology. Differences between health and social services were detected. The research identified that many of the factors were being considered by occupational

therapists; however, some of these factors were not permeating through to actual practice and application, which highlighted inconsistency in OT practice and the effect of local practice conditions on AT prescription. (KJ)

ISSN: 17549450

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

190/25

Lifestyle monitoring: extending telecare services into prediction and prevention; by Kevin Doughty.

Journal of Assistive Technologies, vol 2, no 1, March 2008, pp 35-41.

Telecare services based on sensors that provide an early and identified warning of an emergency in the homes of vulnerable people are being established quickly across the UK. More advanced systems based on lifestyle monitoring (LM) are being proposed that will be both reactive and responsive in nature. They will require the recording of much more data and will involve more system intelligence in order to analyse changes in a dynamic manner. Data will be collected both continuously from a battery of sensors, and intermittently from a variety of sources including monitoring centres and specialist medical devices. Many new applications will be possible, ranging from an automatic assessment of risks and needs, through to long-term detection of a decline in well-being and interventions using reminders and remotely controlled electrical equipment. Most of these applications will not be possible in a reliable manner using simple systems with few sensor inputs and limited or no system intelligence. More sophisticated systems will be capable of measuring subtle changes of relevance to many medical conditions. However, they will require significant attention to issues of ethics, consent, data ownership, storage and access because of their potentially intrusive nature. (KJ/RH)

ISSN: 17549450

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

190/26

Safe walking?: issues and ethics in the use of electronic surveillance of people with dementia; by Rhidian Hughes.

Journal of Assistive Technologies, vol 2, no 1, March 2008, pp 45-48.

People with dementia are prone to persistent walking (also known as "wandering"). Walking can bring physical and psychological benefits, but people with dementia also walk because of anxiety or confusion. People with dementia are at risk of becoming lost or involved in accidents, and this raises concerns for them and their carers. Electronic surveillance and tracking, as a form of safer walking technology, can be used to monitor people's whereabouts and is being used in dementia care. The technology raises a number of practical and ethical issues. This article reviews the key themes and arguments surrounding its use, with a view to raising issues for further debate. The article shows the need to carefully balance people's freedom and rights, including the right to take risks, with care and safety concerns. (KJ/RH)

ISSN: 17549450

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

190/27

Simulating naturalistic instruction : the case for a voice mediated interface for assistive technology for cognition; by Brian O'Neill, Alex Gillespie.

Journal of Assistive Technologies, vol 2, no 2, June 2008, pp 22-31.

A variety of brain pathologies can result in difficulties performing complex behavioural sequences. Assistive technology for cognition (ATC) attempts support of complex sequences with the aim of reducing disability. Traditional ATCs are cognitively demanding to use and thus have had poor uptake. A more intuitive interface may allow ATCs to reach their potential. Insights from psychological science may be useful to technologists in this area. It is proposed that an auditory-verbal interface is more intuitive than a visual interface and reduces cognitive demands on users. Two experiments demonstrate a novel ACT, the General User Interface for Disorders of Execution (GUIDE). GUIDE is novel because it simulates normal conversational prompting to support task performance. GUIDE provides verbal prompts and questions and voice recognition allows the user to interact with the GUIDE. Research with non-cognitively impaired participants and a single participant experiment involving a person with vascular dementia provide support

for using interactive auditory-verbal interfaces. Suggestions for the future development of auditory-verbal interfaces are discussed. (KJ)

ISSN: 17549450

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

190/28

Tartan-ised telecare?: the roll-out of telecare services in Scotland; by Moira Mackenzie.

Journal of Assistive Technologies, vol 2, no 1, March 2008, pp 42-44.

Following the significant involvement of Scottish local authorities in the trialling and development of telecare services, there is now considerable activity across the entire country. This is the result of clear policy drivers and the introduction of a capital grant which required individual authorities to develop partnerships, with a view to achieving clear outcome benefits involving significant efficiency savings in hospital bed use and admissions to residential care. In the future, an emphasis on improved training and communications may further advance the integration of services. (KJ/RH)

ISSN: 17549450

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

ATTITUDES TO AGEING

190/29

Visible and invisible ageing: beauty work as a response to ageism; by Laura Hurd Clarke, Meridith Griffin.

Ageing and Society, vol 28, part 5, July 2008, pp 653-674.

This paper examines how older women experience and respond to ageism in relation to their changing physical appearances and within the context of their personal relationships and places of employment. The two definitions of ageism that emerged in in-depth interviews with 44 women aged 50 to 70 years are elucidated: the social obsession with youthfulness; and discrimination against older adults. Examined are the women's arguments that their ageing appearances were pivotal to their experience of ageism and underscored their engagement in beauty work such as hair dye, make-up, cosmetic surgery, and non-surgical cosmetic procedures. The women suggested that they engaged in beauty work for the following underlying motivations: the fight against invisibility, a life-long investment in appearance, the desire to attract or retain a romantic partner, and employment related-ageism. It is contended that the women's experiences highlight a tension between being physically and socially visible by virtue of looking youthful, and the realities of growing older. In other words, social invisibility arises from the acquisition of visible signs of ageing and compels women to make their chronological ages imperceptible through the use of beauty work. This study extends the research and theorising on gendered ageism and provides an example of how women's experiences of ageing and ageism are deeply rooted in their appearances and in the ageist, sexist perceptions of older women's bodies. (KJ/RH)

ISSN: 0144686X

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

BLACK AND MINORITY ETHNIC GROUPS

(See Also 190/95)

190/30

Outcome-focused services for older people from minorities; by Social Care Institute for Excellence - SCIE.

Community Care, issue 1729, 3 July 2008, pp 34-35.

Reviews of Asian and other minority ethnic people in care homes and of social care for blacks show that older people from minority ethnic groups value services that respect their cultural background. The Social Care Institute for Excellence (SCIE) analyses some research findings behind social work practice and their outcomes in respect of change, maintaining health, well-being and quality of life, and service process outcomes. Short abstracts are presented for four items that have a focus on older people from minorities, published variously by the Policy Research Institute on Ageing and Ethnicity (PRIAE), the Improvement and Development Agency

(I&DEA), the Care Services Improvement Partnership (CSIP), and the journal, Health and Social Care in the Community. (RH)

ISSN: 03075508

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

CARERS AND CARING

(See Also 190/38)

- 190/31 Befriending carers of people with dementia: randomised controlled trial; by Georgina Charlesworth, Lee Shepstone, Edward Wilson (et al).
British Medical Journal, vol 336, no 7656, 7 June 2008, pp 1295-1297.
The effectiveness of a voluntary sector based befriending scheme for improving the psychological well-being and quality of life for family carers of people with dementia was evaluated. 23 family carers of people with primary progressive dementia in community settings in Norfolk, Suffolk and the London Borough of Havering participated in a single blind randomised controlled trial. Contact with a befriender facilitator and offer of match with a trained lay volunteer befriender was compared with no befriender facilitator contact; all participants continued to receive "usual care". Carers' mood was measured using the Hospital Anxiety and Depression Scale (HADS) and health related quality of life (EuroQoL) at 15 months post randomisation. The intention to treat analysis showed no benefit for the intervention "access to a befriender facilitator" on the primary outcome measure or on any of the secondary outcome measures. In common with many carers' services, befriending schemes are not taken up by all carers, and providing access to a befriending scheme is not effective in improving well-being. (RH)
ISSN: 09598138
From : <http://www.bmj.com>
- 190/32 Care staff working with people with dementia: training, knowledge and confidence; by Jane Hughes, Heather Bagley, Siobhan Reilly (et al).
Dementia: the international journal of social research and practice, vol 7, no 2, May 2008, pp 227-238.
The complexity and diversity of the needs of older people in care homes presents challenges to those responsible for caring for residents, in particular nursing and care assistant staff providing the majority of direct care. This study undertaken at the Personal Social Services Research Unit (PSSRU) examines the degree of knowledge and confidence of these staff in caring for people with dementia and seeks to identify factors which can contribute to greater confidence. It reveals that although staff knowledge of dementia is reasonable, confidence in dealing with related situations is lower. Results also suggest that training can positively influence staff confidence in dealing with behaviour associated with the conditions recognising that it is one of many factors influencing performance as a paid carer. These findings are discussed in terms of the quality of care provided to residents with dementia, the forms such training might take, and the importance of a work environment which facilitates on-the-job training. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 190/33 Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own; by HM Government; Department of Health - DH. London: Department of Health - DH, 2008, 168 pp (Gateway ref. 9979).
This strategy sets the agenda for supporting carers over the next 10 years. It follows on from the first strategy, 'Caring about carers: a national strategy' (Department of Health, 1999), 'Putting people first: a shared vision and commitment to the transformation of adult social care' (2007), and 'Independent living ...' (Office for Disabilities, 2008). The document relates carers' views and comments to an ongoing consultation during 2007, also includes case studies as examples of good practice. Each chapter ends by listing short term commitments and identified priorities for the longer term. Chapters consider the following: challenges, roles and responsibilities; integrated and

personalised services; carers being able to have a life of their own; income and employment issues; health and well-being; and young carers. A downloadable summary version (28 pp) is available (also in a range of other languages) at the weblink given. (RH)

From: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

DEATH AND DYING

- 190/34 Death and dying in nursing homes: a burden for the staff?; by Brigitte Jenull, Eva Brunner. Journal of Applied Gerontology, vol 27, no 2, April 2008, pp 166-180.
Changes in our society increasingly place the old and impaired in institutions, where they spend their last remaining days. The authors use a mixed methodology to explore the burden on nursing home staff of being confronted with death and dying. Findings from open-ended interviews with 17 representatives of different occupational groups inform the design of a questionnaire used to conduct a survey in 52 nursing homes of the Federal Province of Carinthia (Austria). In total, 894 questionnaires were returned, yielding a response rate of 49%. Results indicate that it is more difficult to talk about death with family members of terminally ill residents than with the dying themselves. The need for end-of-life training is not only essential for nursing staff but is also needed for non-nursing staff, who are found to be substantially strained by aspects of death and dying in their workplace. (KJ/RH)
ISSN: 07334648
From : <http://jag.sagepub.com>

- 190/35 The living end: the future of death, aging and immortality; by Guy Brown. London: Macmillan, 2008, 278 pp.
The author describes how the new sciences have changed our understanding of death, and how death is likely to change in the future. He also sets out to understand how revolutionary changes in death and the life sciences will affect our concepts of life and death. He explores death and ageing at various levels, from the cell to the whole body, and society. A chapter on "losing your marbles", explains sensory ageing and diseases such as dementia and Parkinson's disease. At the end of each chapter, "interludes" provide a focus on each theme from literature or history. (RH)
Price: £16.99
From : Macmillan, Houndmills, Basingstoke, Hants RG21 6XS. www.macmillandistribution.co.uk

DELAYED DISCHARGE

- 190/36 Delayed discharge from hospital: supporting older people to exercise choice; by Michelle Cornes, Jill Manthorpe, Eddie Donaghy (et al).
Working with Older People, vol 12, issue 1, March 2008, pp 16-20.
The government's reimbursement policy, whereby local councils face fines if a patient cannot be discharged from hospital because they are waiting for an assessment etc., introduced new pressures into a system that was already fraught. One of the policy's aims is to allow people to exercise 'genuine choice' as regards their ongoing and longer-term care. The authors draw on findings from their their study on reimbursement and delayed discharge carried out at the University of Stirling, the University of Leeds and King's College London, and investigate whether choice really can be exercised when lying in a hospital bed. (KJ/RH)
ISSN: 13663666
From : <http://www.pavpub.com>

DEMENTIA

(See Also 190/18, 190/23, 190/26, 190/31, 190/32, 190/62, 190/88, 190/133)

- 190/37 Always a last resort: Inquiry into the prescription of antipsychotic drugs to people with dementia living in care homes; by Jeremy Wright (chair), All-Party Parliamentary Group on Dementia; Alzheimer's Society.: Electronic format, April 2008, 38 pp.
The All-Party Parliamentary Group on Dementia (APPG) conducted this inquiry because of concerns expressed by carers, patient organisations and academics regarding the appropriateness and safety of prescribing antipsychotic drugs to people with dementia. This report presents APPG's findings based on organisations' and individuals' views on five questions. First, how widespread is the use of antipsychotic drugs for people with dementia in care homes? Second, why are people with dementia in care homes being prescribed antipsychotic drugs? Third, to what extent is the use of these drugs appropriate? Fourth, what alternatives are there to the use of antipsychotics? Lastly, what steps should be taken to ensure the appropriate prescription of antipsychotic drugs for people with dementia? Recommendations made include: mandatory dementia and antipsychotics training for all care home staff; effective support for care homes from general practitioners, and psychology and psychiatric services; protocols for prescribing, monitoring and review of antipsychotic drugs to people with dementia; and compulsory regulation and audit of such prescribing. (RH)
From : Download from website: http://www.alzheimers.org.uk/downloads/ALZ_Society_APPG.pdf
- 190/38 Alzheimer's disease in real life: the dementia carer's survey; by Jean Georges, Sabine Jansen, Jim Jackson (et al).
International Journal of Geriatric Psychiatry, vol 23, no 5, May 2008, pp 546-551.
Informal care from relatives provides the foundation of care for people with Alzheimer's disease (AD). It is important to understand the conditions under which carers perform their often neglected task. The dementia carer's survey aimed to identify carers' needs, differences between countries with regard to dementia care, and the level of satisfaction of carers with services used. The survey was conducted through Alzheimer Europe's member organisations in France, Germany, Poland, Spain and the UK (Scotland). The survey was in the form of a questionnaire, and topics covered included: demographics of carers and people with AD; time spent caring; disclosure of diagnosis; symptoms prompting diagnosis; diagnostic process; current and most distressing symptoms; carers' information requirements; and evaluation of services. Each country had some 200 respondents. Time spent caring increases with disease severity, and 50% of carers of people with late-stage dementia spent more than 10 hours a day caring. Activities of daily living (ADLs) and behaviour were cited as the most problematic symptoms, reported by 68% and 50% of carers, respectively. Provision of information on all aspects of AD was felt to be inadequate, with key services such as home support not available to the majority of carers. Only 17% of carers considered the level of care for older people in their country as good. Further development of services and information provision are required to help carers in their everyday caring, including coping with problematic symptoms influencing areas such as ADLs and behaviour. (RH)
ISSN: 08856230 From : <http://www.interscience.wiley.com>
- 190/39 Communication and dementia: how effective is the Talking Mats approach?; by Sylvia Cox, Joan Murphy, Cindy Bray.: Hawker Publications, May/June 2008, pp 35-38 (Research focus).
Journal of Dementia Care, vol 16, no 3, May/June 2008, pp 35-38 (Research focus).
The effectiveness of Talking Mats, a low-tech communication framework, in helping people with dementia to communicate, was examined in a research project based at the University of Stirling and funded by the Joseph Rowntree Foundation (JRF). Talking Mats consist of a textured mat on which picture symbols are placed as a conversation progresses. Three types of picture symbols are used representing: the Topics to be discussed; the Options relating to each Topic; and the Visual Scale to allow people to indicate their general feeling about each Option. The authors report on their study which also compared the effectiveness of Talking Mats (website: www.talkingmats.com), with other communication methods. (RH)
ISSN: 13518372

- 190/40 Dementia care quality in homes; by Jill Manthorpe.
Community Care, issue 1720, 1 May 2008, pp 34-36.
A study from the Alzheimer's Society, 'Home from home: quality of care for people with dementia living in care homes', uses data from a survey completed by carers of people with dementia who live in a care home, care home managers, and care home staff. This article examines the findings, such as the lack of training, which would alleviate some of the problems encountered by staff. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>
- 190/41 The impact of early dementia on outdoor life: a "shrinking world"?; by Sandra Duggan, Tim Blackman, Anthony Martyr (et al).
Dementia: the international journal of social research and practice, vol 7, no 2, May 2008, pp 191-204.
The voices of 22 people with early to moderate dementia and their carers about the use of the outdoor environment are reported. Analysis of semi-structured interviews demonstrates that people with early dementia value the outdoor environment for reasons such as exercise, fresh air, emotional well-being, the opportunity for informal encounters with neighbours and friends, and the appreciation of the countryside. Conversely, not being able to go out was associated with feelings of depression. Carers reported that the impact of dementia was to decrease the frequency of outdoor activity and to limit the areas visited to those that were the most familiar. Maintaining outdoor activity is likely to be an effective measure in extending the period of good quality living and might decrease the period when intensive services are required. It should therefore be considered in planning for both residential care and community living in the future. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 190/42 Making progress in psychosocial research in dementia; by Steve Iliffe, Jill Manthorpe, James Warner (et al).
Dementia: the international journal of social research and practice, vol 7, no 2, May 2008, pp 167-174.
This article describes the advent of greater research funding for the study of organisations and practice in dementia care in the UK, and the development of research infrastructures. It sets out a series of challenges that locating research in service delivery organisations may raise, and addresses issues of ethics, consent, research fatigue and pressures for results. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>
- 190/43 Screaming in elderly persons with dementia: a critical review of the literature; by Anne Bourbonnais, Francine Ducharme.
Dementia: the international journal of social research and practice, vol 7, no 2, May 2008, pp 205-226.
The purpose of this critical review of the literature is to present empirical data on screaming to guide knowledge development of this behaviour in older people with dementia. Many reasons have been identified for why humans and animals scream. Studies on older populations have focused mostly on factors associated with screaming. Also, a vast selection of interventions for older people with dementia who scream has been tested, but there is little evidence of their efficacy. Better knowledge of screaming in this population is needed. In particular, the meaning of this behaviour must be determined and stronger evidence of the efficacy of interventions must be acquired. In order to develop helpful clinical interventions, it is suggested that diverse research methods be used and that the perspective of all actors involved be considered, including that of older people, their families and their professional caregivers. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>

190/44 Transforming the quality of dementia care: consultation on a national dementia strategy; by Department of Health - DH. London: Department of Health, June 2008, 83 pp (Ref 288299).
The Department of Health (DH) is developing a national strategy for dementia services. This consultation draws on evidence from a wide range of reports and stakeholders, a series of listening events involving over 3,000 people, and the recommendations of an External Reference Group (ERG). The aim is to deliver services for everyone with dementia and their families. As described in this document, the strategy encompasses: improved awareness; early diagnosis and intervention; and high quality care and support. The consultation ends on 11 September 2008, and views are invited on the ideas set out in the document or on new ideas to contribute to the debate. (RH)
From : DH Publications Orderline, PO Box, 777, London SE1 6XH. E-mail: dh@prolog.uk.com Tel 0300 123 1002. Download link at: www.dh.gov.uk/dementia

190/45 A vital service for care homes; by Ann Scott, Tania Hutchinson.
Journal of Dementia Care, vol 15, no 5, September/October 2007, pp 10-11.
The Northern Health and Social Care Trust launched its strategy for mental health and older people at a conference in July 2007 which also endorsed a Behaviour Sciences Nursing Service. The authors report on the development of this service in Northern Ireland which was piloted in Antrim and Ballymena area. Using the Newcastle Challenging Behaviour Service as a model, the aim is to support people with dementia in care homes and the staff who work with them. (RH)
ISSN: 13518372

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

190/46 Age differences at marriage and divorce; by Ben Wilson, Steve Smallwood.
Population Trends, no 132, Summer 2008, pp 17-25.
Age difference is of interest to the study of families and partnership behaviour. It is also important because of the link with broader socio-demographic changes, such as population ageing, delayed fertility and the provision of care. This article explores the age difference of marrying and divorcing couples, calculated by subtracting the wife's age from the husband's age. The main finding is that between 1963 and 2005, the distribution of age differences over all marriages is very similar in each year to the distribution of age differences for the subset of couples who married in that year, but have since divorced. While there is some evidence of small variations in the proportion of marriages that end in divorce by age difference, there does not seem to be evidence of a strong association. (KJ/RH)
ISSN: 03074463
From : <http://www.statistics.gov.uk>

190/47 Estimating the changing population of the 'oldest old'; by Ercilla Dini, Shayla Goldring.
Population Trends, no 132, Summer 2008, pp 8-16.
The population of England Wales is becoming older. This poses an increasing demand for detailed data on the size and trends of the population at the oldest ages. Using the recently released Office for National Statistics (ONS) estimates of the population aged 90 and over in England and Wales, this article shows trends in the population of the oldest old and demographic causes of the rapid increase in centenarians during the twentieth century. It also presents further validation of the ONS estimates of the oldest old with estimates from other data sources. (KJ/RH)
ISSN: 03074463
From : <http://www.statistics.gov.uk>

190/48 Living in the 21st century: older people in England: the 2006 English Longitudinal Study of Ageing (Wave 3); [with an introduction by Michael Marmot]; by James Banks, Elizabeth Breeze, Carli Lessof (et al) (eds), English Longitudinal Study of Ageing - ELSA. London: Institute for Fiscal Studies - IFS, 2008, 303 pp.
This third wave of the English Longitudinal Study of Ageing (ELSA) was collected in 2006-07, and was run primarily by the International Centre for Health and Society at University College London, the Institute for Fiscal Studies (IFS), and the National Centre for Social Research (MatCen). The

present study includes research on five key areas: employment and the reasons older people move into or out of work; financial resources, well-being, and which groups are more likely to live in poverty; influences on the onset of ill health and disability, and what shortens life expectancy from a community perspective; investigating the dynamics of social detachment and exclusion in older age; and a depression-related approach to resilience in older age. Further chapters consider anthropometric measures in relation to health; mortality and life expectancy; and methodology. There is now up to eight years of ELSA data tracking the health, wealth and social characteristics of people aged 50+ in England. These are deposited in the Economic and Social Data Service Archive (www.esds.ac.uk/longitudinal). (RH)

Price: £40.00

From : The Institute for Fiscal Studies, 7 Ridgmount Street, London WC1E 7AE. E-mail: mailbox@ifs.org.uk Website: www.ifs.org.uk

DEPRESSION

(See Also 190/99)

190/49

Depression and sleep disturbance in elderly patients; by Alan Wade, Susan Downie. Geriatric Medicine, vol 38, Supplement 2, May 2008, pp 25-29.

Depression and insomnia are both increasingly prevalent in elderly patients, and a reciprocal relationship exists between the two conditions. Effective treatment relies on an accurate diagnosis of the primary condition. Older patients with depression should be helped to improve their sleep hygiene before initiating pharmacological therapy to treat sleep disturbance. Behavioural approaches may also be effective before, or as an adjunct to, medication. Drug treatment is prescription of one or more antidepressants, alone or with a hypnotic agent. Many existing treatments are associated with side-effects, rebound insomnia, or withdrawal problems, hence the need for more effective antidepressants which improve, not exacerbate, sleep disturbance. (KJ/RH) ISSN: 0268201X

DISABILITY

(See 190/86, 190/113)

ECONOMIC ISSUES

190/50

Going global: key questions for the twenty-first century; by Michael Moynagh, Richard Worsley, Tomorrow Project. London: A & C Black, 2008, 242 pp.

"Going global" has been produced as one element of a partnership agreement between the Economic and Social Research Council (ESRC) and the Tomorrow Project, designed to aid the transfer of academic knowledge to business and other academics. The authors not only explain how we can make sense of globalisation, they also consider 12 questions most commonly asked about the world today. Of most interest to the field of ageing would be those on: the gap between the richest and poorest countries; population and food resources; migration; climate change; and energy supplies. Other themes covered concern the global economy, communications, global governance, organisations, the "war on terror", and global crime. Each question is approached by asking: "Where have we come from? Where are we going? What do we need to think about?" (RH)

Price: £12.99

From : A & C Black Publishers Ltd., 38 Soho Square, London W1D 3HB. The Tomorrow Project, PO Box 160, Burnham Norton, Kings Lynn, Norfolk PE31 8GA. www.tomorrowproject.net

190/51

Learn about money: The first steps to financial independence; by Life Academy (formerly: Pre-Retirement Association - PRA). [3rd ed] Guildford: Life Academy, 2008, various.

The Learn about Money financial education project has been created by Life Academy in conjunction with the project's numerous sponsors. This workbook which can be used in addition, or as an alternative, to the website (www.learnaboutmoney.org) or the CD-ROM. Its theme is

taking responsibility for your financial future, with eleven modules covering issues such as money management, saving and borrowing, investment, saving for retirement, pensions and taxation. (KJ/RH)

Price: £8.50

From : Life Academy, 9 Chesham Road, Guildford, Surrey GU1 3LS

<http://www.life-academy.co.uk>

190/52 A minimum income standard for Britain: what people think; by Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, July 2008, 6 pp.

Findings, 2244, July 2008, 6 pp.

For the first time, an income standard for Britain has been produced that is based on detailed research about what people said is needed to reach a socially acceptable standard of living and to participate in society. The study compiled household budgets to calculate the minimum income standard (MIS). Combining expert knowledge with in-depth consultation with members of the public, the MIS provides a new benchmark to inform future debates on poverty and public policy decisions affecting the incomes of those worst off. For almost all household types considered, the MIS is above the threshold used to measure relative poverty - 60% of average (median) income. The MIS budgets presented are based on detailed lists of what is required by different household types. For example, a pensioner couple needs £201 a week for a socially acceptable quality of life in 2008 (after tax and excluding housing costs). The research outlined in these findings was conducted by a team at the Centre for Research in Social Policy at Loughborough University, the University of York and the Family Budget Unit. (RH)

ISSN: 09583084

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP.

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

190/53 Taxation at retirement; by Life Academy; TaxHelp for Older People. [2nd ed.] Guildford: Life Academy; TaxHelp for Older People, 2008, 31 pp (A4 booklet).

This handbook has been produced to anticipate and avert the tax problems which can occur at retirement. It is not a complete guide to personal tax, but targeting the salient points affecting the change of financial circumstances at the time of giving up paid employment. Paperwork and forms are also explained; sources of help given and current rates and allowances for 2008/09. (KJ)

From : Life Academy, 9 Chesham Road, Guildford, Surrey GU1 3LS.

<http://www.life-academy.co.uk> <http://www.taxvol.org.uk>

EMPLOYMENT

190/54 Life-course events and later-life employment: a report of research carried out by the Institute for Social and Economic Research (ISER), University of Essex on behalf of the Department for Work and Pensions; by Morten Blekesaune, Mark Bryan, Mark Taylor, Institute for Social and Economic Research, University of Essex; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2008, 107 pp (Department for Work and Pensions Research report, no 502). The focus is on employment outcomes for men and women aged 50-70. Employment rates for this group decline from over 80% for men and 70% for women at age 50 to 10% men and 6% women at age 70. A sequential approach is used, beginning with an investigation of the impact of very early life events (parental background and education), to see their "total" effects on later-life employment. Adulthood events examine labour market entry, family formation and employment history. Later life events and employment consider job strains, health, and factors such as partner's employment status, pension scheme membership, savings behaviour, and training. The report uses as data sources the British Household Panel Survey (BHPS), the Office for National Statistics Longitudinal Study (ONS LS), and the Workplace Employment Relations Survey 2004. The English Longitudinal Study of Ageing (ELSA), which began collecting retrospective life history data in 2007, is suggested as a possible source for extending this research. (RH)

From : Corporate Document Services, 7 Eastgate, Leeds LS2 7EY. E-mail: orderline@cds.co.uk
Website: www.cds.co.uk

Download from DWP website: <http://www.dwp.gov.uk/asd/asd5/rrs-index.asp>

190/55 Working conditions of an ageing workforce; by Claudia Villosio (with others), Centre for Employment Studies, Italy; European Foundation for the Improvement of Living and Working Conditions. Luxembourg: Office for Official Publications of the EU, 2008, 70 pp.

Age is an important factor when considering working conditions and the differences between younger and older workers. This report is based on data from the fourth European Working Conditions Survey (EWCS) carried out across 31 countries in Europe in 2005. It covers issues such as career and employment security; health and well-being; skills development; and reconciling working and non-working life (the work-life balance). It looks at ways in which the quality of work and employment can be promoted, in order to encourage older workers to remain in the labour market for longer, and thereby achieve the Lisbon and Stockholm employment targets across Europe by 2010. (RH)

From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.

Download from: <http://www.eurofound.europa.eu>

END-OF-LIFE CARE

(See Also 190/34, 190/105)

190/56 Capacity to care: a data analysis and discussion of the capacity and function of care homes as providers of end of life care; by Peter Tebbit, National Council for Palliative Care - NCPC. London: National Council for Palliative Care, June 2008, 11 pp.

The contribution of care homes to end of life care continues to be the subject of review within the development by the Department of Health (DH) of a national end of life strategy. This short paper presents publicly available data illustrating whether current provision of care homes with nursing is sufficient to meet local needs, and the consequences of inadequate levels of provision. (RH)

Price: £25.00

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

EPIDEMIOLOGY

(See Also 190/48, 190/59, 190/103)

190/57 The evolution of unintentional injury mortality among elderly in Europe; by Eleni Th Petriodou, Stavroula K Dikaloti, Nick Dessypris (et al).

Journal of Aging and Health, vol 20, no 2, March 2008, pp 159-182.

Cause-specific unintentional injury mortality trends among people aged 65+ in the European Union (EU) were compared over a 10-year period (1993-2002). Overall and cause-specific data for 23 out of the 29 EU and European Free Trade Association (EFTA) countries with populations of 1 million or more were retrieved from the World Health Organization (WHO) and age-standardised mortality rates for the first and last 3 available years of the study period were calculated. Proportional mortality changes were estimated through linear regression. Circa 1993, country-specific rates varied widely (> fourfold), but this gap is closing and a statistically significant downward trend in overall mortality is noted circa 2002, in about half of the countries. Rates from falls were reduced by 4.3%, from motor vehicle traffic by 3.1%, and from smoke, fire and flames by 3.1%. A large proportion of EU countries enjoys steady declining trends by major unintentional injury mortality category. Success factors and barriers underlying these benchmarking patterns should be further explored to accelerate the process of injury reduction. (RH)

ISSN: 08982643

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

190/58

Predicting cardiovascular risk in England and Wales: prospective derivation and validation of QRISK2; by Julia Hippisley-Cox, Carol Coupland, Yana Vinogradova (et al).

British Medical Journal, vol 336, no 7659, 28 June 2008, pp 1475-1482.

The aim was to develop and validate version 2 of the QRISK cardiovascular disease algorithm (QRISK2) to provide accurate estimates of cardiovascular risk to patients from different ethnic groups in England and Wales and to compare its performance with the modified version of Framingham score recommended by the National Institute for Health and Clinical Excellence (NICE). Data used derives from 531 practices in England and Wales contributing to the national QRESEARCH database, comprising a total of 2.3 million patients aged 35-74 with 140000 cardiovascular events. It was found that incorporating ethnicity, deprivation and other clinical conditions into the QRISK2 algorithm for risk of cardiovascular disease improves the accuracy of identification of those at high risk in a nationally representative population. At the 20% threshold, QRISK2 is likely to be a more efficient and equitable tool for treatment decisions in the primary prevention of cardiovascular disease. As the validation was performed in a similar population to the population from which the algorithm was derived, it potentially has a "home advantage". Further validation in other populations is therefore advised. (RH)

ISSN: 09598138

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

ETHICAL ISSUES

(See 190/26)

EXERCISE

190/59

The relationship of older adults' activities and body mass index; by Kristi Rahrig Jenkins, Nancy H Fultz.

Journal of Aging and Health, vol 20, no 2, March 2008, pp 217-234.

Descriptive statistics are presented for the relationships between body mass index (BMI) and sociodemographics, health behaviours, and health characteristics. Linear regression was used to model the number of hours of participation in each activity. The hypothesis that being overweight or obese is associated with older people's activities was supported. For example, compared to those of normal weight, obese older people spend fewer hours walking, exercising, praying and medicating, house cleaning, and engaging in personal grooming. Moreover, compared to normal weight older people, obese older people spend a greater number of hours watching television. These results substantiate previous findings of a negative relationship between physical activity and excess weight, and the lack of a relationship between social activity and BMI. (RH)

ISSN: 08982643

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

EXTRA-CARE HOUSING

190/60

Remodelling to extra care housing: some implications for policy and practice; by Anthea Tinker, Fay Wright, Julienne Hanson (et al).

Quality in Ageing, vol 2, issue 1, March 2008, pp 4-12.

Extra care housing is seen as a popular option for older people by families, some older people, policy makers and practitioners. Some new build is being provided, but another option, for which grants are available, is to remodel existing outmoded buildings. This research reports on recent attempts from 10 case study areas in England to remodel sheltered housing and residential care homes to extra care housing. The results are mixed, with satisfaction reported by many new tenants, anger by some existing ones, challenges at every stage of the project for design and construction teams, and issues over the provision of assistive technology and care. Nearly all the schemes experienced unexpected problems during the course of construction. Remodelling is not necessarily faster or cheaper than commissioning a purpose-designed new building. Nevertheless, remodelling may be the only viable option for some unpopular or outdate schemes. The research showed that remodelling is not a quick fix, but that it did have considerable advantages for many

of the older people and support staff who were living and working in the remodelled buildings. The research concluded that remodelling should only be undertaken when other options have been carefully examined. Drawing on the research findings, advice to policy makers and practitioners who are considering this course of action is outlined in the discussion. (KJ/RH)

ISSN: 14717794

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

FALLS

190/61

How balance can overcome barriers; by Kathy Carter.

Quality in Ageing, vol 9, issue 1, March 2008, pp 41-44.

Balance is key to improving the quality of life for older patients. This article looks at barriers to participation, which exist in different forms in all areas of fitness and exercise, and are of an emotional or practical nature. The feature quotes a study published in The Gerontologist carried out by researchers at the University of Southampton's School of Psychology. They sought to identify factors that may inhibit uptake to falls-related interventions. Dr Dawn Skelton discusses the importance of exercise in reducing the number of falls and fall-related injuries in older people, and the BalanceMaster machine is highlighted. (KJ/RH)

ISSN: 14717794

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

FAMILY AND INFORMAL CARE

(See Also 190/33)

190/62

An evaluation of the needs and service usage of family carers of people with dementia; by Traci R Cascioli, Hasan Al-Madfai, Paul Osborne (et al).

Quality in Ageing, vol 9, issue 2, June 2008, pp 18-27.

By way of interview, this study investigated the needs of 15 people caring for a person with dementia and their satisfaction with current services in the Caerphilly County Borough, South Wales. Carers reported having difficulty coping with the demands on their time and the emotional strain associated with caring. Carers requested more information regarding available services, the diagnosis of dementia, and the legal and financial aspects of caring. They also mentioned the need for a night-sitter service, a 24-hour helpline, more support groups, and more visits from social services and community psychiatric nurses (CPNs). On the whole, the carers were satisfied with the services provided, although their use of these services was not extensive. However, issues around lack of support, quality and availability of homes and hospitals, and poor communications were identified as areas of concern. The findings were welcomed by strategic planners, and the information is being used as a basis for developing and improving specific carer support services. (RH)

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

HEALTH CARE

(See 190/59)

HEALTH SERVICES

(See 190/147)

HOME CARE

190/63

Charging into poverty?: charges for care services at home and the national debate on adult care reform in England; by Coalition on Charging. London: Coalition on Charging, June 2008, 46 pp. The Coalition on Charging is a group of organisations for disabled people, older people and carers

working together on charges to use care services. The Coalition received responses from 61 individuals and 31 organisations on their views on the impact of charges, in the light of national debate on adult care reform. This report examines responses on: people stopping or reducing services because of charges; financial assessments and essential living costs; choice, care services and charges; charges and government plans for adult care reform; "Fairer Charging"; and suggested improvements. The report comments on the "postcode lottery" element to charging, and the government's reaffirmation of "promoting independence, well-being, choice and control" in the light of survey responses. Findings suggest the need for immediate and/or interim improvement in: analysis of the impact of care service charges; the assessment of disability-related expenditure; local authority process issues; and how care services could contribute to national policy goals in relation to inclusion, well-being, equal citizenship and reducing poverty. (RH)

From : Download (4/7/07) from: www.ncil.org.uk Coalition on Charging, c/o National Centre for Independent Living, 4th Floor, Hampton House, 20 Albert Embankment, London SE1 7TJ.

HOSPITAL SERVICES

190/64 Helping you through a hospital stay: advice from older people; by Nadia Sharif, Hazel Qureshi, Social Care Institute for Excellence - SCIE. London: Social Care Institute for Excellence - SCIE, March 2008, 25 pp.

This guide has been written in conjunction with the Older People's Advisory Group (OPAG), and produced in co-operation with Age Concern England (ACE) and the Alzheimer's Society. It provides advice and information for people admitted to hospital who will mainly be returning to their own homes after discharge. It is likely to be useful for those needing more support and care, for example people in care homes or sheltered housing. (RH)

From : SCIE, Goldings House, 2 Hay's Lane, London SE1 2HB.

<http://www.scie.org.uk/publications/misc/hospitaldischarge/files/hospitaldischarge.pdf>

190/65 Older people's care experience in community and general hospitals : a comparative study; by John Green, Anne Forster, John Young (et al).

Nursing Older People, vol 20, no 6, July 2008, pp 33-40.

Community hospitals are an important component of the post-acute care pathway for older people. The objective of this study was to describe and contrast patients' and carers' experiences of community and general hospitals. Interviews with patients and carers revealed similarities in the perceptions of care between the two settings. These included appreciation of staff sensitivity, a sense of security, encouragement of independence and lack of activity. The community hospital was appreciated for its location, atmosphere, accommodation, greater sense of freedom, quality of food and staff attitudes. UK health policy promotes the development of community hospitals. This should be progressed in a way that retains key strengths of the specific service they offer. (KJ)

ISSN: 14720795

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

190/66 The older person in the Accident & Emergency department: (Compendium document 3.2 revised March 2008); by J Birns, D Beaumont, BGS Policy Committee, British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, March 2008, unnumbered.

Older people experience a greater level of morbidity and are relatively frequent users of Accident & Emergency departments (A&E). The increased demand for emergency care services places greater pressures on A&E departments, resulting in increased strain to maintain quality of care. This guidance comments that falls, elder abuse and delirium are major conditions for older people presenting at A&E. The web version of this document alerts the user to other online references in respect of delivering high quality care for older A&E attendees, identifying frailty, or referring for comprehensive assessment. (RH)

From : Download document: http://www.bgs.org.uk/Publications/Compendium/compend_3-2.htm

190/67 A patient's experience of an NHS hospital: complaint and outcomes; by G Clare Wenger.
Quality in Ageing, vol 2, issue 2, June 2008, pp 4-11.
As an academic, the author has written many academic papers over the years. However, this is not an academic paper. It is a personal account of the author's experiences in autumn 2007 of six days in an NHS hospital in Wales. Her previous experience of hospitals in the UK consisted of having her tonsils out in 1947, visiting her husband and parents who were patients in the same hospital over the course of the last years of their lives, and of visiting friends in hospital. Her account details hygiene issues (poor infection control and lavatory and washing facilities); and treatment by nurses and doctors, and their responses to psychological stress. Government needs to reassess priorities and to give more thought to the patient experience. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

HOUSING

(See Also 190/110)

190/68 Anchor 2020: meeting the challenges of older people's housing and care: a discussion paper; by Anchor Trust; International Longevity Centre UK - ILCUK. London: Anchor Trust, 2008, 30 pp.
By 2020, there will be 3 million more people aged 65+ than in 2008, and many will be increasingly frail. This discussion document summarises the related political, social, economic, technological and environmental trends, such as an increasingly "consumerist" older population that is "asset rich but income poor". It also notes the Caring Choices initiative (January 2008) and the forthcoming Green Paper on adult social care, and the implications for sheltered housing. Given the demands of the next generation of older people, it suggests that it is time to expand on the traditional model of housing and care provision and funding. The social care sector will have to offer a system that is fairer financially, meets needs more effectively, and offers people dignity and choice. (RH)
From : Anchor Trust, 2nd Floor, 25 Bedford Street, London WC2E 9ES. <http://www.anchor.org.uk>
Also available in large print, braille, audio, electronic formats or other languages on request to Joanna Nurse on 020 7759 9100.

190/69 The housing situation and residential strategies of older people in France; by Catherine Bonvalet, Jim Ogg.
Ageing and Society, vol 28, part 6, August 2008, pp 753-778.
During the later 20th century, France experienced a dramatic turn around in the quality of its housing. The current cohort of older people witnessed and lived through the transformation. Most people aged over 50 years in France are homeowners and almost one-in-four own a second home. Although the oldest age groups are much less residentially mobile than younger people, home moves are more likely around the age of retirement or widowhood. In recent years, new forms of residential mobility in later life have been emerging. These include a weakening of the commonly observed pattern of a permanent drift away from cities and towns towards areas of childhood origin or family connections. One current trend suggests a preference for preserving residential links with areas of relatively high population density and good access to amenities, coupled with being able to spend time elsewhere, whether in second homes, in children's and grandchildren's homes, or elsewhere. The arrival of the post-1945 baby-boom cohort at retirement has begun, and this may increase the current level of residential mobility and lead to more diverse types, although the change will depend on the development of the housing market as well as residential preferences in old age. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/ASO>

190/70 Providing, preventing and personalising: making plans for housing in an ageing society; by Kay Andrews. London
Journal of Care Services Management, vol 2, no 2, January-March 2008, pp 113-116.
Baroness Andrews of Southover writes in her capacity as Parliamentary Under Secretary of State

at the Department for Communities and Local Government (DCLG). The Office of the Deputy Prime Minister (ODPM) in 'A sure start to later life' (2006) committed the Department to prepare a housing strategy. This keynote article sets the context of past policy and likely future housing need. It refers to 'Homes for the future: more affordable, more sustainable' (DCLG, 2007), which introduces the concepts of the "sustainable" community and lifetime neighbourhoods. The intention is to allow people to live independently, and prevention and personalisation are part of that agenda. (RH)

ISSN: 17501679

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

INFORMATION

190/71

Library and information services in the social sciences: essential resources for evidence and policy; by Alan Gomersall.

Evidence & Policy, vol 4, no 2, May 2008, pp 269-272.

This article is in the section of the journal that aims to inform readers about the development of evidence-informed policy and practice, as reflected in the literature; and to provide practical advice on the sources and skills that policy makers, practitioners and researchers can exploit in their search for evidence. That search is increasingly dominated by electronic sources - databases and websites - that can be accessed from the researcher's own desk. However, as the author asserts, it is noteworthy to remember that libraries are still important, not just for their specialist collections but for the expertise of their staff. In this article, two UK libraries are considered: the National Children's Bureau (NCB), and the Centre for Policy on Ageing (CPA). It describes the services that are available, and the contribution that both make in providing data to the UK bibliographic database, Social Policy and Practice (SPP) provided by the database vendor, Ovid Technologies. (KJ/RH)

ISSN: 17442648

From : <http://www.policypress.org.uk>

INSPECTION AND REGULATION

(See 190/20)

INTEGRATED CARE

190/72

Outcomes for users and carers in the context of health and social care partnership working: from research to practice; by Emma Miller, Margaret Whoriskey, Ailsa Cook.

Journal of Integrated Care, vol 16, issue 2, 2008, pp 21-28.

There is currently much policy emphasis on both partnership working between health and social services in the UK and on the outcomes delivered by services. This article provides an account of two consecutive projects centred on these two themes. The first project, at the University of Glasgow, sought to address the lack of evidence about the outcomes delivered to service users by partnerships. Following from this project, the Joint Improvement Team of the Scottish Government commissioned the researchers to develop a toolkit to involve users and unpaid carers in performance management in community care in Scotland. The remit of this second project expanded during 2007 as it became linked with the development of the emerging National Outcomes Framework for community care in Scotland. This article outlines the outcomes-based piloting work currently under way in Scotland. (KJ/RH)

ISSN: 14769018

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

190/73

A question of leadership: [partnership working]; by Jon Glasby, Helen Dickinson.

Community Care, issue 1727, 19 June 2008, pp 30-31.

In the second in a series of articles on partnership working, the authors assess the merits of co-operative working in inter-agency settings as opposed to the usual hierarchical leadership arrangements. Their article is based on findings from the Better Partnership Working series which

they edit, specifically material from 'Managing and leading in inter-agency settings', by Edward Peck and Helen Dickinson (Policy Press, in association with Community Care). (RH)

ISSN: 03075508

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

INTERGENERATIONAL ISSUES

(See Also 190/149)

190/74 Inter-generational relationships at different ages: an attachment perspective; by Eva-Maria Merz, Carlo Schuengel, Hans-Joachim Schulze.

Ageing and Society, vol 28, part 5, July 2008, pp 717-736.

This study examines the characteristics of parent-child relationships after childhood from a theoretical attachment perspective. It describes how relationships between adult children and their parents vary by age group of the child on three dimensions that were derived from attachment theory: direction, penetration and quality. Data from 4589 respondents to the Netherlands Kinship Panel Study were analysed to describe relationships between adult children and their parents. Analyses of covariance were used to specify differences by age group. The results showed that age had notable effects on relationships between adult children and parents, especially their direction and penetration or centrality. The direction was reversed for parents of children in the two oldest age groups. The level of penetration was lower for older age groups, and quality was higher in the younger age groups, but the effect size was small. The age effects on the dimensions were qualified by the personal circumstances of the adult children. Having one's own children was associated with different patterns of attachment at different ages. Adult children may be an important source of support for their aged parents and may even become 'attachment figures'. Given the current increases in longevity, there could be increasing pressure on adult children to support their parents. Attachment theory is a useful framework for studying the characteristics of inter-generational relationships, also after childhood. (KJ/RH)

ISSN: 0144686X

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

190/75 Looking back, looking forward: developing intergenerational connections in Manchester; by Alan Hatton-Yeo, Manchester City Council; Beth Johnson Foundation - BJJ; Valuing Older People (VOP) in Manchester. Manchester: Manchester City Council, 2007, 11 pp.

This report sets out the case from promoting a multi-generational approach to developing and providing services. It summarises key findings from background research in developing intergenerational practice in Manchester, based on interviews with people with a key strategic lead relevant to intergenerational activities. The report includes an action plan and examples of projects that have brought young and older people together. (RH)

From : Valuing Older People team: vop@manchester.gov.uk

190/76 Older people's realisation of generativity in a changing society: the case of Hong Kong; by Sheung-Tak Cheng, Wai Chan, Alfred C M Chan.

Ageing and Society, vol 28, part 5, July 2008, pp 609-627.

Generativity refers to activities that help to establish and guide the next generation. This paper explores the nature of generative concern among older people and how it manifests itself in an era of rapid social and technological changes that have produced wide generation gaps. Eight focus groups were conducted with 51 women and 20 men who were recruited from social centres in Hong Kong on the basis of age, socio-economic status, and level of participation in the centres. The discussions were transcribed verbatim and analysed using grounded-theory principles. The elders frequently referred to the superior educational level and lifestyles between the generations, which they thought had made their own knowledge and wisdom obsolete. They had concerns about social and technological changes, however, and they aroused a sense of urgency to protect the younger generation from contemporary evils, while many considered that passing on moral and behavioural codes nowadays was the most important generative role. Although they wanted to help, their efforts were often criticised. In order to maintain harmonious relationships and to

avoid conflicts with their offspring, many participants adopted passive generative roles. Attempts to stabilise the generative self by redefining generativity were also observed. The final section of the paper discusses the implications of the findings for the maintenance of the generative self in personal situations of declining resources. (KJ/RH)

ISSN: 0144686X

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

190/77

Types, meanings and ambivalence in intergenerational exchanges among Cambodian refugee families in the United States; by Denise C Lewis.

Ageing and Society, vol 28, part 5, July 2008, pp 693-715.

This article aims to answer the following question: how have refugee families in the United States (US) modified attitudes and behaviours surrounding intergenerational exchanges within the context of filial piety? This research reports on one 31-member extended family in a community of Cambodian refugee families living along the Gulf of Mexico coast. The family members in this study have changed types, found new meanings in, and are often ambivalent about, intergenerational exchanges. Moreover, they have held onto those aspects of Cambodian culture that were considered essential, such as filial piety and elder reverence, while adapting and redefining types and meanings of intergenerational exchanges the better to reflect their current lives in the US. These findings illuminate ways in which changed life circumstances and cultural transitions shaped attitudes, preferences and behavioural patterns associated with intergenerational exchanges. The findings also show how and why refugee families have negotiated and modified their beliefs and behaviours surrounding intergenerational exchanges in the context of massive social and cultural disruption. (KJ/RH)

ISSN: 0144686X

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

INTERMEDIATE CARE

190/78

The home-visiting process for older people in the in-patient intermediate care services; by Jane Hibberd.

Quality in Ageing, vol 9, issue 1, March 2008, pp 13-23.

Older people account for a significant proportion of users of health and social care services (Wanless, Securing good care for older people, 2006). Within current constraints on health and social care services, it is essential that interventions such as home visits for older people can be seen to be appropriately deployed resources for facilitating their safe and timely discharge home. This paper discusses the findings of an evaluation project undertaken in 2003/04 within two in-patient intermediate care services. The service provided short-term intervention for older people, with an emphasis on rehabilitation to enable a safe return to their own home environment. Reports in 2003 by the National Audit Office (NAO) and the House of Commons Committee of Public Accounts concerning effective discharge of older patients from NHS acute hospitals provided evidence that delayed discharge is a significant problem, causes of which included delays in assessing patients, shortages of occupational therapists and lack of integrated therapy services. (KJ/RH)

ISSN: 14717794 From : <http://www.pavpub.com>

190/79

Intermediate care : guidance for commissioners and providers of health and social care: (Compendium document 4.2 revised February 2008); by J Young, BGS Policy Committee, British Geriatrics Society - BGS. London: British Geriatrics Society - BGS, February 2008, unnumbered.

The concept of "intermediate care" (IC) became policy in the NHS Plan and was implemented in England under the National Service Framework for Older People (NSF), and is conceived as a range of service models aimed at "care closer to home". However, IC has been criticised as being ambiguous and imprecise, including components of assessment, convalescence, respite and rehabilitation. This guidance outlines examples of IC schemes; the evidence base for IC; IC and specialist medical assessment; and clinical governance. (RH)

From: <http://www.bgs.org.uk/Publications/Publication%20Downloads/Comp.%204.2%20Intermediate%20Care.pdf>

INTERNATIONAL AND COMPARATIVE

(See Also 190/13, 190/69, 190/76, 190/77, 190/86, 190/99, 190/140, 190/149)

- 190/80 From disaster to development: how older people recovered from the Asian tsunami; by Help the Aged; HelpAge International. London: Help the Aged, 2008, 24 pp.
Following the Indian Ocean tsunami on 26 December 2004, Help the Aged and HelpAge International received £8 million from the British public as part of the Disasters Emergency Committee (DEC) appeal. With local partners, assistance was given to more than 200,000 people in India, Sri Lanka and Indonesia. This illustrated report describes how such help has enabled older people and their communities to progress from disaster to development by providing them with the three Rs: relief, recovery and rehabilitation. (RH)
From : Help the Aged, 207-221 Pentonville Road, London N1 9UZ. E-mail: info@helptheaged.org.uk Website: www.helptheaged.org.uk HelpAge International website: www.helpage.org
- 190/81 Health seeking behaviour of older persons in Zimbabwe; by A C Nyanguru.: International Institute on Ageing (United Nations - Malta), February 2008, pp 11-26.
BOLD, vol 18, no 2, February 2008, pp 11-26.
The poverty of older people in Africa translates into poor nutrition and health and sustaining burden brought about by the HIV/AIDS epidemic. This further aggravates the search for income generation opportunities. Their situation also affects health-seeking behaviour to attain well-being. All people have concepts about health and illness which are part of their culture. Every society also has beliefs about how to stay healthy, how to prevent illness, and how to treat people who are sick; yet no known study has been carried out regarding older people's health-seeking behaviour in Zimbabwe. This paper is based on a study of older people aged 60+ living in Harare, Mutare and villages up to 50 km from these cities, in which their choice of a health care provider and their reasons for doing so were studied. Results showed that slightly more than one tenth of respondents used self-treatment, a third visited a clinic, another third a hospital, a fifth a private doctor. Traditional healers (or angas) or religious practitioners were each used by less than 5% of respondents. There were significant differences in the use of health care providers between older people living in rural areas and those in urban areas. Three-quarters of the respondents reported on the quick, good and efficient service they received from the use of their chosen health care provider, while the rest mentioned accessibility, affordability, availability, trust in and reliability of the health care provider as the reasons for their choice. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>
- 190/82 Water, sanitation and ageing in Nigeria; by O Martin Makinawa.: International Institute on Ageing (United Nations - Malta), February 2008, pp 27-31.
BOLD, vol 18, no 2, February 2008, pp 27-31.
Poor access to water and sanitation in Nigeria that is safe is highlighted, as are questions why older people have to walk a long way to fetch water. This article asks whether any solutions to the country's water supply problems, and comments on the demographic and public health implications. One of the reports available is based only on empirical observation and photographs taken in the field: no data is available on water-related diseases as they affect older people. (RH)
ISSN: 10165177
From : <http://www.inia.org.mt>

LEGAL ISSUES

(See 190/93)

LIFE-LONG LEARNING

- 190/83 Later life learning and local area agreements; by Older & Bolder, National Institute of Adult Continuing Education - NIACE. Leicester: Electronic format - NIACE, April 2008, 12 pp.
This paper is intended to help local authorities to develop their Public Service Agreements (PSAs) and to consider how and when education in later life can be offered. It explores the value of learning in later life, some of the ways it can be incorporated into Local PSAs and latterly highlights some of the features of the local adult education world. It notes PSA targets which are of particular relevance to older people and learning in later life: No 2: Improve the skills of the population, on the way to ensuring a world-class skills base by 2020; No 8: Maximise employment opportunity for all; No 15: Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief; No 17: Tackle poverty and promote greater independence and well-being in later life; and No 21: Build more cohesive, empowered and active communities. Suggestions for implementing each action point refer to the PSA target concerned; and references and websites are suggested. (KJ/RH)
From : http://www.niace.org.uk/Research/older_bolder/Projects/LLLAA.pdf

LONG TERM CARE

- 190/84 Clinical heroes: pushing up standards in long-term care; by Paul Whitby.: Hawker Publications, May/June 2008, pp 28-32.
Journal of Dementia Care, vol 16, no 3, May/June 2008, pp 28-32.
In the second of two articles, the author answers the critical question, how can we change the culture of a ward or care home for the better? Clinical heroes - leaders with passionate vision as well as power and influence - are needed as managers, along with a competent staff team and a facilitating work culture or environment that achieves high standards of care. (RH)
ISSN: 13518372
- 190/85 Moral distress: an emerging problem for nurses in long-term care?; by Em Pijl-Zieber, Brad Hagen, Chris Armstrong-Esther (et al).
Quality in Ageing, vol 9, issue 2, June 2008, pp 39-48.
The implied meaning of moral distress is that one knows the right thing to do, but that institutional constraints make it nearly impossible to pursue the right course of action. Nurses and other professional caregivers are increasingly recognising the issue of moral distress and the deleterious effect it may have on professional work life, staff recruitment and staff retention. Although the nursing literature has begun to address the issue and how to respond to it, much of this literature has typically focused on high acuity areas, such as intensive care nursing. However, with an ageing population and increasing demand for resources and services to meet the needs of older people, it is likely that nurses in long-term care are going to be increasingly affected by moral distress in their work. This paper briefly reviews the literature pertaining to the concept of moral distress; explores the causes and effects of moral distress within the nursing profession; and argues that many nurses and other healthcare professionals working with older people may need to become increasingly proactive to safeguard against the possibility of moral distress. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>

LONG TERM CONDITIONS

- 190/86 Changes in the prevalence of chronic disease and the association with disability in the older Dutch population between 1987 and 2001; by M T E Puts, D J H Deeg, N Hoeymans (et al).
Age and Ageing, vol 37, no 2, March 2008, pp 187-193.
Most studies of older populations in developed countries show a decrease in the prevalence of disabilities, and an increase in chronic diseases in the past 20 years. However, data for the Netherlands mostly show an increase in the prevalence of chronic diseases and mixed results regarding disability prevalence. So far, most studies have dealt only with self-reported disease.

This study uses both self-reported and GP-registered diseases, and aims to compare changes in prevalence between 1987 and 2001 in the older Dutch population using data from the first (1987) and second (2001) Dutch National Survey of General Practice (DNSGP). In 1987, 103 general practices, compared to 104 in 2001, participated. About 5% of registered patients were asked to participate in an extensive health interview survey. An all age random sample was drawn by the researchers for patients listed in the participating practices (2708 in 1987, and 3474 in 2001). Both surveys are community based, within the age range 55-97. Data on chronic diseases were based on GP registries and self-report. The prevalence of disability and of asthma/COPD (chronic obstructive pulmonary disease), cardiac disease, stroke, and osteoporosis decreased between 1987 and 2001, which prevalence of diabetes increased. Changes were largely similar for GP-registered and self-reported diseases. Cardiac disease, asthma/ COPD, and depression led to less disability, whereas low back pain and osteoarthritis led to more disability. Results suggest that the disabling impact of fatal diseases decreased, while the impact of non-fatal diseases increased. (RH)

ISSN: 00020729

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

LONGEVITY

(See 190/103)

MEDICAL ISSUES

(See Also 190/100)

190/87 Assessing pain: [use of national guideline, The Assessment of Pain in Older People]; by Pat Schofield, Robert Short.

Nursing Older People, vol 20, no 4, May 2008, pp 16-18.

The Royal College of Physicians (RCP), the British Geriatric Society (BGS) and the British Pain Society have published national guidelines, 'The assessment of pain in older people' (2007). Pat Schofield, a member of the Guideline Development Group, calls on nurses to use the guidelines when evaluating pain. The guidelines not only help in assessing pain in older people who are able to communicate with their carers, but are also suitable for use with those who have cognitive impairment, communication difficulties, or language and cultural barriers. Guidelines for the management of pain in older people are to be published by 2010. (RH)

ISSN: 14720795

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

MEDICATION

(See Also 190/37)

190/88 Antipsychotics for people with dementia; by John O'Brien.

British Medical Journal, vol 337, no 7661, 12 July 2008, pp 64-65.

The author reinforces findings from previous research, that antipsychotics for people with dementia should be reserved for severe and persistent symptoms after assessment of risk and benefit. To avoid the risk of stroke, non-pharmacological approaches to treatment should be used first. (RH)

ISSN: 09598138

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

190/89 An exploratory study of nurses' knowledge of antipsychotic drug use with older persons; by Christopher Armstrong-Esther, Brad Hagen, Christine Smith (et al).

Quality in Ageing, vol 2, issue 1, March 2008, pp 29-40.

The widespread use of antipsychotic drugs with older people by nursing staff has been documented in previous research. This exploratory descriptive study surveyed a sample of UK

gerontological nurses from different work settings on their knowledge of antipsychotic drugs. Questionnaires were distributed to 100 nursing staff, including registered general nurses, registered mental nurses, state enrolled nurses (SENs), nursing assistants and care assistants. 62 questionnaires were returned; 57 were completed substantially enough for data analysis. Descriptive statistics including frequencies and means were calculated for demographic variables and the questionnaire responses. Results indicate that the use of antipsychotic drugs within the psychiatric hospital setting was substantial, with 43.7% of patients receiving antipsychotic drugs for an average length of time of 1.8 years. Nursing staff participants from all three work settings revealed a number of significant knowledge gaps, particularly with regard to appropriate indications for antipsychotic drugs with older people and the side effects of antipsychotic drugs. This paper adds new information regarding the use of antipsychotic drugs in the nursing care of older people. (RH)

ISSN: 14717794

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

190/90

Polypharmacy: cure or curse?; by Abdul Salam, Snighendhu Mandal, Anil Kumar (et al).

Quality in Ageing, vol 2, issue 1, March 2008, pp 24-28.

Polypharmacy is common in older people, who are more likely to have multiple co-morbidities. Coupled with age-related physiological decline, undoubtedly this carries the risk of adverse drug reactions, drug interactions and multiple adverse symptoms, with consequent increased hospital admissions. This article discusses a recent audit on polypharmacy in older people conducted by the authors in a district general hospital. (KJ)

ISSN: 14717794

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

MENTAL HEALTH

(See Also 190/17)

190/91

Does 'older' mean 'wiser?'; by Ken Tout.: International Institute on Ageing (United Nations - Malta), February 2008, pp 2-7.

BOLD, vol 18, no 2, February 2008, pp 2-7.

The author reflects on results of a simple survey of 100 contacts aged 60-95, in which he sought their views on wisdom or being wiser at age 20 or 40, and the age they felt competent to advise younger people. He also comments on results of studies by major writers in the field of gerontology on mental impairment and the likelihood of being diagnosed with Alzheimer's disease (AD). (RH)

ISSN: 10165177

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

190/92

Handbook of psychosocial interventions with older adults: evidence-based approaches; by Sherry M Cummings, Nancy P Kropf (eds): The Haworth Press, Inc., 2008, pp 1-355.

Journal of Gerontological Social Work, vol 50, Supplement 1, 2008, pp 1-355.

In recent years, there has been tremendous growth in the movement to enhance the delivery of quality services through the use of evidence-based interventions. While an increasing number of reviews have examined the effectiveness of pharmacological interventions for older people, few have examined the status of psychosocial interventions for the older population. This special volume of the Journal of Gerontological Social Work aims to increase researchers' and practitioners' knowledge of evidence-based treatments for older people and their family members. To this end, a thorough review of the extant research on psychosocial interventions for a wide range of health, mental health, cognitive and social role challenges faced by older family caregivers is provided. An overview by the editors is followed by 13 chapters arranged by three themes. First, evidence-based interventions for health conditions cover cardiac conditions, cancer treatments, arthritis pain, diabetes treatment and HIV/AIDS treatment. Second, evidence-based interventions for cognitive and mental health issues provide overviews on: depression and anxiety; Alzheimer's disease (AD) and related dementia; and substance abuse. Lastly,

evidence-based interventions for social functioning focus on family and grandparent caregivers, treatment at the end of life, and the relationships of individuals with developmental disabilities and their caregivers. (RH)

ISSN: 01634372

From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.

email: haworthpress@taylorandfrancis.com (www.taylorandfrancis.com)

190/93

Implementing the Mental Capacity Act; by Jill Manthorpe.

Community Care, issue 1728, 26 June 2008, pp 34-35.

The Mental Health Foundation undertook a study exploring knowledge of decision-making by people who may lack capacity in the context of implementation of the Mental Capacity Act 2005. The author reviews this study, 'Whose decision? Preparation for and implementation of the Mental Capacity Act in statutory and non-statutory services in England and Wales', by Rowan Myron et al. The research casts light on practitioners' readiness to implement the Act, and their wanting to learn more about the legislation in order to serve carers and those personally affected. (RH)

ISSN: 03075508

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

190/94

It's never too late to engage in lifestyle activities: significant concurrent but not change relationships between lifestyle activities and cognitive speed; by Allison A M Bielak, Tiffany F Hughes, Brent J Small (et al).

Journals of Gerontology: Series B, Psychological Sciences and Social Sciences, vol 62B, no 6, November 2007, pp P331-P339.

Little is known about potential longitudinal relationships between participants for social, physical and intellectual activities and later cognitive performance. Data for 530 people aged 55-94 from the Victoria Longitudinal Study (VLS) in British Columbia, Canada were used to test whether baseline and change in lifestyle engagement were related to corresponding indicators of cognitive speed (measured by mean level and intra-individual variability). Regressions based on random effect model estimates showed that cross-sectional activity participation predicted corresponding values of both mean level and intra-individual variability, but few longitudinal variations were significant. Overall, a higher frequency of participation in cognitively complex activities was related to faster response times and lower intra-individual variability. Findings suggest that activity level at one point in time may be a more important predictor of cognition than an individual's change in activity level. (RH)

ISSN: 10795014

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

190/95

Psychoses, ethnicity and socio-economic status; by J B Kirkbride, D Barker, F Cowden (et al).

British Journal of Psychiatry, vol 193, June 2008, pp 18-24.

Consistent observation of raised rates of psychoses among black and minority ethnic (BME) groups may possibly be explained by their lower socio-economic status. The East London First Episode Psychosis Study (ELEEP), a 2-year population-based study of DSM-IV psychotic disorder in individuals aged 18-64 in East London tested whether risk of psychoses remained elevated in BME populations compared with the White British. All BME groups had elevated rates of a psychotic disorder, after adjusting for age, gender and socio-economic status. For schizophrenia, risk was elevated for people of black Caribbean and black African origin, and for Pakistani and Bangladeshi women. Mixed White and Black Caribbean, and White other groups had elevated rates of affective psychoses and other non-affective psychoses. Elevated rates of psychoses in BME groups could not be explained by socio-economic status, even though current socio-economic status may have overestimated the effect of the confounder given potential misclassification as a result of downward social drift in the prodrome phase of psychosis. These findings extended to all BMR groups and psychotic disorders, though heterogeneity remains. (RH)

ISSN: 00071250

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

190/96 Understanding adversity and resilience at older ages; by Zoe Hildon, Glenn Smith, Gopalakrishnan Netuveli (et al).
Sociology of Health & Illness, vol 30, no 5, July 2008, pp 726-740.
The relationship between adversity and resilience is examined in this mixed methods study. It examines the dynamics of protection in a sub-sample of 139 participants from the Boyd Orr cohort aged 70-80 years. A questionnaire and activity diaries were used to gather a range of quantitative data; also interviews using lifegrids to explore past and present experiences of adversity. Sampling of 32 individuals was based on resilience and vulnerable outcomes (16 cases respectively), measured quantitatively as good or poor quality of life (CASP-19) in the presence of one or more adversities such as ill health or stress. The analysis explored adversity and protection in relationships, retirement and health. Participants with resilient outcomes drew upon social and individual resources in the face of adversity, in particular resources that stabilised life change by proving continuity. These included constructing narratives that reinterpreted past adversity in light of recent ones; maintaining social roles and activities that had previously brought pleasure or sense of mastery; relying on tried and tested coping strategies; and support from close ongoing relationships. Participants with vulnerable outcomes, however, described more severe adversities, suggesting that resilience is also dependent on the degree and impact of this experience. (RH)
ISSN: 01419889
From : <http://www.blackwellpublishing.com>

MENTAL HEALTH SERVICES

190/97 "I was worried coming in because I don't really know why it was arranged": the subjective experience of new patients and their primary caregivers attending a memory clinic; by Suzanne M Cahill, Matthew Gibb, Irene Bruce (et al).
Dementia: the international journal of social research and practice, vol 7, no 2, May 2008, pp 175-190.
Whilst memory clinics are fast becoming an evolving feature of geriatric services in the western world, little is known from a user's perspective about the expectations and experiences of people with memory problems referred to a memory clinic for the first time, or about the attitudes and concerns of their family caregivers. This article reports quantitative and qualitative data emerging from a study of 28 patients with dementia and their family caregivers who attended a first appointment at a National Memory Clinic in Ireland. Data show that despite initially feeling unnerved by the clinic appointment, immediately afterwards most of the patients felt content with the assessment process, were satisfied with the explanations and information received, felt the appointment had benefited them, and by the end of the visit felt more positive than negative about their experience. A large number of patients who responded to a question about feedback requested that this information be given to them in writing as well as orally. Some recommendations are made about small procedural changes which can be made to help to demystify the memory clinic experience. (RH)
ISSN: 14713012
From : <http://www.dem.sagepub.com>

190/98 Crisis resolution and home treatment teams for older people with mental illness; by Clare Dibben, Humera Saeed, Konstantions Stagiias (et al).
Psychiatric Bulletin, vol 32, no 7, July 2008, pp 268-270.
The impact of a crisis resolution and home treatment teams (CRHTT) in West Suffolk on hospital admission rates, bed days and treatment satisfaction among older people with mental illness and their carers was examined. Factors were compared in the 6 months before the service started and 6 months after its introduction. Results showed that the CRHTT significantly reduced admissions, but there was no significant difference in the length of hospital stay as compared before and after the introduction of this service. There was a trend towards carers, but not patients, being more satisfied with treatment after the introduction of the CRHTT. The CRHTT reduced hospital admissions for older people by 31% and carers preferred the service. Further

research on crisis teams for older people with mental illness is needed using randomised controlled methodology. (KJ/RH)

ISSN: 09556036

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

MENTAL ILLNESS

190/99

Are patients' attitudes towards and knowledge of electroconvulsive therapy transcultural?: a multi-national pilot study; by Julian Bustin, Mark J Rapoport, Murah Krishna (et al).

International Journal of Geriatric Psychiatry, vol 23, no 5, May 2008, pp 497-503.

Electroconvulsive therapy (ECT) is an effective yet controversial treatment. Most patients receiving ECT have depression, and it is likely that most of them are older people. However, attitudes toward and knowledge of ECT in this population has never been studied in relation to patients' cultural background. This study compared attitudes and knowledge of ECT in older depressed patients in three culturally different populations. A total of 75 patients were recruited: 30 from England, 30 from Argentina, and 15 from Canada. There was a significant difference in knowledge about ECT across the three countries. No significant differences were found in terms of attitudes. Knowledge was poor in all three countries. The most influential factor shaping subjects' attitudes and knowledge of ECT differed for the three countries. A weak correlation was found between knowledge of and attitudes towards ECT across all patients from the three countries. Attitudes towards ECT are a very complex phenomenon. No evidence could be found that a particular cultural background affects attitudes towards ECT. Generalising the results of the study is restricted by the fact that this was a pilot study that suffered from limitations including small sample size and number of settings. (RH)

ISSN: 08856230

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

NURSING

(See 190/85, 190/87, 190/89)

OLDER MEN

(See Also 190/143)

190/100

Breast cancer in men; by Rachel Rawson, Antonia Dean.

Geriatric Medicine, vol 38, no 6, June 2008, pp 329-332.

This article focuses on the diagnosis and treatment of men with breast cancer. Risk factors for developing the condition are also examined, with men typically presenting with disease later than women, at an average age of around 71 years. Because of the relative rarity of the condition in men, research evidence is scant, resulting in difficulties in identifying best practice. Collaborative international research may help to address this problem. (KJ/RH)

ISSN: 0268201X

OLDER OFFENDERS

190/101

Doing time: the experiences and needs of older people in prison; by Prison Reform Trust. London: Prison Reform Trust, 2008, 16 pp (A Prison Reform Trust briefing).

Prisoners aged 60+ are the fastest growing age group in prison. In March 2008, there were 6661 men and 316 women aged over 50 in prison in England and Wales, including 454 people aged over 70. The Prison Reform Trust (PRT) is launching a programme of work with older people in prison, which is being supported by the Lloyds TSB Foundation for England and Wales until September 2009. The programme aims to effect changes in policy and practice that will make a difference to the quality of life older people in prison, and to support prison staff in making positive changes. This briefing outlines findings based on interviews with 78 men in prison, 18 ex-prisoners, two focus groups with women prisoners, and letters received by the researchers. It examines and

makes recommendations on healthcare, social care, sentence progression, prison regimes, environment and prison conditions, relationships and resettlement. (RH)

From : Prison Reform Trust, 15 Northburgh Street, London EC1V 0JR.

e-mail: prt@prisonreformtrust.org.uk Website: www.prisonreformtrust.org.uk

190/102 St Mungo's Offender Services: from the criminal justice system to a crime free life; by St Mungo's. London: St Mungo's, 2008, 7 pp.

An illustrated pamphlet outlines the work of St Mungo's Offender Services in preventing homelessness, and meeting offenders' housing, health and work needs from arrest to supporting ex-prisoners in the community. (RH)

From : St Mungo's, Griffin House, 161 Hammersmith Road, London W6 8BS. <http://www.mungos.org>

OLDER WOMEN

190/103 Self-rated health and a healthy lifestyle are the most important predictors of survival in elderly women; by Jessica Ford, Melanie Spallek, Annette Dobson.

Age and Ageing, vol 37, no 2, March 2008, pp 194-200.

The hypothesis that morbidity and health-related behavioural factors are stronger than social factors as predictors of death in older women, was tested. The authors used data from 12422 participants aged 70-75 in 1996 from the Australian Longitudinal Study on Women's Health (ALSWH). Proportional hazards models of survival up to 31 October 2005 were fitted separately for the whole cohort and those women who were initially "in good health". Among the whole cohort, 18.7% died during the follow-up period. The strongest predictor of death was "poor" or "fair" self-rated health (with 52.5% and 28%, respectively, of women in the categories dying). Among the women in "good health" at baseline, 11.5% died; current cigarette smoking, physical inactivity, and age were statistically significant predictors of death. Among older women, current health and health-related behaviours are stronger predictors than social factors of relatively early mortality. Adopting a healthier lifestyle, by doing more exercise and not smoking, is beneficial even in old age. (RH)

ISSN: 00020729 From : <http://www.ageing.oupjournals.org>

190/104 Understanding the needs of a proud, independent woman; by Lorna Mackenzie, Elizabeth Kennedy.

Journal of Dementia Care, vol 15, no 5, September/October 2007, pp 22-24.

A challenging behaviour nurse specialist and a psychologist from the Newcastle Challenging Behaviour Service describe how the NCBS team helped care home staff to understand and support a woman aged 91 whose behaviour they found very challenging indeed. The information gathered during the assessment phase is presented as a diagram. (RH)

ISSN: 13518372

PALLIATIVE CARE

190/105 Population-based needs assessment for palliative and end of life care: a compendium of data for strategic health authorities and primary care trusts; by Peter Tebbit, National Council for Palliative Care - NCPC. [2nd ed] London: National Council for Palliative Care, May 2008, 50 pp.

This compendium comprises tables of comparative end of life care needs for primary care trusts (PCTs), cancer networks and strategic health authorities (SHAs). It presents data from four sources: mortality statistics from the Health and Social Care Information Centre's Compendium of clinical health indicators; mid-2005 population estimates for local authorities (Office for National Statistics - ONS); the Index of Multiple Deprivation (MD2004); and the Department of Health (DH) published description of the 152 PCTs and 10 SHAs. Each table is accompanied by explanatory notes, comments on interpretation of each index, and commentary on the variation in need between areas. (RH)

Price: £25.00 From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Website: www.ncpc.org.uk

PENSIONS AND BENEFITS

- 190/106 The battle for the old age pension 1908-2008: a tribute to the pension pioneers and the continuing campaign for a decent state pension; by Joe Harris, National Pensioners Convention - NPC. London: National Pensioners Convention - NPC, 2008, 15 pp.
The 1908 Pensions Act signalled the state's first step in providing for old age. It was a means-tested, non-contributory state pension of 5 shillings (25 pence) a week for men and women aged 70 and over. Before the 1908 Act, those who could no longer earn a living depended wholly on charity to survive. This illustrated tribute gives a brief history of the 10-year campaign, and records the pioneers (liberal reformers, Christian socialists and trade unionists) who led it. While there have been numerous changes to the scheme, pensioner poverty remains a problem, and leading trade union leaders comment on the continuing campaign. (RH)
Price: £2.60 (10 for £20)
From : National Pensioners Convention, 19-23 Ironmonger Row, London EC1V 3QN.
<http://www.npcuk.org.uk>
- 190/107 Can welfare-rights advice targeted at older people reduce social exclusion?; by Suzanne Moffatt, Graham Scambler.
Ageing and Society, vol 28, part 6, August 2008, pp 875-900.
It is known that in general people of pensionable age have gained in income compared to other age groups in the British population over the last two decades, but that a substantial minority still experience relative poverty. This paper reports a small qualitative study into the effectiveness of a welfare-rights advice and acquisition service for men and women aged 60 or more years that was provided through a local primary health-care service. Additional financial and non-financial resources were obtained by accessing previously unclaimed state-welfare benefits. It was found that these significantly improved the participants' quality of life. Fourteen of the 25 participants received some type of financial award as a result of the service offered, with the median income gain being £57 per week. The impact of additional resources was considerable and included: increased affordability of necessities and occasional expenses; increased capacity to cope with emergencies; and reduced stress related to financial worries. Knowledge of and access to welfare-rights services also appeared to have a positive effect. It is argued that a level of material resources about a basic level is necessary for social relations and for accessing services and civic activities, and can reduce social exclusion among older people. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/ASO>
- 190/108 Evaluation of the Pensions Education Fund: a report of research carried out by IFF Research Ltd on behalf of the Department for Work and Pensions; by Lorna Adams, Karen Bunt, Katie Carter (et al), IFF Research Ltd; Department for Work and Pensions - DWP. Leeds: Corporate Document Services, 2008, 119 pp (Department for Work and Pensions research report, no 507).
The Pensions Education Fund (PEF) provides funding for not-for-profit organisations, and began in January 2006 with the purpose of assessing the effectiveness of the delivery of pensions information by trusted third parties, mainly via the workplace, rather than directly by the Department for Work and Pensions (DWP). Originally scheduled to run until March 2008, the Fund has been extended for a further year, although this evaluation focuses on 2006-2008. This report outlines the findings of interviews with 14 of the 26 providers and samples of employers and individuals with whom they engaged. It focuses on the added value that a trusted third party can bring to the process of delivering pensions information and exploring providers' and employers' experiences of setting up and running PEF initiatives. (RH)
From : Corporate Document Services, 7 Eastgate, Leeds LS2 7EY. E-mail: orderline@cds.co.uk
Website: www.cds.co.uk
Download from DWP website: <http://www.dwp.gov.uk/asd/asd5/rrs-index.asp>
- 190/109 Individual pension-related risk propensities: the effects of socio-demographic characteristics and a spousal pension entitlement on risk attitudes; by Gordon L Clark, Kendra Strauss.

Ageing and Society, vol 28, part 6, August 2008, pp 847-874.

The transition from defined-benefit to defined-contribution occupational pension plans has placed a premium on the participants' or contributors' decision-making competence. Their attitudes to risk and their responses to available investment options can have far-reaching implications for their retirement income. Behavioural research on risk and uncertainty has raised understanding of the limits of individual decision-making, but the social status and demographic characteristics of plan participants may also affect risk perception and pension choices. By studying a random sample of the British adult population, this paper explores the significance of socio-demographic characteristics for pension-related risk attitudes. It is demonstrated that pension-plan participants do not appear to understand the risks associated with different types of retirement savings and pension plans. The paper also shows that the gender, age and income of plan participants can give rise to distinctive risk propensities, and that marital status and in particular, whether a spouse also has a pension can also have significant consequences for household risk preferences. These results have implications for those segments of the population that are disadvantaged in the labour market. Employer-provided pensions' education and information programmes may have to be more basic and more closely tailored to the social status of pension plan participants than hitherto assumed or hoped. (KJ/RH)

ISSN: 0144686X

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

190/110

The trade-off between home-ownership and pensions: individual and institutional determinants of old-age poverty; by Caroline Dewilde, Peter Raeymaeckers.

Ageing and Society, vol 28, part 6, August 2008, pp 805-830.

This article reports an analysis of European Community Household Panel (ECHP) data to test the hypothesis suggested by Kemeny (1981) and Castles (1998) of a trade-off between the extent of home-ownership and the generosity of old-age pensions. To this end, the impact is evaluated of a range of both pensions arrangements and housing policies on the risk of poverty in old age. The most important analytical innovation is the inclusion of social housing provision as an important policy alternative to the encouragement of home-ownership. Although substantial empirical support was found for the trade-off hypothesis, the findings raise several issues for discussion and further research. Firstly, it was found that neither generous pensions nor high ownership rates had the strongest poverty-reducing potential, for this was most strongly associated with the provision of social housing for older people. Furthermore, the analysis identified a group of older people who are faced with a double disadvantage, in the sense that in high home-ownership countries, those who did not possess their own homes also tended to receive low pension benefits. Although this effect arises at least partly as a result of selection - the larger the ownership sector, the more selective the group of people who do not own their homes - the high poverty risk among 'non-owners' was apparently not countered by the pension system. (KJ/RH)

ISSN: 0144686X

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

PERSON CENTRED CARE

(See 190/118)

PERSONALISATION

190/111

'The world opened up': [self-directed support in action in West Sussex]; by Emma Bowler.

Community Care, issue 1728, 26 June 2008, pp 32-33.

In the second in a series of articles on personalisation, the author looks at self-directed support in action in West Sussex. The authority was one of 13 pilot sites for individual budgets (IBs) in 2006-2007, and successful outcomes for staffing and user satisfaction are reported. The Department of Health (DH) will be publishing findings from the 2-year pilots later in 2008. (RH)

ISSN: 03075508

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

- 190/112 Commissioning for personalised care: speech by Dame Denise Platt, Chair, Commission for Social Care Inspection, [at] National Commissioning and Contracting Conference, Derbyshire, 10 July 2007; by Denise Platt, Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, 2007, 11 pp.
The baby-boomer generation now entering "old age" have expectations which are more demanding than those of previous generations. Therefore, the starting point for this speech is that if personalised care is to be made a reality, ways in which services have hitherto been commissioned will have to change. Commissioned personalised care will have to be defined in terms of: ensuring quality; meeting people's needs; promoting independence; providing choice; and commissioning cost-effectively and for better outcomes; and supporting the whole community. Denise Platt's assessment is that while commissioning is improving, the following must be borne in mind: involving the public and people who use services; encouraging flexibility and innovation; and working out what effective joint commissioning will look like in the future. (RH)
From : Link to download:
http://www.csci.org.uk/about_us/speeches/commissioning_for_personalised.aspx
- 190/113 Deafblind people and families' experiences of direct payments: Deafblind Direct consultation report; by Sense. London: Sense, February 2008, 41 pp.
This report presents research into the experiences of deafblind people and families in relation to direct payments. The research was carried out as part of Deafblind Direct, Sense's direct payments project. A consultation with deafblind people and families was carried out from June to November 2007. Detailed information was gathered from those using direct payments or thinking about using them. The research covered particular aspects of direct payments, including some of the key factors that help or hinder the uptake of direct payments with this population group. Respondents had varying experiences of direct payments, making it clear that while some thought they benefited from receiving them, there are a range of challenges to face in using them. The research highlighted cases where it seems that the Department of Health (DH) statutory guidance documents on direct payments (2003) and the Deafblind Guidance (2001) are not being implemented correctly. The research also looked into other relevant initiatives, including Self-directed care initiatives and the Independent Living Fund (ILF). Respondents suggested a range of actions, and the report brings together recommended actions for Sense, other organisations and local and national government. (KJ/RH)
From : Sense, 11-13 Clifton Terrace, Finsbury Park, London N4 3SR.
<http://www.sense.org.uk>
- 190/114 Evaluation of the self-directed support network: an overview of key messages: a review for the Department of Health; by Melanie Henwood, Bob Hudson, Melanie Henwood Associates.: Melanie Henwood Associates, June 2007, 10 pp.
The Department of Health (DH) commissioned the authors to conduct research into the development of the self-directed support network.
This evaluation notes the results of two studies, one reviewing progress with the introduction of self-directed support (SDS) in a sample of 10 authorities (6 Individual Budget (IB) sites, 4 In Control sites); and an in-depth cases study approach to three local authorities reflecting the range of engagement with SDS or "personalisation".
This evaluation comments on: progress in preparation, planning and implementation; then infrastructure and network support; individual budget funding streams; support and brokerage; commissioning and market development; and risk assessment. The authors comment that both studies of local SDS conclude that there are potential barriers to the transition to SDS, but that the transition needs to be made if the aim of independent living is to be achieved. This research is available in a range of formats at www.tinyurl.com/2rue2e - along with other reports from the Individual Budgets pilot programme of the Care Services Improvement Partnership (CSIP) (RH)
From : Link to this and related items: www.tinyurl.com/2rue2e

- 190/115 Here to stay? Self-directed support: aspiration and implementation: a review for the Department of Health; by Melanie Henwood, Bob Hudson, Melanie Henwood Associates.: Melanie Henwood Associates, June 2007, 82 pp.
 The personalisation of social care will require a new contract between staff, service users and the state. The Department of Health (DH) commissioned the authors to conduct an independent evaluation of progress with self-directed support (SDS), also known as "personalisation". The evaluation included in-depth qualitative case studies of three localities, to provide an understanding of the variation of progress in implementing SDS. The report examines conceptual and cultural issues; the preparation and planning carried out by the three authorities; and infrastructure and implementation issues. It identifies some ideological obstacles to the concept of SDS, ranging from the staff view that SDS runs counter to fair access (FAQ), to mistrust on the part of service users. This research is available in a range of formats at www.tinyurl.com/2rue2e - along with other reports from the Individual Budgets pilot programme of the Care Services Improvement Partnership (CSIP) (RH)
From : Link to this and related items: www.tinyurl.com/2rue2e
- 190/116 Individual budgets and personalisation: a new model for integration?; by Melanie Henwood, Bob Hudson.
 Journal of Integrated Care, vol 16, issue 3, 2008, pp 8-16.
 The adult social care system will increasingly be characterised by "personalisation". Maximising choice, control and power over the support services that people access is to be achieved principally by development of personal budgets. Already there are signs that the Government wants to extend the model from adult social care and to apply it to other areas of public service, the most obvious being health services (particularly in respect of long-term conditions) and support for disabled children and their families. The authors draw on findings from their in-depth study commissioned by the Department of Health (DH), 'Here to stay? Self-directed support: aspiration and implementation: a review for the Department of Health' (Melanie Henwood Associates, June 2007). They highlight some of the challenges and opportunities which arise for authorities attempting to engage with personalisation and to develop more integrated responses to people's support needs. It is clear that the "Total Transformation" to which many aspire will not be achieved overnight, but equally this is an area of policy change which cannot be left to the enthusiasts. (RH)
 ISSN: 14769018
From : <http://www.pavpub.com>
- 190/117 An integrated approach to commissioning for personalised care: speech by Dame Denise Platt, Chair, Commission for Social Care Inspection, [to the] Care and Health Conference, 'Raising the stakes - commissioning on the edge', 31 January 2007; by Denise Platt, Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, 2007, 11 pp.
 The baby-boomer generation now entering "old age" have expectations which are more demanding than those of previous generations. If personalised care is to be made a reality, ways in which services are currently commissioned will have to change. Commissioned personalised care will have to be defined in terms of: ensuring quality; meeting people's needs; promoting independence; providing choice; commissioning cost-effectively; and supporting the whole community. While commissioning is improving, Denise Platt suggests that the following must be borne in mind: involving the public and people who use services; encouraging flexibility and innovation; and effective joint commissioning between social care and health. (RH)
From: http://www.csci.org.uk/about_us/speeches/an_integrated_approach_to_comm.aspx
- 190/118 Person centred support: a guide for service users: useful information for service users who got involved in the Standards We Expect project about person centred support; by Peter Beresford, Catherine Bewley, Fran Branfield (et al), Standards We Expect Project, Centre for Social Action, De Montfort University; Shaping Our Lives, National User Network; Centre for Citizen Participation, Brunel University. Leicester: Standards We Expect Project, Centre for Social Action, De Montfort University, March 2008, 32 pp.
 The Standards We Expect Project - which began in 2005, ending in June 2008 - was funded by the

Joseph Rowntree Foundation (JRF), and looked at services for people with disabilities from the barriers and equalities approach. The Project thinks that person centred services are about helping people to live their lives as they want to. It found eight important things about person centred support: choice and control; setting goals; good relationships; listening; information; being positive; learning; and flexibility. This information pack is for service users who came to the training workshops and took part in the Project. It aims to share ideas and provide access to information on rights, services, money support (e.g. direct payments and individual budgets) and housing. (RH)

From : Standards We Expect Project, Centre for Social Action, De Montfort University, The Gateway, Leicester LE1 9BH. (Website: www.standardsweexpect.org). From July 2008, contact: Shaping Our Lives, National User Network, BM Box 4845, London WC1N 3XX. (Website: www.shapingourlives.org.uk)

190/119 Seizing the day on person-centred thinking and planning with older people: speech by Dame Denise Platt, Chair, Commission for Social Care Inspection, [at the] 'Practicalities and Possibilities' Conference, Birmingham, 9 July 2007; by Denise Platt, Commission for Social Care Inspection - CSCI.: Commission for Social Care Inspection, 2007, 10 pp.

The conference included the launch of 'Person centred thinking with older people: practicalities and possibilities' (Helen Sanderson Associates, and the Older People's Programme, OPP), a book which offers ideas for promoting person-centred care to all older people. The Chair of the Commission for Social Care Inspection (CSCI) comments on the differences between what services offer and what older people say they want from social care. Personalised care is central to public services, personalisation being "the process by which services are tailored to the needs and preferences of citizens". To bring about "quality personalised care" requires transferring good practice from one area of care to another, and changes in how services are commissioned. (RH)

From : http://www.csci.org.uk/about_us/speeches/seizing_the_day_on_person-cent.aspx

190/120 Self-directed support: grounds for optimism; by Melanie Henwood.

Community Care, issue 1722, 15 May 2008, pp 34-35.

In Control service users have reported improved quality of life. The author looks at the findings in 'A report on in Control's second phase: evaluation and learning 2005-2007'. She questions the confusing use of terminology in this field, which particularly concerns those with mental health problems, for example "self-directed support" rather than "personalisation". (RH)

ISSN: 03075508

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

PETS

190/121 In the company of wolves: the physical, social and psychological benefits of dog ownership; by Sarah Knight, Victoria Edwards.

Journal of Aging and Health, vol 20, no 4, June 2008, pp 437-455.

A preventative approach to health in older age is taken, in which it is suggested that owning and walking a dog can enhance physical health and reduce minor ailments. Participants aged 28-85 in 19 focus groups in Hampshire discussed physical, psychological and social benefits associated with human-dog interactions. Methods provided a rich database of individual perspectives on dogs as motivators to a healthy lifestyle. Interaction between humans and dogs is a mechanism that can enhance the physical and psychological health of older citizens and promote a social support network between dog owners. In turn, dependence and impact on health and social services are alleviated. The social and community consequences of promoting dog ownership amongst the older population group are discussed, and it is concluded that the benefits of dog ownership should be further promoted and acknowledged by relevant agencies. (KJ/RH)

ISSN: 08982643

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

PUBLIC SERVICES

190/122 Don't stop me now: preparing for an ageing population; by Audit Commission. London: Audit Commission, 2008, 74 pp.

Councils have a local area leadership role to ensure that older people can live actively and independently, with a good quality of life, for as long as possible. However, central government's Opportunity Age initiative has had limited impact in improving older people's quality of life. The Audit Commission expresses the view that councils should work with older people to "age-proof" mainstream services, and target services to tackle social isolation and support independent living. This report provides evidence about England's diverse ageing population and considers local authorities' current policy and performance. It uses case studies for particular localities to highlight examples of how local authorities engage with the older community and make services equally accessible to older people. (RH)

Price: £15.00

From : Audit Commission, 1st Floor, Millbank Tower, Millbank, London SW1P 4HQ. Website: www.audit-commission.gov.uk

190/123 Valuing Older People: a guide to life in Manchester: services, opportunities, advice, people, places; by Valuing Older People (VOP) in Manchester; Gateway Service, Manchester City Council. 2nd ed Manchester: Manchester City Council, 2007, 29 pp.

Valuing Older People is a partnership between Manchester City Council, the health service, and community and voluntary organisations, and aims to improve life in Manchester for older people. This guide provides information on contacts for community and council organisations, with case studies of how services and facilities have helped older people. (RH)

From : Valuing Older People team: vop@manchester.gov.uk Also available in large print, Braille, on tape, and in other languages.

QUALITY OF LIFE

190/124 Engaging with older people: improving the quality of life for older people; by Improvement and Development Agency - I&DeA. London: Improvement and Development Agency - I&DeA, 2007, 32 pp (Older People's Shared Priority).

Older people stress that to be engaged is more than just to have their rights respected, it is also to be consulted on what works and what doesn't before money is spent. This document includes examples of engagement activities in selected localities. Such activities take the form of informal social engagement, participation in voluntary and community groups, and participation in policy and service delivery. Work by the Joseph Rowntree Foundation (JRF) on establishing standards for involving older people is seen as an important influence in developing effective engagement, such that older people feel they belong. (RH)

From : Download from website: <http://www.idea.gov.uk/idk/aio/5821210>

Improvement and Development Agency, Layden House, 76-86 Turnmill Street, London EC1M 5LG.

RELATIONSHIPS (PERSONAL)

190/125 'I am not that old': inter-personal experiences of thriving and threats at a senior centre; by Anne Lund, Gunn Engelsrud.

Ageing and Society, vol 28, part 5, July 2008, pp 675-692.

The high cultural valuation of youthfulness and fitness in the mass media and more generally in western consumer society is the contextual frame for this study. It examines older people's attitudes towards their own ageing and towards people who are older or frailer than themselves. Participant observation was conducted of the attitudes, actions and interactions of the users of a senior centre in Norway. The users held two sets of attitudes that led to quite different activities and actions at the centre. On the one hand, they saw the centre as helping them 'thrive', which was associated with involvement in the community and participation in the structured daily activities to promote the senses of belonging and being useful. On the other hand, some perceived the centre and particularly the other users as 'threats' - as reminding them that they were getting old

and increasingly vulnerable to sickness and disability. To some, the centre was for old people with disabilities, and they used subtle strategies to distance themselves from this group. Some users' attitudes and behaviour were in tension: they wished to participate in the valued activities but also to distance themselves from frailer users, while not denying their own ageing. The distancing strategies and behaviour amounted to age discrimination in interpersonal relations and interactions at the centre. This behaviour accepts rather than challenges the cultural valuation of youthfulness and the negative representation of old age. (KJ/RH)

ISSN: 0144686X

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

RELIGION AND SPIRITUALITY

190/126

A mission-shaped church for older people?: practical suggestions for local churches; by Michael Collyer, Claire Dalpra, Alison Johnson (et al), Church Army; Leveson Centre for the Study of Ageing, Spirituality and Social Policy. Knowle, Solihull: Leveson Centre for the Study of Ageing, Spirituality and Social Policy, 2008, 81 pp.

This publication has its origins as a training manual, 'Older people and evangelism' first produced by the Church Army in 1997, and aimed at churches wishing to respond to the growing numbers of older people in their congregations. This new resource - published jointly with the Leveson Centre - includes some of the material from the earlier manual, revised and updated. Part 1, on raising awareness, comprises a modular training course covering three themes: ageism and attitudes towards older people; engaging with older people; and practical evangelism in partnership with other agencies. Part 2 comprises resources to help local churches in their work with older people, including taking services in care homes; visiting and befriending; loss and change; dementia; and developing a church policy on ageing. (RH)

Price: £10.00

From : Leveson Centre for the Study of Ageing, Spirituality and Social Policy, Temple House, Fen End Road, Knowle, Solihull B93 0AN. E-mail: leveson.centre@virgin.net Websites: www.levesoncentre.org.uk www.churcharmy.org.uk

190/127

A perspective on the development of knowledge of spirituality and aging in nursing and pastoral care: an Australian context; by Elizabeth MacKinlay.: The Haworth Press, Inc., 2008, pp 135-152. Journal of Religion, Spirituality & Aging, vol 20, no 1-2, 2008, pp 135-152.

An Australian perspective on the development of knowledge in the spiritual dimension of ageing is presented, with particular emphasis on nursing and pastoral studies. Research that provides important understandings for these two disciplines but conducted by other disciplines is also included. Issues of definitions of spirituality and the reasons for choosing to use the term "spirituality" rather than "religion" in the practice settings of nursing and pastoral care in a secular society are discussed. Study from the specialities of mental health, palliative care and issues of spirituality and chronic illnesses are examined. Finally, the state of knowledge in these two disciplines is summarised and future directions in research of ageing and spirituality are suggested. (RH)

ISSN: 15528030

From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. (www.taylorandfrancis.com) email: haworthpress@taylorandfrancis.com

190/128

Spirituality and aging: research and implications; by David O Moberg. Binghamton, NY: The Haworth Press, Inc., 2008, pp 95-134.

Journal of Religion, Spirituality & Aging, vol 20, no 1-2, 2008, pp 95-134.

Increasing attention to spirituality is an important trend in gerontology, human services and health sciences. Spirituality is complex, overlaps with religion, infuses all human life, and therefore is difficult to study. Diverse methods are used in its investigation, and numerous scales measure its components. Almost all of the research reveals its significant connection with health and other aspects of well-being. Professional applications of the research findings have been limited by complex religious and cultural values, insufficient research, and ethical considerations. Unlimited opportunities for further study include the need to evaluate the impact of all religions and

ideologies that claim to enhance spirituality. (RH)

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190/129

Temporal trends in spirituality research: a meta-analysis of journal abstracts between 1944 and 2003; by Anthony Ribaudo, Masami Takahashi. Binghamton, NY: The Haworth Press, Inc., 2008, pp 16-28.

Journal of Religion, Spirituality & Aging, vol 20, no 1-2, 2008, pp 16-28.

This study examined all journal abstracts published on the PsychInfo and Ageline databases between 1944 and 2003 using "spirituality" as a key word for a subject heading search. The content analysis yielded six themes concerning the nature of these studies: conceptual analysis, measurement, spirituality education, spiritual intervention, discussion of community projects, and review articles. For the historical trends, it was found that the number of published articles increased dramatically from one in 1944 to 283 in 2003. Further, the results also revealed recurring patterns of research interests in which periods concerning a theory-oriented approach to studying spirituality are followed by brief periods concerning more pragmatic approaches. These results suggest a recursive learning process in that knowledge gained by the theoretical exploration of spirituality is followed by the practical application of that knowledge. (RH)

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190/130

Understanding spirituality and religiosity in the transgender community: implications for aging; by Jeremy D Kidd, Tarynn M Witten. Binghamton, NY: The Haworth Press, Inc., 2008, pp 29-62.

Journal of Religion, Spirituality & Aging, vol 20, no 1-2, 2008, pp 29-62.

An examination of the religious, spiritual and faith beliefs of female to male (FTM) transgender identified people was undertaken, while also bearing mind problems that this population encounters with violence, abuse and other negative life events. Results from the FTM survey are reported, along with those found in the larger mixed transgender population, Transience Longitudinal Aging Research Study (TLARS). Participants talked about their religiosity, spirituality or faith beliefs as measured by the Fetzer Multidimensional Measurement of Religiousness / Spirituality instrument and by the TLARS survey instrument, violence and abuse sub-component. The researchers found that respondents' religious beliefs differed so dramatically from the normative Judeo-Christian-Islamic belief systems on which conventional psychometric instruments are based, that many of the survey respondents expressed difficulty in completing the survey's religiosity/spirituality/faith component. The researchers conclude that the traditional instruments are not likely to be effective for the study of religiosity/spirituality/faith structures in both the narrow FTM and the more general transgender identified populations. These findings indicate the need for both a comprehensive ethnographic investigation of FTM religiosity/spirituality/faith structures and also a reconstruction of conventional religiosity/spirituality/faith psychometric instruments more reflective of the life experiences of FTM-declared individuals as well as the more generally transgender populations as a whole. From this, it follows that practitioners who work with older people of these populations must be aware of the diverse and non-traditional nature of belief structures and how these mediate life course development and affect late and end-of-life struggles. (RH)

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From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
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RESEARCH

190/131

A case of response rate success; by David Lyon, Gillian A Lancaster, Chris Dowrick.

Journal of Integrated Care, vol 16, issue 2, 2008, pp 29-32.

Postal questionnaires are increasingly being used to gather health and research information. Various techniques have been shown to increase the response rate. This study used several of

these techniques and also benefited from close working with general practitioners and their practices. Cross-checking address and age against practice records reduced the number of wasted invitations to participants. The GP signature on the letter personally inviting patients to participate contributed to a response rate of 83%. Researchers carrying out postal questionnaire studies will benefit from engaging with primary care. (KJ/RH)

ISSN: 14769018

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

RESIDENTIAL AND NURSING HOME CARE

(See Also 190/34, 190/37, 190/40, 190/45, 190/56, 190/104, 190/144)

- 190/132 Care planning systems in care homes for older people; by Angela Worden, David Challis. *Quality in Ageing*, vol 2, issue 2, June 2008, pp 28-38.
Care planning is important in the provision of good quality care and serves a variety of functions, including acting as a communication tool. An acceptable format for care plans is therefore important. The National Minimum Care Standards in England now require that all residents in care homes have a service user plan. This study examined the format and content of 117 blank care plan documents used in Manchester and Cheshire care homes in 2001/02. 68% of homes used a problem-orientated care plan document, 25% used a problem-orientated care plan with assessment domains defined, 15% used standard care plans, and 5% used daily care plans. Although the government has stressed the importance of involving the user in the care planning process, only 16% of homes had a care plan that specifically asked for a resident's signature or agreement. There were also differences in content of care plans by home type, which may reflect the professional background and training of staff in nursing homes. The variety in types and format of care plans suggests that the interpretation and recording of care planning may not be uniform across homes, and there is a need for further detailed work in this area using interviews or observational approaches. (RH)
ISSN: 14717794
From : <http://www.pavpub.com>
- 190/133 A different story: exploring patterns of communication in residential dementia care; by Richard Ward, Antony A Vass, Neeru Aggarwal (et al). *Ageing and Society*, vol 28, part 5, July 2008, pp 629-651.
This article reports findings from a three-year project on 'Communication patterns and their consequences for effective care' that explored communication in dementia care settings. As the proportion of people with dementia living in British care homes continues to grow, there is a need to understand better their care. Using a range of qualitative methods, the project set out to identify the constituent elements of dementia care practice and the patterns that characterise day-to-day relations in care homes. The tightly prescribed and standardised nature of the interactions between staff and residents is described, raising questions about the capacity for dementia care to be truly person-centred. The project found that people with dementia are both capable of communication, and invest much effort in seeking to engage those around them, but are excluded from the monitoring, planning and provision of care in ways that we argue are discriminatory. The case is made for promoting and supporting communication as key skills and competencies for care workers. The value of measuring the level and quality of communication as a means to evaluate care is demonstrated. The authors question the priorities that currently guide care practice, and argue that we need to listen to people with dementia and rethink what lies at the heart of dementia care. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/ASO>
- 190/134 My Home Life: a new vision for care home practice; by Tom Owen, Julienne Mayer, National Care Homes Research and Development Forum - NCHRDF. *Journal of Dementia Care*, vol 15, no 5, September/October 2007, pp 28-30.
The My Home Life programme aims to improve the quality of life for everyone involved in care

homes - residents, staff and those who visit - conceptualised as relationship-centred care. The authors explain the project's vision for care home practice around eight themes: managing transitions into and adjusting to living in a care home; maintaining identity; creating community; sharing decision-making; improving health and healthcare; supporting good end-of-life care; keeping workforce fit for purpose; and promoting a positive culture. Attention is drawn to the My Home Life report and literature review, both of which are available on the project's website (www.myhomelife.org.uk). (RH)

ISSN: 13518372

190/135 Practice style in the nursing home: dimensions for assessment and quality improvement; by Jiska Cohen-Mansfield, Aleksandra Parpura-Gill.

International Journal of Geriatric Psychiatry, vol 23, no 4, April 2008, pp 376-386.

Based on research with observations during several studies of nursing homes and the findings of other studies, the authors propose a nomenclature of components of care for older people in nursing homes. This paper seeks thereby to operationalise those aspects of nursing home practice style that can be improved, by examining the staff and institutional components of nursing home care. Four domains characterise staff conduct: knowledge, practice style proficiency, flexibility and individualisation of care, and communication. Three domains define institutional conduct: staff support, resources, and flexibility/rigidity of policies. The paper considers critical aspects of staff conduct, and by extension, key features that require training, monitoring and systemic change. Examples from each domain of practice style are provided. After systematically reviewing the observations and findings, it was concluded that enhancing practice style in the nursing home requires knowledge, communication, flexibility, understanding, and genuine concern on the part of nursing home staff and administrators at all levels. The authors acknowledge and understand that changing practice styles in nursing homes is a difficult and time-consuming process. (RH)

ISSN: 08856230

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

190/136 Supporting older people in care homes at night; by Alison Petch.

Community Care, issue 1724, 29 May 2008, pp 32-33.

Diana Kerr, Heather Wilkinson and Colm Cunningham of the the Centre for Research on Families and Relationships, University of Edinburgh received funding from the Joseph Rowntree Foundation (JRF) to look at how night-time care for residents in care homes could be improved. This article comments on their findings (same title as this article and available on the JRF website), and the practice implications for training, management involvement and residents' dignity. (RH)

ISSN: 03075508

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

190/137 Topping up care home fees - recommended maximum fee limits from April 2008: [other title]: Recommended maximum fees for the guidance of member charities considering "topping-up" fees for beneficiaries in care homes; by Association of Charity Officers - ACO. Potters Bar, Herts: Association of Charity Officers, 2008, 7 pp (ACO/2008/08).

This guidance relates to beneficiaries who are registered in registered homes providing residential or nursing home care. The Association of Charity Officers (ACO) provides figures for 2003 to 2008 suggesting what it considers should be the maximum fees for residential and nursing home care per week, and taking into account care needs. Other areas of concern covered include: income deficits of ACO member charities; dementia care; and campaigns that have drawn attention to the underfunding of care for older people. (RH)

From : Association of Charity Officers, Five Ways, 57/59 Hatfield Road, Potters Bar, Herts EN6 1HS. Email: info@aco.uk.net Website: <http://www.aco.uk.net>

190/138 We'll never meet again: [parting of older couples with differing care needs]; by Amy Taylor.

Community Care, issue 1728, 26 June 2008, pp 30-31.

Against government guidance, older couples occasionally face being split up if their individual care needs differ. This article highlights a recent instance of an older couple in Monmouthshire, Tom and Nancie Hughes, who were thought to have taken their own lives at the prospect of being

separated and sent to different care homes. (RH)
ISSN: 03075508
From : <http://www.communitycare.co.uk>

- 190/139 Why is good quality residential care so very difficult to achieve?; by Paul Whitby.: Hawker Publications, March/April 2008, pp 30-33.
Journal of Dementia Care, vol 16, no 2, March/April 2008, pp 30-33.
Three major aspects of institutional care can adversely affect on the quality of care in, and running of, hospital wards and care homes. First, the stress of direct personal care has an impact on the ability to give care. The other two factors are the in-group identity of staff, and that institutions reward things other than good care. These factors contribute to poor care, neglect and abuse. The author argues that until these are tackled and the potential for managers to become leaders who drive up standards of care is acknowledged, even the best training and skills development will not improve the quality of residential care for people with dementia. (RH)
ISSN: 13518372

RETIREMENT

(See Also 190/51, 190/53)

- 190/140 In support of innovation theory: innovation in activity patterns and life satisfaction among recently retired individuals; by Galit Nimrod.
Ageing and Society, vol 28, part 6, August 2008, pp 831-846.
A central theme of 'innovation theory' - which the author and a colleague have proposed and which is concerned with the triggers, types and benefits of innovation in later life - is that adding brand-new leisure activities after retiring from work enhances post-retirement wellbeing. The study reported in this article aimed to examine this proposition using quantitative data from a nationwide sample in Israel of 378 recently retired individuals. The study explored the frequency of post-retirement innovation in people's leisure repertoires, the association between innovation and retirees' life satisfaction, and factors in the differing life satisfaction of innovators and non-innovators. The results indicate that the inclination toward innovation significantly associated with the respondents' work and retirement histories, as well as with their self-rated health and world region of origin. Innovators had significantly higher life satisfaction than non-innovators, but this difference could not be explained by the number of new activities. In addition, socio-demographic differences failed to explain innovators' wellbeing. While some support for innovation theory was provided, further research is required to explore the dynamics by which innovation at older ages contributes to retirees' wellbeing. (KJ/RH)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/ASO>

SHELTERED HOUSING

- 190/141 Floating support for older people; by Tony Cousins, Phil Saunders.
Working with Older People, vol 12, issue 1, March 2008, pp 31-33.
The introduction of 'floating support' - a tenure neutral service - in many local authorities is causing much consternation among tenants because the scheme manager they thought would always be there is leaving. Yet with an ageing population combined with increasingly finite resources, how can services provide support to those who need it most, and to what degree should sheltered housing remain untouched? The authors outline the reasons why the new service model, while it may not be popular, is necessary. (KJ/RH)
ISSN: 13663666
From : <http://www.pavpub.com>

- 190/142 The future of sheltered/retirement housing: a workshop: University of Sussex, Brighton, Wednesday 9th April 2008; by School of Social Sciences and Cultural Studies, University of Sussex; Sussex Gerontology Network; ERoSH. Brighton: School of Social Sciences and Cultural

Studies, University of Sussex, 2008, 10 pp.

The changing nature of sheltered housing is discussed. This workshop considered what residents most value in sheltered housing, and what aspects they would like to see improved or that they liked least. Two case studies were presented: Mendip Housing; and Testway Housing in NE Hampshire.

Themes emerging from participants' discussions included: becoming a hub; support provision; and how changes are dealt with. (RH)

Price: £3.00

From : Professor Peter Lloyd, School of Social Sciences and Cultural Studies, University of Sussex, Brighton BN1 9SN. Make cheques payable to Sussex Gerontology Network.

SLEEP

(See Also 190/49)

190/143 Engaging with sleep: male definitions, understandings and attitudes; by Robert Meadows, Sara Arber, Susan Venn (et al).

Sociology of Health & Illness, vol 30, no 5, July 2008, pp 696-710.

Recent literature has highlighted the sociological significance of sleep and has suggested that sleep offers a 'window' onto the gendered nature of our lives. Yet within this body of work, men's sleep has been largely ignored. This paper seeks to rectify this omission and situates itself at the intersection between literature on the sociological aspects of sleep and social-constructionist-orientated writing on men's health. It draws upon qualitative data from 40 men to investigate male understandings of, and attitudes towards, sleep. At first glance, it could be suggested that men have little regard for sleep, and are prone to taking risks with their dormancy. Viewed in this way, sleep becomes an instrument used in the negotiation of status and power and intrinsically bound up with the demonstration of masculinities. Yet, men's relationship with sleep is more complex than this. Amongst other things, the men in the present study were embroiled in a function/non-function dichotomy. Sleep was seen as needed for the praxis of 'father', 'worker', 'husband' and 'mate', but was also considered as something which should not get in the way of performing these roles. (KJ/RH)

ISSN: 01419889

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

SOCIAL CARE

190/144 Care revolutionaries: [baby boomers' concern about their future social care]; by Stephen Armstrong.

New Statesman, 11 February 2008, pp 28-30.

As politicians debate social care, the sixtysomethings of the baby boomer generation are getting ready to challenge the status quo. They have seen their future - and they do not like it! This article analyses the current mood of boomers who do not want to follow in the footsteps of their parents and end their days in "lonely care homes". An inset article by Neil Churchill argues that it is the poor, and not the middle classes, who should be subsidised in the social care system, as advocated in his book "Advancing Opportunity : older people and social care" (2008) published by the Smith Institute. (KJ)

ISSN: 13647431

From : www.newstatesman.com

190/145 Just care?: a fresh approach to adult services; by Sophie Moullin, Institute for Public Policy Research - IPPR.: Institute for Public Policy Research - download, May 2008, 58 pp.

A just society can be judged on how it supports people who need care to live independent lives. However, care for adults rarely receives the attention it deserves. Among other sponsors, this report was funded by Carers UK (with resources from the European Social Fund - ESF). It argues that adults with care needs and their families providing care could be better supported by giving them greater control over services, and by having greater integration of public services within

local communities. The author suggests that government develops a framework of desired outcomes from a range of services that applies to all adults with care needs - whether self-funding or funded by the state - and carers. Case studies are presented on four core issues. First, there is a lack of clarity over the outcomes we want for services that support care, and who we want them for. Second, assessment for care services and personal budgets are rarely considered properly within a family context. Third, services are not adequately joined up, which limits the degree to which they can be personal. Lastly, communities are not sufficiently involved in supporting and shaping care services. (RH)

Price: FOC

From : Download (3/6/08):

<http://www.ippr.org/publicationsandreports/publication.asp?id=605>

190/146

Knowledge and perceptions in advance care planning; by Emily K Porensky, Brian D Carpenter. *Journal of Aging and Health*, vol 20, no 1, February 2008, pp 89-106.

170 community-dwelling people aged 65+ answered questions about their knowledge of medical conditions and treatment, and completed the Medical Comprehension Questionnaire regarding their connotation of ambiguous phrases such as "live like a vegetable". On average, participants answered 78% of all factual questions correctly; however, accuracy ranged from 59% to 94% across individuals. Participants knew the most about basic treatment purposes and procedures, and the least about treatment outcomes. Perceptions of equivocal phrases were idiosyncratic, even for conventional terms such as "improvement". Older people approach advance care planning with critical misconceptions and individualistic perceptions, about which family and health care professionals may be unaware. Efforts to improve advance care planning should include instruction concerning medical information and encouragement to use explicit language to express treatment preferences. (RH)

ISSN: 08982643

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

190/147

Never too late for living: inquiry into services for older people; by Clive Betts (chairman), Janet Sillett, Amelie Cookson (et al), All Party Parliamentary Local Government Group; Centre for Service Transformation, Local Government Information Unit - LGIU; Chief Executive's Office, Essex County Council. London: Local Government Information Unit, July 2008, 44 pp.

For too long, adult social care and services for older people have been the poor relations of health and children's services. The All Party Parliamentary Local Government Group (APPG), a genuinely cross-party group, emphasises that public perceptions about ageing need to change. The report discusses and gives examples illustrating current issues: the future of care funding; individual budgets; service integration; personalisation; the value of formal and informal care; volunteering; housing; innovations in care; and the role of district councils. The key recommendations include: a national agreement of the outcomes that define quality of life in later years; a simple way to know how these outcomes will be delivered sustainably; transparency about what public money is being spent locally; a way of moving money from treating illness to preventing it; broadening the debate about health and social care to address quality of life more widely; a national gateway to support better housing choices; and a simpler way for people to volunteer throughout their lives. There was a broad consensus on the principles for a future system, based on sustainability, transparency, fairness, flexibility and accessibility. (RH)

From (Only available as a pdf to download free of charge):

<http://www.lgiu.gov.uk/publication-detail.jsp?&id=173&md=0>

SOCIAL EXCLUSION

(See Also 190/107)

190/148

Out of sight, out of mind: social exclusion behind closed doors; by Miranda Yates, Andrew Harrop, Patrick South (et al), Age Concern England - ACE. London: Age Concern England, 2008, 41 pp.

Age Concern England (ACE) commissioned Dr Panayotes Demakakos of University College

London (ULC) to analyse data from the English Longitudinal Study of Ageing (ELSA), a recently established survey designed to track the ageing process from age 50+. The statistics in this report use the definition of social exclusion developed in the study, 'The social exclusion of older people: evidence from the first wave of the the English Longitudinal Study of Ageing (ELSA) - final report' (Social Exclusion Unit, 2006). This report uses data mainly from the first wave of ELSA (2002), to look at the characteristics of the 7% of people aged 50+ who are severely excluded, in three or more of seven dimensions identified in that study. Case studies are presented for four at-risk groups: those aged 80+ and living alone; the recently bereaved; those living in unfit housing; and those with limited capacity to make their own decisions. ACE makes recommendations that relate to independent advocacy, social contact and independence, and comments on the lack of government progress since 'A sure start to later life' was published. (RH)

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

190/149

Vulnerable relations: lifecourse, wellbeing and social exclusion in Buenos Aires, Argentina; by Peter Lloyd-Sherlock, Catherine Locke.

Ageing and Society, vol 28, part 6, August 2008, pp 779-804.

Many have presumed that in developing countries contact with children is beneficial to older people's wellbeing, and particularly that women receive more support from children than men because of their lifelong commitment to family responsibilities. This study questions these stylised notions through an analysis of 22 life histories of older women and men living in a district with high rates of social exclusion in Buenos Aires, Argentina. It focuses on the subjective accounts of relationships with children and grandchildren and their influence on current wellbeing. The life histories reveal complex lived experiences and the significance of key events. The informants speak of the anxiety and harm caused by struggling children, about problems of remote relations with successful children, and of the insecurity of the neighbourhood. The analysis contrasts a materialistic interpretation of the influence of children on older people's wellbeing with the informants' more holistic evaluation of family relationships. By applying a lifecourse framework, it is demonstrated among other things that children may be a key source of vulnerability for older people, that the gendering of parent-child relations and later life wellbeing is nuanced, and that both local and national conditions influence relationships with specific children, with implications for the intergenerational transmission of wellbeing. (KJ/RH)

ISSN: 0144686X

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

SOCIAL NETWORKS

(See Also 190/125, 190/149)

190/150

The Inclusion Web: a tool for person-centred planning and service evaluation; by Sue Hacking, Peter Bates.

The Mental Health Review Journal, vol 13, no 2, June 2008, pp 4-15.

Supporting community participation and social inclusion is a key goal of modernised day services but there is a lack of instruments to measure these outcomes. This paper discusses issues around the measurement of social inclusion, and presents a pilot study. It introduces the Inclusion Web, a strategy to record changes in social networks and environment, while supporting the concept of a shared perspective of social inclusion. Two aspects of social and community participation are quantified and tallied over eight life domains: people (personal relationships) and places (institutions that matter to the individual). (KJ/RH)

ISSN: 13619322

From : Pavilion Publishing, Richmond House, Richmond Road, Brighton, East Sussex BN2 3RL.

<http://www.pavpub.com>

- 190/151 Social networks and participation in social activities at a new senior center: reaching out to older adults who could benefit the most; by Sato Ashida, Catherine A Heaney.: The Haworth Press, Inc., 2008, pp 40-58.
Activities, Adaptation & Aging, vol 32, no 1, 2008, pp 40-58.
Social network characteristics associated with older adults' intentions to participate and actual participation in social activities at a new senior centre were examined. Face-to-face interviews (n=126) were conducted prior to the opening of a senior centre in the participants' community. Measures included social network characteristics, social support, social connectedness, and demographic characteristics. Actual participation was assessed approximately 14 months after the senior centre's opening. Smaller proportions of network members living in close proximity, having 10% or more network members who were children, higher perceived availability of social support, and lower perceived levels of social connectedness were associated with higher intentions to participate in social activities. Levels of intention did not significantly predict actual participation. Older adults with little social support may not perceive senior centres as places to gain desired support. However, individuals who lack companionship may perceive them as a resource for boosting their social engagement. (KJ/RH)
ISSN: 01924788
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA. email: haworthpress@taylorandfrancis.com
(www.taylorandfrancis.com)

STATISTICS

- 190/152 Key population and vital statistics: local and health authority areas: population and vital statistics by area of usual residence in England and Wales, 2006; by Office for National Statistics - ONS; National Statistics. London: Palgrave Macmillan, 2008, 107 pp (Series VS no 33, PP1 no 29).
Statistics about population, births, deaths and migration for both local government and health authority areas in England and Wales; councils and health boards in Scotland and Northern Ireland. Maps of the UK counties detail various population data, one of which shows the UK's proportion of the population at retirement age. (KJ)
Price: £49.50
From : <http://www.palgrave.com>
<http://www.statistics.gov.uk>
- 190/153 Personal social services statistics: 2006-07 actuals; by Statistical Information Service, Chartered Institute of Public Finance and Accountancy - CIPFA. London: CIPFA, 2008, 152 pp (Ref 92.07). This is the 57th survey in a series of annual statistical returns on personal social services to be published by the Chartered Institute of Public Finance and Accountancy (CIPFA). This is the seventh publication to reflect the review of CIPFA's Service Expenditure Analysis (SEA) for Social Services which forms part of the Best Value Accounting Code of Practice 2001. The data details actual expenditure and income for the year in question, together with non-financial data which in total provide a substantive analysis of the different activities for local authorities in England, Wales and Scotland. Of particular relevance to older people are analyses of: nursing and residential care homes; day care and generic services (includes home care, meals and equipment/adaptations). (KJ/RH)
Price: £85.00
From : The Chartered Institute of Public Finance and Accountancy, 3 Robert Street, London WC2N 6RL.
<http://www.cipfastats.net>
- 190/154 Regional trends 40: 2008 edition; by Frances Sly (ed), Office for National Statistics - ONS; National Statistics. London: Palgrave Macmillan, 2008, 256 pp.
This annual presents a wide range of demographic, social, industrial, and economic statistics for twelve statistical regions of the United Kingdom (UK). This data is brought together from a range of diverse sources and can vary slightly in content from year to year. Includes sections on population and households, education and training, labour market, housing, health, lifestyles,

crime and justice, transport, environment, industry and agriculture. There are also limited statistics for sub-regions of England, Wales, Scotland and Northern Ireland. (KJ)

Price: £45.00

From : Mamillan Distribution (MDL), Houndmills, Basingstoke, Hants RG21 6XS.

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

STROKE

190/155

Driving after stroke; by C O' Dwyer, D O'Neill.

CME Journal, Geriatric Medicine, vol 9, no 3, 2007, pp 11-112.

Doctors may not give adequate attention to driving an transportation as a part of rehabilitation with many illnesses, including stroke. Geriatricians have an important role in ensuring that transportation is part of routine assessment of their patients with age-related disability. An approach that combines focussed clinical assessment and a low threshold for on-road assessment can lead to high levels of return to driving, and planning for alternative transportation is facilitated. (KJ)

ISSN: 14751453

TRANSPORT

(See 190/155)

WELL-BEING

190/156

Older people and wellbeing; by Jessica Allen, Institute for Public Policy Research - IPPR.: Institute for Public Policy Research - download, 24 July 2008, 40 pp.

This report, the first in a series on older people and well-being from the Institute for Public Policy Research (IPPR), describes some of the key social trends in the UK and assesses how these may be affecting older people (aged 65+) and their well-being. The report demonstrates how despite better health and increasing wealth, older people's levels of life satisfaction and well-being have stagnated in the last 40 to 50 years. Existing and future trends are considered in terms of a number of factors that shape well-being in older people: social exclusion, inequalities and health; relationships and social life; events and transitions in life that trigger poor mental well-being; community participation; and protecting well-being (for example, through exercise, education and volunteering). The report concludes that more needs to be done to support older people's well-being; and it suggests that IPPR's work on this will be to advocate more effective strategies to support older people - particularly those at most risk - to participate in community and social life. (RH)

From : Download link: <http://www.ippr.org/publicationsandreports/publication.asp?id=620>

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.

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

3 September 2008

Personalisation : Exploring the New Workforce

Inaugural London regional New Types of Worker conference comes as the personalisation agenda firmly settles itself centre stage. Our aim for the day is to strike dialogue between the national transformation agenda and local workforce development issues.

Speakers: Matthew Taylor (CE, RSA); Allan Bowman (Chair, SCIE); Jim Thomas (Skills for Care); Julie Casey (Director Finance, in Control).

Organised by: Skills for Care London

Venue: Royal Horticultural Halls, Greycoat Street

Location : London, England

Details : Pavilion Publishing, FREEPOST

RLUZ-ATEU-RYUZ, Richmond House, Richmond Road, Brighton, BN2 3RL

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

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 Montrch pioneering work has been done by a wide range of organisations across health and social care. In order to enable greater choice for those at the end of their life, there is now a move towards more effective commissioning and co-ordination of this care. Produced in partnership between the The King s Fund, Marie Curie Cancer Care, and the National Council for Palliative Care, this one-day conference will look at the best ways to deliver end-of-life care. Keynote speakers: Professor Mike Richards CBE, and, Dr James Beattie.

Speakers: Chairs: Niall Dickson (Chief Executive, The King's Fund); Thomas Hughes-Hallett, (Chief Executive, Marie Curie Cancer Care); Eve Richardson (Chief Executive, National Council for Palliative Care)

Organised by: The King's Fund in partnership with Marie Curie Cancer Care and the National Council for Palliative Care

Venue: Royal College of Obstetricians and Gynaecologists, London

Location : London, England

Details : Events, The King's Fund, 11-13 Cavendish Square, London, W1G 0AN

Tel : +44 (0)20 7307 2584, *Fax :* +44 (0)20 7307 2809

13 October 2008

Implementing the Mental Capacity Act in End of Life Care : Moving forward

Speakers: Chair: Dr Teresa Tate (Barts and The London NHS Trust, Consultant in Palliative Medicine)

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

13-24 October 2008

International Programme in Policy Formulation, Planning, Implementation and Monitoring of the Madrid International Plan of Action on Ageing
Programme consists of lectures, seminars, site visits and workshops.

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

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, Freeport 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

21-25 November 2008

61st Annual Scientific Meeting of the Gerontological Society of America - Resilience in an Aging Society: Risks and Opportunities

"The theme of the 2008 Annual Scientific Meeting is ... Resilience is an inclusive concept that spans generations, takes a life-course perspective, and embraces comparative international perspectives. In the broadest sense, resilience is about maintaining positive adaptation in the face of adversity.

Resilience may be a dynamic process influencing the ability to deal with and learn from experiences or use social support to enhance coping. Society, communities, families, environment, and policy can play a critical role in promoting resilience." (Lisa Gwyther, GSA President).

Organised by: Gerontological Society of America (GSA)

Venue: Gaylord National Resort and Convention Center, National Harbor

Location : Maryland, USA

Details : Gerontological Society of America, 1030 15th Street, NW, Suite 250, Washington, DC 20005-1503, USA

Tel : +1 202 842 1275, *Fax :* +1 202 842 1150

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